

**VCUHS PROFESSIONAL LIABILITY FACT SHEET**  
**for Interns, Residents and Fellows at MCV**  
**(Information effective July 1, 2009 through June 30, 2010)**

**Name & Address - Self-Insurance Program:**

VCUHS Authority/MCV Hospitals Medical Malpractice Self-Insurance Trust  
C/O VCUHS Professional Liability Office  
P.O. Box 5097  
Richmond, VA 23220

**Contact Person:**

Christine Tomes  
Phone: (804) 648-5200  
FAX: (804) 783-6012

**Current Policy Number:**

Self-insured

**Current Effective Dates:**

7-1-09 to 6-30-10

**Current Limits:**

\$2,000,000 each medical incident  
\$6,000,000 annual aggregate

**Type of Policy:**

Occurrence – includes extended reporting endorsement “tail” coverage

To obtain an official Certificate of Coverage (face sheet) or claims history, please complete the attached form and fax it to the Professional Liability Office at 783-6012 (no cover sheet required). Please feel free to make copies as needed.