

West Virginia Board of Risk & Insurance Management



CERTIFICATION

STATE OF WEST VIRGINIA:

COUNTY OF _____, to wit:

Under threat of false swearing, I hereby certify that I have made a diligent search for medical malpractice insurance coverage, comparable to that offered by the West Virginia Board of Risk and Insurance Management pursuant to W.Va. Code § 29-12B-1 *et seq.*, in the voluntary insurance market and have been unable to obtain the same.

In addition, I certify that I will maintain a policy of not excluding patients whose health care coverage is provided through the West Virginia public employees insurance plan, the West Virginia children's health insurance program, West Virginia medicaid or the West Virginia worker's compensation fund based solely on the fact that that person's health care coverage is provided by any of the aforementioned entities.

Taken, sworn and subscribed before me this _____ day of
_____, 20 _____.

My commission expires: _____

Notary Public