

EVIDENCE OF COVERAGE

MEMORANDUM NUMBER: RMD-EOC-FY18

This Evidence of Coverage is used as a matter of information only and confers no rights upon the Certificate Holder. This Evidence of Coverage does not amend, extend, or alter the coverage afforded by the Tort Claims Act or the applicable Certificates of Coverage or policies for the type(s) of coverage listed below.

CERTIFICATE HOLDER INFORMATION

INSURED: STATE OF NEW MEXICO LOSS PAYEE: TO WHOM IT MAY CONCERN
and
NEW MEXICO STATE UNIVERSITY (95300)
AND STUDENTS ENROLLED IN HEALTH CARE INSTRUCTIONAL PROGRAMS

Coverage Period:

12:01 AM 07/01/17 to 12:01 AM 07/01/18



This is to certify that the Insured has the coverages listed below for the period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this Evidence of Coverage may be used or may pertain, the coverages indicated in this Evidence of Coverage are subject to all terms, exclusions, and conditions of the Certificates of Coverage and other insurance policy(s) to which this Evidence of Coverage pertains. Property and Liability Certificates of Coverage may be obtained at http://www.generalservices.state.nm.us/riskmanagement/Resources_1.aspx

Type of Coverage	Limit of Liability/Coverage
Medical Malpractice	For occurrences arising within the State of New Mexico, Statutory Limit per NMSA § 41-4-19. For occurrences arising outside of the State of New Mexico, \$1,000,000 or per NMSA § 41-4-28(B).

Covered Persons:

Students of the New Mexico State University which are currently enrolled in health care instructional programs are covered for health care liability risks arising out of assigned health care instructional activities. NMSA § 41-4-29(B).

Should any of the above coverages for the Covered Party be changed or withdrawn prior to the expiration date issued above, the State of New Mexico will notify the Certificate Holder, but failure of such notification shall impose no obligation or liability of any kind upon the State of New Mexico, its agents, or representatives. If you have any questions, contact:

Authorized Representative:		
Date Issued:	7-1-2017	