

STATE OF GEORGIA  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
CERTIFICATE OF INSURANCE

<b>Name and Address of Agency</b> Department of Administrative Services Risk Management Services P.O. Box 38198, Capitol Hill Station Atlanta, Georgia 30334	<b>Coverages Afforded By:</b> 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
<b>Name and Address of Insured</b> <b>BOARD OF REGENTS</b> <b>270 WASHINGTON ST SW ROOM 6074</b> <b>ATLANTA, GA. 30037</b>	

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 401-14-16	6/30/2016	BODILY INJURY & PROPERTY DAMAGE & PERSONAL INJURY COMBINED  PER PERSON <b>\$1,000,000</b>  AGGREGATE <b>\$3,000,000</b>  OCCURRENCE POLICIES (X)
A	B EMPLOYEE LIABILITY POLICY. Employee is insured when sued individually.	CGL 401-14-16	6/30/2016	
	C STATE AUTHORITY POLICY. Coverage applies when Authority is sued in federal court			
Contractual and/or Additional Insured Coverage applies to Certificate Holder if policy A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 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 401-14-16	6/30/2016	C.S.L.  PER PERSON <b>\$1,000,000</b>  AGGREGATE <b>\$3,000,000</b>
	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 <input type="checkbox"/> no <input type="checkbox"/>			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
B	COV. MISC. COVERAGE I Property J Other (Fidelity Bond)	GVT 554-39-95-15	6/30/2016	<b>\$50,000,000</b>

**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.

NAME AND ADDRESS OF CERTIFICATE HOLDER  <b>TO WHOM IT MAY CONCERN</b>
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DATE ISSUED: 6/24/2015

*Wade E. D.*

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AUTHORIZED REPRESENTATIVE