



DEPARTMENT OF FINANCIAL SERVICES
Division of Risk Management

STATE RISK MANAGEMENT
TRUST FUND

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, 2017

Expiration Date: July 1, 2018

A handwritten signature in black ink, appearing to read "Jeff Stewart".

CHIEF FINANCIAL OFFICER