



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

**STATE RISK MANAGEMENT**  
**TRUST FUND**

Policy Number: WC-0201

State Employee Workers' Compensation  
and Employer's Liability  
Certificate of Coverage

Name Insured: Florida Atlantic University

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, 2020

Expiration Date: July 1, 2021