

STATE OF GEORGIA
DEPARTMENT OF ADMINISTRATIVE SERVICES
CERTIFICATE OF INSURANCE

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| Name and Address of Agency Department of Administrative Services Risk Management Services P.O. Box 38218, Capitol Hill Station Atlanta, Georgia 30334 | Coverages Afforded By: Company Letter A State of Ga. Risk Management Services <hr/> Company Letter B Great American Insurance Company <hr/> Company Letter C <hr/> Company Letter D <hr/> Company Letter E |
| Name and Address of Insured BOARD OF REGENTS AUGUSTA UNIVERSITY 1121 15TH STREET, AA-2107 AUGUSTA, GEORGIA 30912 | |

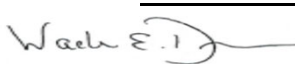
This certificate is given as a matter of information only and confers no rights upon the certificate holder. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy(ies) 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) A TORT CLAIMS LIABILITY POLICY. State agency or Authority is insured when sued in state courts. | TCP 401-14-21 | 06/30/2021 | BODILY INJURY & PROPERTY DAMAGE & PERSONAL INJURY COMBINED |
| A | B EMPLOYEE LIABILITY POLICY. Employee is insured when sued individually. C STATE AUTHORITY POLICY. Coverage applies when Authority . is sued in federal court | CGL 401-14-21 | 06/30/2021 | PER PERSON \$1,000,000 AGGREGATE \$3,000,000 OCCURRENCE POLICIES (X) |
| Contractual and/or Additional Insured Coverage applies to Certificate Holder if policy A ____ B ____ C ____ is checked. | | | | |
| A | COV. AUTOMOBILE LIABILITY COVERAGE D Owned, rented, and non-owned automobiles when Agency or Authority is sued in state court or employee is sued in federal court | TCP 401-14-21 | 06/30/2021 | C.S.L. PER PERSON \$1,000,000 AGGREGATE \$3,000,000 |
| | E Physical Damage Coverage | | | Other than Coll. 500 Ded. Coll. 500 Ded. |
| | F Excess Authority Coverage when Authority is sued in federal court G Excess Contractual and /or additional insured coverage when certificate holder is sued in federal or state court yes ____ no ____ | | | LIMITS SHOWN INCLUDE THE LIMITS OF LIABILITY SHOWN UNDER COVERAGES C-D FOR AUTHORITIES ONLY SINGLE LIMIT LIABILITY: |
| A | H WORKER'S COMP. COVERAGE | SELF-INSURED | NONE | STATUTE |
| A B | COV. MISC. COVERAGE I Property J Other Fidelity Bond | SPAR 401-14-21 GVT 554-39-95-20 | 06/30/2021 06/30/2021 | \$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 To Whom It May Concern |
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DATE ISSUED: 05/08/2020


 AUTHORIZED REPRESENTATIVE