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

Name and Address of Agency			Coverages Afforded By:			
Department of Administrative Services			Company	А		
Risk Management Services			Letter		Otato	or Ga. Mak Management Gervices
200 Piedmont Avenue SE			Company	_		
Suite 1220 West Tower			Letter	В	Grea	t American Insurance Company
Atlanta, Georgia 30334-9010			Campany		1	
Name and Address of Insured			Company Letter	С		
BOR-Clayton State University Office of Human Resources, 2000 Clayton State Boulevard		٨	Company	_		
Morrow,GA 30260-0285		u	Letter	D		
Widthow, GA 30200-0203			Company	Е		
			Letter			F
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 herei		ate does in	ot amena, ext	cria or otrici	wise air	or the coverages anoraca by the policy(les)
COMPANY		PO	OLICY	POLICY		LIMITE ADDI V CEDADATEI V DED DOLICV
LETTER	TYPES OF INSURANCE	NU	IMBER	EXPIR	RES	LIMITS APPLY SEPARATELY PER POLICY
	COV. LIABILITY (GL, MEDICAL MALPRACTICE)	TOD 404 44 04		0/00/0		
Α	A TORT CLAIMS LIABILITY POLICY.		TCP 401-14-24		024	BODILY INJURY & PROPERTY DAMAGE
	State agency or Authority is insured					& PERSONAL INJURY COMBINED
Α	When sued in state courts.  B EMPLOYEE LIABILITY POLICY.	CGL 401-14-24		6/30/2	024	PER PERSON \$1,000,000
	B EMPLOYEE LIABILITY POLICY. Employee is insured when sued					
	Individually.					100050175 40 000 000
	C STATE AUTHORITY POLICY.					AGGREGATE \$3,000,000
	Coverage applies when Authority.					
	is sued in federal court					OCCURRENCE POLICIES (X)
Contractual and/or Additional Insured Coverage applies to Certificate Holder						
	if policy A B C is checked	1				1
	COV. AUTOMOBILE LIABILITY COVERAGE  D Owned, rented, and non-owned					C.S.L
	D Owned, rented, and non-owned automobiles when Agency or Authority					C.S.L
	is sued in state court or employee	TCP 4	TCP 401-14-24		:024	PER PERSON \$1,000,000
	is sued in federal court					
	5 8 1 1 2					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					LIMITS SHOWN INCLUDE THE LIMITS OF
	G Excess Contractual and /or additional insured coverage when certificate					LIABILITY SHOWN UNDER COVERAGES C-D FOR AUTHORITIES ONLY
	holder is sued in federal or state court					SINGLE LIMIT LIABILITY:
-	yes no					
A	H WORKER'S COMP. COVERAGE	SELF-INS	SURED	NONE		STATUTE
	COV. MISC. COVERAGE	OVT FF4	20.05.00	0/00/0004		<b>#50.000.000</b>
В	I Property J Other Fidelity Bond	GVI 554	-39-95-20	6/30/2024		\$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.						
Proceedings of the control of the co						
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.						
NAME AND ADDRESS OF CERTIFICATE HOLDER						DATE ISSUED: <u>06/06/2023</u>
				1112		
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AUTHORIZED REPRESENTATIVE