

CERTIFICATE OF INSURANCE

Issue Date

June 5, 2023

PRODUCER Office of Risk Management – DOA Post Office Box 91106 Baton Rouge, Louisiana 70821-91106	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 LSU Health Sciences Center – New Orleans 433 Bolivar Street New Orleans, LA 70112	COMPANY AFFORDING COVERAGE Louisiana Self-Insurance Fund
ORM LOCATION CODE: 4490	

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"/> POLLUTION (Sudden & Accidental Only) <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	CGL20232024	07-01-2023	07-01-2024	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	ALPD20232024	07-01-2023	07-01-2024	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	WC20232024	07-01-2023	07-01-2024	STATUTORY		
					\$ 5,000,000 (EACH ACCIDENT)		
					\$ 5,000,000 (DISEASE-POLICY LIMIT)		
	<input checked="" type="checkbox"/> MEDICAL MALPRACTICE LIABILITY	MMP20232024	07-01-2023	07-01-2024	\$ 5,000,000 (DISEASE-EACH EMPLOYEE)		
					\$5,000,000 PER OCCURRENCE SUBJECT TO R.S. 40:1237.1 ET SEQ		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Proof of coverages

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
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LSU Health Sciences Center – New Orleans
433 Bolivar Street
New Orleans, LA 70112


MARK JOSEPH, UNDERWRITING MANAGER

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TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	LIABILITY LIMITS	
				EACH OCCURRENCE	AGG.
<input checked="" type="checkbox"/> PROPERTY All Risk Broad Form Property Coverage subject to Policy Exclusions and a \$10,000,000 combined single limit per occurrence for all perils <u>except</u> Flood and Named Storm; Flood \$50,000,000 per occurrence limit/annual aggregate; Named Storm \$50,000,000 per occurrence limit. Comprehensive Equipment Breakdown (Boiler and Machinery) coverage is provided under this policy, \$500,000 per breakdown	BP20232024	07-01-2023	07-01-2024	Building: Replacement Cost Movable Property/Contents: Actual Cash Value Boiler Equipment: Repair/Replacement Cost Deductible – All Perils Excluding Flood: \$1,000 Deductible – Flood: \$5,000	
<input checked="" type="checkbox"/> BLANKET CRIME (Includes Employee Theft)	CRIM20232024	07-01-2023	07-01-2024	Crime: \$2,000,000 Employee Theft: \$500,000 Faithful Performance of Duty: \$100,000 Deductible: \$1,000	

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