Policy Number: WC-0154  
State Employee Workers' Compensation and Employer's Liability Certificate of Coverage

Name Insured: University of West Florida

Coverage Limits:

Coverage A - Compensation coverage is provided to comply with the applicable State Workers' Compensation, Occupational Disease Laws and any rule promulgated thereunder.

Coverage B  
$200,000.00  each person  
$300,000.00  each occurrence

Inception Date: July 1, 2018  
Expiration Date: July 1, 2019