CERTIFICATE OF INSURANCE

Issue Date June 8, 2021 PRODUCER THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION AND MAY CONFER RIGHTS Office of Risk Management - DOA UPON THE CERTIFICATE HOLDER BY AMENDING OR EXTENDING THE COVERAGE AFFORDED Post Office Box 91106 BY THE POLICIES BELOW AS STATED IN THE DESCRIPTION OF OPERATIONS SECTION. Baton Rouge, Louisiana 70821-91106 **INSURED COMPANY AFFORDING COVERAGE** STATE OF LOUISIANA LSU Health Sciences Center - New Orleans 433 Bolivar Street Louisiana Self-Insurance Fund New Orleans, LA 70112 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 COMMERCIAL GENERAL LIABILITY | |)c.) | | BODILY INJURY | | | |
| | □ CLAIMS MADE | CGL20212022 | 07-01-2021 | 07-01-2022 | PROPERTY DAMAGE | | | |
| | | | | | BI & PD COMBINED | \$ 5,000,000 | | |
| | AUTOMOBILE LIABILITY | | | | BODILY INJURY | | | |
| | □ ANY AUTO □ OWNED □ NON-OWNED | ALPD20212022 | 07-01-2021 | 07-01-2022 | PROPERTY DAMAGE | 77 | | |
| | HIRED AUTOMOBILE PHYSICAL DAMAGE | 1111115 | | | BI & PD COMBINED | \$ 5,000,000 | | |
| | AUTOMOBILE PHYSICAL DAMAGE | | | | APD Limit: | APD Limit: ACV Comprehensive | | |
| | ⊠ OWNED □ NON-OWNED ⊠ HIRED | 1000 | | 72/ | \$1,000 Deductible Comprehensive \$1,000 Deductible Collision | | | |
| | ☑ WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY | WC20212022 | 07-01-2021 | 07-01-2022 | STATUTORY | /EAGU AGGIDI | | |
| | | | | | \$ 5,000,000 | , | | |
| | | | | | \$5,000,000 | , | CH EMPLOYEE) | |
| | MEDICAL MALPRACTICE | MMP20212022 | 07-01-2021 | 07-01-2022 | | ` | | |
| | LIABILITY | IVIIVIF ZUZ I ZUZZ | 07-01-2021 | 07-01-2022 | \$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 – New Orleans 433 Bolivar Street New Orleans, LA 70112

KRISTY BREAUX, STATE RISK ADMINISTRATOR

CERTIFICATE OF INSURANCE

Issue Date

| 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 | COMPANY AFFORDING COVERAGE | | | | | |
| STATE OF LOUISIANA LSU Health Sciences Center – New Orleans 433 Bolivar Street New Orleans, LA 70112 | Louisiana Self-Insurance Fund | | | | | |
| ORM LOCATION CODE: 4490 | | | | | | |

COVERAGES

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| TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE | POLICY EXPIRATION | LIABILITY LIMITS | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------|----------------------|------------------------------------------------------------------------------------|------|
| TIPE OF INSURANCE | | | | EACH OCCURRENCE | AGG. |
| ☑ PROPERTY | 100 | 0 | 2.7/4 | Building: Replacement Cost | |
| All Risk Broad Form Property Coverage subject to Policy Exclusions and a \$10,000,000 combined single limit per occurrence for all perils except Flood and Named Storm; Flood \$50,000,000 per | BP20212022 | 07-01-2021 | 07-01-2022 | Movable Property/Contents: Actual Cash Value | |
| occurrence limit/annual aggregate; Named Storm \$50,000,000 per occurrence limit. | | | | Boiler Equipment: Repair/ Replacement Cost | |
| Comprehensive Equipment Breakdown (Boiler and Machinery) coverage is provided under this policy, \$500,000 per breakdown | | | | Deductible – All Perils Excluding Flood: \$1,000 Deductible – Flood: \$5,000 | |
| BLANKET CRIME (Includes Employee Theft) | CRIM20212022 | 07-01-2021 | 07-01-2022 | Crime: \$2,000,000 Employee Theft: \$500,000 Faithful Performance of | |
| DESCRIPTION OF OPERATIONS/LOCATION | IS/VEHICLES/SPEC | IAL ITEMS | 11.4/ | Duty: \$100,000 Deductible: \$1,000 | |

Proof of coverages

CANCELLATION

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