

STATE OF GEORGIA  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
CERTIFICATE OF INSURANCE

|  |                               |   |                                       |
|--|-------------------------------|---|---------------------------------------|
| <b>Name and Address of Agency</b><br>Department of Administrative Services<br>Risk Management Services<br>200 Piedmont Avenue SE<br>Suite 1220 West Tower<br>Atlanta, Georgia 30334-9010 | <b>Coverages Afforded By:</b> |   |                                       |
|  | Company Letter                | A | State of Ga. Risk Management Services |
| <b>Name and Address of Insured</b><br>BOR-Columbus State University<br>4225 University Ave.<br>Columbus, GA 31907  | Company Letter                | B | Great American Insurance Company      |
|  | Company Letter                | C |                                       |
|  | Company Letter                | D |                                       |
|  | Company Letter                | E |                                       |

This certificate is given as a matter of information only and confers no rights upon the certificate holder. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions and conditions of such policy(ies). This certificate does not amend, extend or otherwise alter the coverages afforded by the policy(ies) described herein.

| COMPANY LETTER | TYPES OF INSURANCE   | POLICY NUMBER    | POLICY EXPIRES | LIMITS APPLY SEPARATELY PER POLICY  |
|----------------|--|------------------|----------------|---|
| A              | COV. LIABILITY (GL, MEDICAL MALPRACTICE)<br>A TORT CLAIMS LIABILITY POLICY.<br>State agency or Authority is insured<br>When sued in state courts.  | TCP 401-14-22    | 6/30/2022      | BODILY INJURY & PROPERTY DAMAGE<br>& PERSONAL INJURY COMBINED<br><br>PER PERSON \$1,000,000<br><br>AGGREGATE \$3,000,000<br><br>OCCURRENCE POLICIES (X) |
| A              | B EMPLOYEE LIABILITY POLICY.<br>Employee is insured when sued<br>Individually.   | CGL 401-14-22    | 6/30/2022      |   |
|                | C STATE AUTHORITY POLICY.<br>Coverage applies when Authority.<br>is sued in federal court  |                  |                |   |
| A              | Contractual and/or Additional Insured Coverage applies to Certificate Holder<br>if policy A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> is checked  |                  |                |   |
|                | D COV. AUTOMOBILE LIABILITY COVERAGE<br>Owned, rented, and non-owned<br>automobiles when Agency or Authority<br>is sued in state court or employee<br>is sued in federal court   | TCP 401-14-22    | 6/30/2022      | C.S.L<br><br>PER PERSON \$1,000,000<br><br>AGGREGATE \$3,000,000  |
|                | E Physical Damage Coverage   |                  |                | Other than Coll. 500 Ded.<br>Coll. 500 Ded.   |
|                | F Excess Authority Coverage when<br>Authority is sued in federal court<br>G Excess Contractual and /or additional<br>insured coverage when certificate<br>holder is sued in federal or state court<br>yes <input type="checkbox"/> no <input type="checkbox"/> |                  |                | LIMITS SHOWN INCLUDE THE LIMITS OF<br>LIABILITY SHOWN UNDER COVERAGES<br>C-D FOR AUTHORITIES ONLY<br>SINGLE LIMIT LIABILITY:                            |
| A              | H WORKER'S COMP. COVERAGE  | SELF-INSURED     | NONE           | STATUTE   |
| B              | COV. MISC. COVERAGE<br>I Property<br>J Other Fidelity Bond   | GVT 554-39-95-20 | 6/30/2022      | \$50,000,000  |

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES**

**Contractual Liability is NOT provided and the Certificate Holder is NOT an additional insured. Coverage applies to state employees while performing state assigned duties.**

**CANCELLATION:**

In the event of cancellation of the policy(ies) described herein, Risk Management Services will endeavor to provide 30 days written notice to the certificate holder, however Risk Management Services assumes no legal responsibility for failure to do so.

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| NAME AND ADDRESS OF CERTIFICATE HOLDER<br><br><br><b>TO WHOM IT MAY CONCERN</b> |  | DATE ISSUED: <u>05/20/2021</u><br><br><br>AUTHORIZED REPRESENTATIVE |
|---|--|--|