



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

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

Policy Number: WC-0221

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

Name Insured: University of Central Florida

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, 2025

Expiration Date: July 1, 2026

CHIEF FINANCIAL OFFICER