

**CERTIFICATE OF COVERAGE
STATE OF WISCONSIN**

This is to certify that coverage described below is effective per the statutory authority referenced. This certificate is not a policy or a binder of insurance and does not in any way alter, amend or extend the coverage afforded by any reference herein. The coverage is subject to all terms and conditions of the statutory authority.

STATE AGENCY: Board of Regents of the University of Wisconsin System PO Box 8010 Madison, WI 53715	CAMPUS NAME: University of Wisconsin-Madison
	DATE ISSUED:

KIND OF COVERAGE	XX	WI STATUTORY REFERENCES
Worker's Compensation	XX	Ch. 102
Liability	XX	Sec. 895.46 (1) and 893.82
Automobile Liability	XX	Sec. 895.46 (1) and 893.82
Property	XX	Ch. 20.865 and 16.865

The entry of XX in this column means that the coverage is afforded per this certificate and the statute referenced.

DATES OF COVERAGE:	July 1, 2017 – June 30, 2019
DESCRIPTION OF COVERAGE:	Coverage as afforded by statutory references above for University of Wisconsin System officers, employees and agents while acting within the scope of their respective employment or agency with University of Wisconsin-Madison. Worker's compensation coverage is exclusively for authorized UW-Madison employees within scope of employment.

ISSUED TO:

ISSUED BY:
Jeff Karcher, Director of Risk Management

Date: _____