



DEPARTMENT OF FINANCIAL SERVICES

*Division of Risk Management*

**STATE RISK MANAGEMENT**

**TRUST FUND**

Policy Number: WC-0101 State Employee Workers' Compensation  
and Employer's Liability  
Certificate of Coverage

Name Insured: Florida A & M University

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, 2020

Expiration Date: July 1, 2021