## STATE OF GEORGIA DEPARTMENT OF ADMINISTRATIVE SERVICES CERTIFICATE OF INSURANCE

Name and Address of Agency			Coverages	s Afforded	Ву:		
Department of Administrative Services			Company	Α	State	of Ga. Risk Management Services	
Risk Management Services			Letter		-		
200 Piedmont Avenue SE			Company	В	Natio	onwide Casualty Company	
Suite 1220 West Tower Atlanta, Georgia 30334-9010			Letter		Ivalic	onwide Casualty Company	
Name and Address of Insured			Company	_			
BOR-University Of West Georgia			Letter	С			
1601 Maple Street, Room 309 UCC			Company	D			
Carrollton,GA 30118			Letter				
			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						nding 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, ex	clusions and conditions of such policy(ies). This ce	rtificate does no	ot amend, ext	end or othe	wise alt	ter the coverages afforded by the policy(ies)	
described herei	n.						
COMPANY	TYPES OF INSURANCE		DLICY	POL		LIMITS APPLY SEPARATELY PER POLICY	
LETTER		NU	MBER	EXPI	RES		
Α	COV. LIABILITY (GL, MEDICAL MALPRACTICE)	TCP	TCP 401-14-25		025	BODILY INJURY & PROPERTY DAMAGE & PERSONAL INJURY COMBINED	
	A TORT CLAIMS LIABILITY POLICY.	10.			.020		
	State agency or Authority is insured When sued in state courts.						
Α	B EMPLOYEE LIABILITY POLICY.	CGL 4	CGL 401-14-25		025	PER PERSON \$1,000,000	
	Employee is insured when sued						
	Individually.					AGGREGATE \$3,000,000	
	C STATE AUTHORITY POLICY.					AGGREGATE \$5,000,000	
	Coverage applies when Authority. is sued in federal court						
						OCCURRENCE POLICIES (X)	
Α	Contractual and/or Additional Insured Coverage applies to Certificate Holder						
	if policy A B C is checked  COV. AUTOMOBILE LIABILITY COVERAGE					1	
	D Owned, rented, and non-owned					C.S.L	
	automobiles when Agency or Authority	TOD	TCP 401-14-25		005	0.0.2	
	is sued in state court or employee	TCP 2	101-14-25	6/30/2	.025	PER PERSON \$1,000,000	
	is sued in federal court					AGGREGATE \$3,000,000	
	E Physical Damage Coverage						
	1 Hydioai Barriago Goverago					Other than Coll. 500 Ded. Coll. 500 Ded.	
						Coll. 500 Ded.	
	F Excess Authority Coverage when Authority is sued in federal court					LIMITS SHOWN INCLUDE THE LIMITS OF	
	G Excess Contractual and /or additional					LIABILITY SHOWN UNDER COVERAGES	
	insured coverage when certificate					C-D FOR AUTHORITIES ONLY	
	holder is sued in federal or state court					SINGLE LIMIT LIABILITY:	
	yes no	OFI E IN	NIDED.	NONE		OTATUTE	
A	H WORKER'S COMP. COVERAGE COV. MISC. COVERAGE	SELF-INS	BUKED	NONE		STATUTE	
В	I Property			6/30/2025		\$50,000,000	
_	J Other Fidelity Bond	FCO2308	3758			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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 provide30 days written notice to the certificate holder, however Risk Management Services assumes no legal responsibility for failure to do so.							
days written no	blice to the certificate holder, however kisk Man	agement Servi	ces assumes	s no legal i	espons	ibility for failure to do so.	
NAME AND ADDRESS OF CERTIFICATE HOLDER						DATE ISSUED: <u>06/06/2024</u>	
The state of the s						. ~	
						1(10)	
TO WHOM IT MAY CONCERN					1	\.   Cal >   b	

AUTHORIZED REPRESENTATIVE