

Office of Risk Management
State of Louisiana
Division of Administration



JOHN BEL EDWARDS
GOVERNOR

JAY DARDENNE
COMMISSIONER OF ADMINISTRATION

July 5, 2018

Mr. Joseph "Joey" V. Pons, IV
University of Louisiana at Lafayette
Post Office Box 43646
Lafayette, LA 70504

Dear Mr. Pons:

RE: Certificate of Insurance for
Commercial General Liability
Automobile Liability
Workers' Compensation Liability
5260 University of Louisiana at Lafayette

Attached is the original certificate of insurance showing proof of coverage for your agency.
Please make a copy for your files and records as necessary.

If you have any questions, please do not hesitate to call me at (225) 342-8470 or send a fax to
(225) 342-8473.

Sincerely,

A handwritten signature in black ink, appearing to read "Christine Ammons", with a long horizontal flourish extending to the right.

Christine Ammons
State Risk Underwriting, Admin. Coordinator

Attachment

CERTIFICATE OF INSURANCE

Issue Date
July 5, 2018

PRODUCER Office of Risk Management – DOA Post Office Box 91106 Baton Rouge, Louisiana 70821-9106	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION AND MAY CONFER RIGHTS UPON THE CERTIFICATE HOLDER BY AMENDING OR EXTENDING THE COVERAGE AFFORDED BY THE POLICIES BELOW AS STATED IN THE DESCRIPTION OF OPERATIONS SECTION.
INSURED State of Louisiana University of Louisiana at Lafayette Post Office Box 40400 Lafayette, LA 70504	COMPANY AFFORDING COVERAGE Louisiana Self-Insurance Fund
CORP. NO: 5260	

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	LIABILITY LIMITS		
						EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PERSONAL & ADVERTISING INJURY <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS <input checked="" type="checkbox"/> FIRE DAMAGE (Any one fire) <input type="checkbox"/> MEDICAL EXPENSES	CGL20182019	07-01-2018	07-01-2019	BODILY INJURY		
					PROPERTY DAMAGE		
					BI & PD COMBINED	\$ 5,000,000	
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED AUTOMOBILE PHYSICAL DAMAGE <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> HIRED	ALPD20182018	07-01-2018	07-01-2019	BODILY INJURY		
					PROPERTY DAMAGE		
					BI & PD COMBINED	\$ 5,000,000	
					APD Limit: ACV Comprehensive \$1,000 Deductible Comprehensive \$1,000 Deductible Collision		
	<input checked="" type="checkbox"/> WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC20182019	07-01-2018	07-01-2019	STATUTORY		
					\$ 5,000,000	(EACH ACCIDENT)	
					\$ 5,000,000	(DISEASE-POLICY LIMIT)	
					\$ 5,000,000	(DISEASE-EACH EMPLOYEE)	
	<input checked="" type="checkbox"/> MEDICAL MALPRACTICE LIABILITY						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Proof of coverage.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICES SHALL IMPOSE NO OBLIGATIONS OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

CERTIFICATE HOLDER

AUTHORIZED REPRESENTATIVE

University of Louisiana at Lafayette
 Post Office Box 40400
 Lafayette, LA 70504

Kristy Breaux
 KRISTY BREAUX, STATE RISK ADMINISTRATOR