TO BE USED/COMPLETED BY ANY AGENCY SUPERVISOR AND/OR MANAGER USING TEMPORARY EMPLOYEE PERSONNEL TO DRIVE ANY COMMONWWEALTH OF VIRGINIA VEHICLE

REFERENCE CONTRACT # MA-E194-737VP

CERTIFICATE OF COVERAGE

ISSUED TO: _____
and all interested parties

SELF-INSURER: Commonwealth of Virginia

AUTHORIZATION: § 2.2-1837, Code of Virginia, Commonwealth of Virginia "Risk Management Plan"

COVERAGE PERIOD: Continuous, effective

PURPOSE: Verification of liability coverage for activities of its Commonwealth employees, officials, agents and authorized volunteers, as it relates to

COVERAGE: Tort Liability, Professional Liability, including Medical Malpractice and Automobile Liability

LIMITS: $100,000 for tort claims against the Commonwealth; $2,000,000 for tort claims against persons; and $2,000,000 for medical malpractice claims against health care providers (as set forth in § 8.01-581.1 et seq., Code of Virginia)

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

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

VERIFIED BY: _____
Signature
State Official's Name:
Title:
Date:

NOTE: COPIES OF THE COMPLETED CERTIFICATE MUST BE SENT TO THE VENDOR AND THE DPS CONTRACTING OFFICER WHO IS ADMINISTRATOR OF THIS CONTRACT. FAX A COPY TO DPS, ATTN: WAYNE NORDIN, AT 804-786-5413.

Rev. 5/2010