

VCUHS PROFESSIONAL LIABILITY FACT SHEET
for Interns, Residents, Fellows & MCVH Employees at MCV
(Information effective July 1, 2015 through June 30, 2016)

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:

7-1-15 to 6-30-16

Current Limits:

\$2,200,000 each medical incident
\$6,600,000 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 (804) 783-6012 (no cover sheet required). Please feel free to make copies as needed.

VCUHS PROFESSIONAL LIABILITY
Request for Documentation
Fax Request to: (804) 783-6012

Please Send (check one):

- 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 Provider Name: _____

Provider Signature: _____

Date Signed: _____

Contact # _____

**** PLEASE ALLOW TIME FOR ALL VERIFICATION PROCESSES
TO BE COMPLETED.****