

VCUHS PROFESSIONAL LIABILITY FACT SHEET
for Interns, Residents and Fellows at MCV
(Information effective July 1, 2010 through June 30, 2011)

Name & Address - Self-Insurance Program:

VCUHS Authority/MCV Hospitals Medical Malpractice Self-Insurance Trust
C/O VCUHS Professional Liability Office
P.O. Box 980521
Richmond, VA 23298-0521

Contact Person:

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

Current Policy Number:

self-insured

Current Effective Dates:

7-1-10 to 6-30-11

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.

VCUHS PROFESSIONAL LIABILITY
Request for Documentation
Fax Request to: 783-6012

Please Send (check those that are needed):

- Certificate of Coverage (face sheet) – Years Needed _____ to _____**

- Claims History (loss run) Letter (Includes all claims and lawsuits filed against health care provider.)**

- Both are Needed**

I authorize the VCUHS Department of Professional Liability to send the above information to:

Printed Physician Name: _____

Physician Signature: _____

Date Signed: _____

PLEASE ALLOW TIME FOR ALL VERIFICATION PROCESSES TO BE COMPLETED
(Normally this can be accomplished within a few business days, but occasionally it may take longer.)