Exhibit 1: Acknowledgment of Legal Liability Protection

Policy Exhibit 1 - Acknowledgment of Legal Liability Protection

EMPLOYEE: _____ Date of Hire: _____

I am a newly hired employee of Millard School 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 District office. I further state that I understand the 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.

Questions or uncertainty, if any: _____ _____ _____

_____ _____ _____

Dated this _____ day of _____, 20____.

Employee Signature: _____

Witness Signature: _____

Utah Code § 53G-11-202.

	Source Traceability

Source

Use in this policy

USBA DEC Policy Exhibit 1

Model form retained and filled for Millard School District.