STATE OF GEORGIA DEPARTMENT OF ADMINISTRATIVE SERVICES CERTIFICATE OF INSURANCE

| Name and Address of Agency | Coverages Afforded By: | | |
|---|------------------------|---|---------------------------------------|
| Department of Administrative Services Risk Management Services 200 Piedmont Avenue SE Suite 1220 West Tower Atlanta, Georgia 30334-9010 | Company Letter | А | State of Ga. Risk Management Services |
| | Company Letter | в | Nationwide Casualty Company |
| Name and Address of Insured BOR-Georgia Institute Of Technology 711 Marietta Street Atlanta.GA 30332-0300 | Company Letter | С | |
| | Company Letter | D | |
| Aliania, OA 30332-0300 | 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 401-14-25 | 6/30/2025 | BODILY INJURY & PROPERTY DAMAGE & PERSONAL INJURY COMBINED |
| Α | When sued in state courts. B EMPLOYEE LIABILITY POLICY. Employee is insured when sued | CGL 401-14-25 | 6/30/2025 | 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 | | 1 |
| | COV. AUTOMOBILE LIABILITY COVERAGE D Owned, rented, and non-owned | | | C.S.L |
| | automobiles when Agency or Authority | TCP 401-14-25 | 6/30/2025 | |
| | is sued in state court or employee is sued in federal court | | 0/00/2020 | 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 | | | LIMITS SHOWN INCLUDE THE LIMITS OF |
| | G Excess Contractual and /or additional | | | LIABILITY SHOWN UNDER COVERAGES |
| | insured coverage when certificate | | | C-D FOR AUTHORITIES ONLY |
| | holder is sued in federal or state court | | | SINGLE LIMIT LIABILITY: |
| Α | H WORKER'S COMP. COVERAGE | SELF-INSURED | NONE | STATUTE |
| | COV. MISC. COVERAGE | | | |
| В | I Property J Other Fidelity Bond | FCO2308758 | 6/30/2025 | \$50,000,000 |
| SCRIPTIO | N OF OPERATIONS/LOCATIONS/VEHICLES | | | |
| | iability is NOT provided and the Certificate Holde tate assigned duties. | r is NOT an additiona | al insured. Cover | age applies to state employees while |
| norming st | late assigned duties. | | | |

In the event of cancellation of the policy(ies) described herein, Risk Management Services will endeavor to provide <u>30</u> days written notice to the certificate holder, however Risk Management Services assumes no legal responsibility for failure to do so.

| NAME AND ADDRESS OF CERTIFICATE HOLDER | DATE ISSUED:06/06/2024 |
|--|---------------------------|
| TO WHOM IT MAY CONCERN | Wade E.I) |
| | AUTHORIZED REPRESENTATIVE |