



## IDENTIFICATION CARD

**STATE:** Commonwealth of Virginia

**EFFECTIVE DATE:** July 1, 2014-Continuous

**CLAIM ADMINISTRATOR:**

Division of Risk Management

(804) 786-3152

Department of Treasury

PO Box 1879

Richmond, VA 23218-1879

**INSURED:**

Commonwealth of Virginia

Department of Treasury

PO Box 1879

Richmond, VA 23218-1879

**TO REPORT CLAIM**

**IMMEDIATELY CALL THE POLICE TO INVESTIGATE ALL AUTO ACCIDENTS.**

**George Mason University, Operational Risk Management**

**4400 University Drive, MSN 6D6 Fairfax, VA 22030**

**703-993-2599 (PHONE) 703-993-2339 (FAX)**