

## CERTIFICATE OF COVERAGE

**ISSUED TO:** and all interested parties

**INSURER:** Commonwealth of Virginia

**AUTHORIZATION:** *Risk Management Plan* and §§ 2.2-1837 and 2.2-1840, *Code of Virginia*

**COVERAGE PERIOD:** Continuous, effective

**PURPOSE:** Verification of insurance coverage for activities of  
its employees, and authorized agents as it relates to

**COVERAGE:** Tort Liability, including Medical Malpractice and Automobile.

**LIMITS:** \$2,000,000 - Tort claims against persons  
\$100,000 - Tort claims against the Commonwealth  
\$1,850,000 - Medical Incident, per occurrence, as of July 1, 2006 (subject  
to § 8.01-581.15, *Code of Virginia*)

**ADMINISTRATOR:** Virginia Division of Risk Management  
P.O. Box 1879  
Richmond, VA 23218-1879

This certificate is for information only. It does not alter any provisions of the *Risk Management Plan* or the *Code of Virginia*.

**VERIFIED BY:**

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Signature  
State Official's Name:  
Title:  
Date: