

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
Insurance Company
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:

YEAR	EMR	YEAR	EMR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By: _____
Print Authorized Insurance Representative's Name Title

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).