



**DEPARTMENT OF FINANCIAL SERVICES**  
***Division of Risk Management***

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**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, 2023

Expiration Date: July 1, 2024