APPENDIX
A

EXAMPLE INSURANCE CERTIFICATION LETTER FORMAT

* DO NOT USE THIS PAGE. The EMR letter must be an originally signed letter from the Insurance Agent and on the Insurance Company's letterhead stationery

Date:__________________

To: Virginia Department of Transportation
1401 East Broad Street
Richmond, Virginia 23219

Attention: Prequalification Office

RE: (Highway Construction Company’s Full Legal Name as Registered with the SCC)

(Address)

(City) (State) (Zip)

To Whom it May Concern:;

This is to certify that __________________________ insures the above referenced contractor under policy#_______________ through our agency and certifies the Experience Modification Rate (EMR) for the most recent six (6) years, representative of the above referenced contractor, is as follows:

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By:________________________________________________________

Print Authorized Insurance Representative’s Name

______________________________

Insurance Representative’s Signature

* Marine construction firms that are covered by the Longshore and Harbor Compensation Act (Jones Act) may submit a copy of the current “Certificate that Employer has secured Payment of Compensation” (Form LS-240).

(06/06/16)