

**Risk Management Coverage of School District Employees—**

The Board hereby elects to extend its insurance coverage available from risk management to cover employees in their individual capacities to the extent claims of liability arise from acts performed within the scope of the employee's employment with the District.

**Notice to Employees—**

No later than the first day of each school year, the District shall provide a copy to each employee of a disclosure prepared by the state risk manager regarding the coverage against liability provided to District employees pursuant to [Utah Code § 63A-4-204\(4\)\(b\)](#), which information shall include:

1. The eligibility requirements to receive coverage;
2. The basic nature of the coverage for District employees, including what is not covered;
3. Whether the coverage is primary or in excess of any other coverage provided to employees.

If the District hires a new employee after the first day of the school year, this notice shall be provided no later than ten days after the employee is hired.

[Utah Code § 63A-4-204\(4\)\(b\), \(d\), \(e\) \(2016\)](#)

**Acknowledgement by New Employees—**

The District shall require all newly hired employees to sign a separate document acknowledging that the employee has received the disclosure described above and that the employee understands the legal liability protection and what is not covered, as explained in the disclosure. The District shall retain the signed acknowledgment in the employee's personnel file.

[Utah Code § 53A-3-411 \(2005\)](#)

*Utah Code Ann. § 53A-3-411*

Acknowledgment of Legal Liability Protection

EMPLOYEE: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

I am a newly hired employee of the District and have received from the District a disclosure of insurance coverage which is provided to employees through the Utah State Risk Manager. I state that I have read the disclosure prepared and provided through the Risk Manager through the School District office. I further state that I understand legal liability protection provided to me and what is not covered, as explained in the disclosure.

Unless indicated below, I have no questions or uncertainty about liability protection coverage.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Employee:

\_\_\_\_\_

Witness: