

Office of Risk Management

State of Louisiana

Division of Administration



JOHN BEL EDWARDS
GOVERNOR

JAY DARDENNE
COMMISSIONER OF ADMINISTRATION

July 1, 2019

Ms. Vy Apostolakis
LSU Health Sciences Center
1900 Gravier St.
New Orleans, LA 70112

Dear Ms. Apostolakis:

RE: Certificates of Insurance for
Commercial General Liability
Automobile Liability
Automobile Physical Damage
Workers' Compensation and Employers' Liability
Medical Malpractice Liability
Property
Blanket Crime
4490 LSUHSC – New Orleans

Attached are the original certificates of insurance for your agency. Please make copies for your files and records as necessary.

If you have any questions, feel free to call me at (225) 342-8470 or send an email Christine.Ammons2@la.gov.

Sincerely,

Christine Ammons
State Risk Underwriter I

Attachments

CERTIFICATE OF INSURANCE

Issue Date

July 1, 2019

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 433 Bolivar Street New Orleans, LA 70112	COMPANY AFFORDING COVERAGE <div style="text-align: center;">Louisiana Self-Insurance Fund</div>

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	CGL20192020	07-01-2019	07-01-2020	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	ALPD20192020	07-01-2019	07-01-2020	BODILY INJURY		
					PROPERTY DAMAGE		
					BI & PD COMBINED	\$ 5,000,000	
	AUTOMOBILE PHYSICAL DAMAGE <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> HIRED				APD Limit: ACV Comprehensive \$1,000 Deductible Comprehensive \$1,000 Deductible Collision		
	<input checked="" type="checkbox"/> WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC20192020	07-01-2019	07-01-2020	STATUTORY		
					\$ 5,000,000	(EACH ACCIDENT)	
					\$ 5,000,000	(DISEASE-POLICY LIMIT)	
					\$ 5,000,000	(DISEASE-EACH EMPLOYEE)	
	<input checked="" type="checkbox"/> MEDICAL MALPRACTICE LIABILITY	MMP20192020	07-01-2019	07-01-2020	\$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**
 LSU Health Sciences Center
 433 Bolivar Street
 New Orleans, LA 70112



KRISTY BREAU, STATE RISK ADMINSTRATOR

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Issue Date

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				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 Hurricane; Flood \$50,000,000 per occurrence limit/annual aggregate; Named Hurricane \$50,000,000 per occurrence limit. Comprehensive Equipment Breakdown (Boiler and Machinery) coverage is provided under this policy, \$500,000 per breakdown	BP20192020	07-01-2019	07-01-2020	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)	CRIM20192020	07-01-2019	07-01-2020	Crime: \$2,000,000 Employee Theft: \$500,000 Faithful Performance of Duty; \$100,000	
				Deductible: \$1,000	

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