

CERTIFICATE OF LIABILITY INSURANCE

Additional Insured:                    **West Virginia University**  
   **PO Box 6209**  
   **Morgantown, WV 26506-6209**

Certificate No:                        **L 0176 – July 1, 1971**

This certifies that the Insured named above is an Additional Insured for the Coverage indicated below under General Liability Policy RMGL 688-22-75 and Automobile Policy RMCA 976-74-80 issued to the state of West Virginia by NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH, PA.

Coverage Period:                    July,1 2022 to July,1 2023; 12:01 a.m. Eastern Time

Coverages Afforded:                Comprehensive General Liability Insurance  
   Personal Injury Liability Insurance  
   Professional Liability Insurance  
   Stop Gap Liability Insurance  
   Wrongful Act Liability Coverage  
   Comprehensive Auto Liability Coverage  
   Auto Physical Damage Insurance  
   Garagekeepers Insurance

Limit of Liability:                    \$1,000,000 each occurrence\*  
  
   \$1,781,000 Medical Professional Liability Pursuant to WV Code 55-7H-4

\* For all coverages combined. The per-occurrence limit is not increased if a claim is insured under more than one coverage or if claim is made against more than one insured.

Special Limits:                        The auto physical damage limit is the actual cash value of each vehicle subject to a deductible of \$ 1,000.

Claim Reporting:                    Claims should be reported to:  
   Claim Manager  
   West Virginia Board of Risk & Insurance Management  
   1124 Smith Street, Suite 4300  
   Charleston, WV 25301  
   304-766-2646

**THE INSURANCE EVIDENCED BY THIS CERTIFICATE IS SUBJECT TO ALL OF THE TERMS, CONDITIONS, EXCLUSIONS AND DEFINITIONS IN THE POLICIES. IT IS A CONDITION PRECEDENT OF COVERAGE UNDER THE POLICIES THAT THE ADDITIONAL INSURED DOES NOT WAIVE ANY STATUTORY OR COMMON LAW IMMUNITY CONFERRED UPON IT.**

By:   
   **AUTHORIZED REPRESENTATIVE**

Dated: June 1, 2022

## Appendix 1 What You Should Do if You Have an Auto Accident

### DO NOT ADMIT FAULT FOR THE ACCIDENT-REGARDLESS OF THE CIRCUMSTANCES

#### POLICE

- Call the police (911) if someone was injured or if the damage to any vehicle involved is extensive
- Call the police (911) if your vehicle was stolen
- Call the police (911) if you need their help

#### PROVIDE THIS INFORMATION TO OTHER PARTIES

- Your name and how you can be contacted at WVU
- WVU auto insurance policy number is RMCA 976-74-80
- WVU insurance company is National Union Fire Insurance Co. of Pittsburgh, PA
- WVU contact information – Kelsey Knotts, Risk Manager, [kelsey.knotts@mail.wvu.edu](mailto:kelsey.knotts@mail.wvu.edu); (P) 304-293-2241, PO Box 6209 Morgantown, WV 26506-6209 or Donna Hadrych, Asst Risk Manager [donna.hadrych@hsc.wvu.edu](mailto:donna.hadrych@hsc.wvu.edu); (P) 304-293-2241

#### OBTAIN THIS INFORMATION FROM OTHER PARTIES

Make of vehicle \_\_\_\_\_ Year of vehicle \_\_\_\_\_ Plate # and state \_\_\_\_\_  
VIN \_\_\_\_\_ Driver's Name \_\_\_\_\_  
Driver's address \_\_\_\_\_  
Phone # Work \_\_\_\_\_ Cell \_\_\_\_\_  
Describe damage to their vehicle \_\_\_\_\_

Name of their insurance company \_\_\_\_\_  
Policy number \_\_\_\_\_ Name of their insurance agent \_\_\_\_\_  
Phone number of their insurance agent \_\_\_\_\_

#### PERSONS INJURED

Name _____	Age _____	Name _____	Age _____
Address _____		Address _____	
Ph # Primary _____	Alternate _____	Primary _____	Alternate _____
Describe injuries _____		Describe injuries _____	

#### WITNESSES

Name (#1) _____	Name (#2) _____
Address _____	Address _____
Ph # Primary _____	Primary _____
Alternate _____	Alternate _____

#### WVU VEHICLE

Make of vehicle \_\_\_\_\_ Year of vehicle \_\_\_\_\_ Plate # \_\_\_\_\_  
VIN \_\_\_\_\_ Driver's name \_\_\_\_\_  
Describe damage to vehicle \_\_\_\_\_

#### POLICE INVESTIGATION

Police department \_\_\_\_\_  
Police department location \_\_\_\_\_  
Police department phone # \_\_\_\_\_  
Officer's name \_\_\_\_\_  
Incident report # \_\_\_\_\_

#### DATE, TIME, PLACE of ACCIDENT

Date \_\_\_\_\_ Time \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Street or highway \_\_\_\_\_  
Intersection \_\_\_\_\_  
Other landmarks \_\_\_\_\_

#### DAMAGE TO OTHER PROPERTY (not vehicles)

Type of property (fence, utility pole, etc.) \_\_\_\_\_  
Property owner if known \_\_\_\_\_  
Property owner address \_\_\_\_\_  
Property owner phone # Work \_\_\_\_\_ Cell \_\_\_\_\_  
Describe damage \_\_\_\_\_

#### OTHER THINGS TO DO

##### Immediately Report Incident To:

- Risk Management (304-293-2241 or [kelsey.knotts@mail.wvu.edu](mailto:kelsey.knotts@mail.wvu.edu) or [donna.hadrych@hsc.wvu.edu](mailto:donna.hadrych@hsc.wvu.edu) ) will ensure the proper claim is filed (if any) as quickly as possible.
- Immediate Supervisor
- If applicable, Enterprise Rental Agency (For after-hour and weekend accidents call Enterprise Roadside Assistance 1-800-307-6666)
- FOR ALL INCIDENTS - complete an incident report found on the WVU EH&S website: <https://www.ehs.wvu.edu/general-safety/injury-illness>
- Medical Management if you are injured as a result of the incident (304-293-5700x8).