

# 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).