

RUTGERS UNIVERSITY

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY

FORMAL REQUEST FOR LEGAL REPRESENTATION RUTGERS BIOMEDICAL AND HEALTH SCIENCES PROFESSIONAL LIABILITY PROGRAM OF SELF-INSURANCE

To: Office of Attorney General and Rutgers Department of Healthcare Risk and Claims Management

Case Caption: _____

I hereby request the Office of the Attorney General(OAG) provide me with representation in this matter. I understand that the OAG and the University have the authority to settle this claim without my expressed approval. I understand that I will be informed about the claim and/or litigation process and will be advised of any decision to settle the matter.

Business Address and Phone: _____

Home Address and Phone: _____

Date of Birth: _____

Professional Degree, Professional School and Graduation Year: _____

Federal DEA # _____

Choose one : Summons & Complaint: Notice of Claim : Date Served: _____

I will notify the assigned claims representative and defense attorney if the above information changes as a condition of my coverage. I agree to fully cooperate in my defense in accordance with the requirements of the New Jersey Tort Claims Act (N.J.S.A. 59:1-1, *et seq.*), including my attendance at meetings, depositions and trial. I acknowledge my failure to cooperate may jeopardize my coverage.

Under State of N.J. law, whenever a covered employee is also covered by a commercial policy of insurance, that commercial policy will be deemed primary coverage; the coverage provided by the University's Program of Self-Insurance shall apply only as excess coverage over any other valid and collectible insurance. The University's role as provider of excess coverage is contingent upon the employee providing both notification to Rutgers Risk Management and Insurance and continuing information regarding the status and circumstances of the claim. It is the sole responsibility of the covered employee to comply with all pertinent coverage terms and conditions. Failure to notify your insurer may compromise your coverage.

Select which statement below applies:

On the date on which the circumstances giving rise to this claim transpired, I did have a commercial policy of professional liability insurance in place. I am reporting this claim to both my commercial insurance company and to the University in order to avoid jeopardizing my eligibility for coverage under either plan.

On the date on which the circumstances giving rise to this claim transpired, I did not have any commercial policy of professional liability insurance in place. The only coverage available to me is through the University's Professional Liability Program of Self-Insurance.

Name of Commercial Carrier: _____

Policy # : _____

Policy Period: _____

I hereby attest that the above statements are true to the best of my knowledge and that I have received the University's Program of Self-insurance Policy Statement.

Signature: _____

Date: _____

Academic / Position _____ (at the time when circumstances giving rise to claim transpired)