STATE OF GEORGIA DEPARTMENT OF ADMINISTRATIVE SERVICES CERTIFICATE OF INSURANCE

Name and Address of Agency	Coverages	Coverages Afforded By:		
Department of Administrative Services Risk Management Services	Company Letter	А	State of Ga. Risk Management Services	
200 Piedmont Avenue SE Suite 1220 West Tower Atlanta, Georgia 30334-9010	Company Letter	в	Great American Insurance Company	
Name and Address of Insured BOR-Clayton State University	Company Letter	С		
Office of Human Resources, 2000 Clayton State Boulevard Morrow.GA 30260-0285	Company Letter	D		
WOITOW, OA 30200-0203	Company Letter	Е		

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
Α	COV. LIABILITY (GL, MEDICAL MALPRACTICE) A TORT CLAIMS LIABILITY POLICY. State agency or Authority is insured	TCP 401-14-23	6/30/2023	BODILY INJURY & PROPERTY DAMAGE & PERSONAL INJURY COMBINED
Α	When sued in state courts. B EMPLOYEE LIABILITY POLICY. Employee is insured when sued	CGL 401-14-23	6/30/2023	PER PERSON \$1,000,000
	Individually. C STATE AUTHORITY POLICY. Coverage applies when Authority. is sued in federal court			AGGREGATE \$3,000,000 OCCURRENCE POLICIES (X)
Α	Contractual and/or Additional Insured Coverage applie if policy A B C is checked	es to Certificate Holder		
	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 401-14-23	6/30/2023	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:
Α	H WORKER'S COMP. COVERAGE	SELF-INSURED	NONE	STATUTE
В	COV. MISC. COVERAGE I Property J Other Fidelity Bond	GVT 554-39-95-20	6/30/2023	\$50,000,000
ontractual L	N OF OPERATIONS/LOCATIONS/VEHICLES .iability is NOT provided and the Certificate Holde tate assigned duties.	er is NOT an addition	al insured. Cover	age applies to state employees while

NAME AND ADDRESS OF CERTIFICATE HOLDER	DATE ISSUED:06/06/2022
TO WHOM IT MAY CONCERN	Wach E.I
	AUTHORIZED REPRESENTATIVE