CERTIFICATE OF INSURANCE

Issue Date
July 1, 2015

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.

COMPANY AFFORDING COVERAGE

Louisiana Self-Insurance Fund

INSURED State of Louisiana
All State Departments, Agencies, Boards and Commissions

CORP. NO: 0000

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 ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCURRENCE ☐ PERSONAL & ADVERTISING INJURY ☐ POLLUTION (Sudden & Accidental Only) ☐ PROFESSIONAL LIABILITY ☐ PRODUCTS/COMPLETED OPERATIONS ☐ FIRE DAMAGE (Any one fire) ☐ MEDICAL EXPENSES				BODILY INJURY		
					PROPERTY DAMAGE		
					BI & PD COMBINED	$	
	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED ☐ NON-OWNED ☐ HIRED	ALPD20152016	07-01-2015	07-01-2016	BODILY INJURY		
					PROPERTY DAMAGE		
					BI & PD COMBINED	$ 5,000,000	
	AUTOMOBILE PHYSICAL DAMAGE ☒ OWNED ☐ SPECIFICALLY DESCRIBED ☒ HIRED				APD Limit: ACV Comprehensive $1,000 Deductible Comprehensive $1,000 Deductible Collision		
	☐ **WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY**				STATUTORY		
					$	(EACH ACCIDENT)	
					$	(DISEASE–POLICY LIMIT)	
					$	(DISEASE–EACH EMPLOYEE)	
	☐ **OTHER**						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Proof of coverage for the Louisiana No Pay-No Play Law.

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

All State Departments, Agencies, Boards and Commissions

AUTHORIZED REPRESENTATIVE

Melissa Harris

MELISSA HARRIS, UNDERWRITING MANAGER