

**VCUHS PROFESSIONAL LIABILITY FACT SHEET**  
**for Interns, Residents, Fellows & MCVH Employees at MCV**  
**(Information effective July 1, 2011 through June 30, 2012)**

**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:**

N/A - None – we are self-insured so there is no policy number

**Current Effective Dates:**

7-1-11 to 6-30-12

**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:**

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**Printed Provider Name:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Contact #** \_\_\_\_\_

**\*\* 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.)