

APPENDIX C

Financial Fidelity Insurance Certificate

State of Louisiana

Certification Checklist

Prepared by
Louisiana Office of Community Development

Office of Risk Management
State of Louisiana
Division of Administration



JOHN BEL EDWARDS
GOVERNOR

JAY DARDENNE
COMMISSIONER OF ADMINISTRATION

November 4, 2021

Mr. Edwin Legnon
Office of Community Development
617 N. Third Street, 6th Floor
Baton Rouge, LA 70802

Dear Mr. Legnon:

RE: Certificate of Insurance for
Blanket Crime (includes Employee Theft)
0414 Office of Community Development

Attached is an original certificate of insurance showing proof of Crime coverage, which includes coverage for Employee Theft. Please make copies for your files and records as necessary.

If you have any questions, please call me at (225) 219-0064 or email me at Allison.Schailer@la.gov.

Sincerely,

A handwritten signature in blue ink that reads "Allison Schailer".

Allison Schailer
State Risk Underwriter

Attachment

CERTIFICATE OF INSURANCE

Issue Date
November 4, 2021

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 Office of Community Development 617 North Third Street, 6th Floor Baton Rouge, LA 70802	COMPANY AFFORDING COVERAGE Louisiana Self-Insurance Fund
CORP. NO: 0414	

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 type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> PERSONAL & ADVERTISING INJURY <input type="checkbox"/> CONTRACTUAL LIABILITY <input type="checkbox"/> PROFESSIONAL LIABILITY <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS <input type="checkbox"/> FIRE DAMAGE (Any one fire) <input type="checkbox"/> MEDICAL EXPENSES				BODILY INJURY PROPERTY DAMAGE BI & PD COMBINED \$		
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED AUTOMOBILE PHYSICAL DAMAGE <input type="checkbox"/> OWNED <input type="checkbox"/> SPECIFICALLY DESCRIBED <input type="checkbox"/> HIRED				BODILY INJURY PROPERTY DAMAGE BI & PD COMBINED \$		
	<input type="checkbox"/> WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY \$ (EACH ACCIDENT) \$ (DISEASE-POLICY LIMIT) \$ (DISEASE-EACH EMPLOYEE)		
	<input checked="" type="checkbox"/> BLANKET CRIME (Includes Employee Theft)	CRIM20212022	07-01-2021	07-01-2022	Crime: \$2,000,000 Employee Theft: \$500,000 Faithful Performance of Duty \$100,000 Deductible: \$1,000		

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

Office of Community Development
 617 North Third Street, 6th Floor
 Baton Rouge, LA 70802



MARK JOSEPH, UNDERWRITING MANAGER