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 433 Bolivar Street, 8th Floor New Orleans, LA 70112

Dear Ms. Apostolakis:

RE:

Certificate of Insurance for

Cyber Liability

4489 LSUHSC - New Orleans

Attached is the original certificate of insurance showing proof of coverage for your Agency. Please make a copy for your files and records as necessary.

If you have any questions, please do not hesitate to call me at (225)342-8470 or send a fax to (225) 342-8473.

Sincerely,

Allison Schailler

State Risk Underwriter

Attachment



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/1/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on the policy of the policy is the policy of the policy

this certificate does not confer rights to the co	contract NAME: PHONE [AIC, No, Ext]: 225-292-3515 E-MAIL ADDRESS:					
Arthur J. Gallagher Risk Management Service 235 Highlandia Drive, Suite 200 Baton Rouge LA 70810						
•		INS	URER(S) AFFOR	RDING COVERAGE	NAIC	C#
	INSURER A : Lloyd's Synd 1955 (Barbican Managing)					
STATOFL-01 State of Louisiana, All State Departments c\o Office of Risk Management P. O. Box 91106		INSURER B :				
		INSURER C:				
		INSURER D:				
Baton Rouge LA 70821		INSURER E :				
		INSURER F:				**************************************
THIS IS TO CERTIFY THAT THE POLICIES OF INS INDICATED. NOTWITHSTANDING ANY REQUIREM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN EXCLUSIONS AND CONDITIONS OF SUCH POLICIE	IENT, TERM OR CONDITION (I, THE INSURANCE AFFORDE S. LIMITS SHOWN MAY HAVE (OF ANY CONTRACT ED BY THE POLICIE: BEEN REDUCED BY I	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS.	OCCUMENT WITH RESPEC	T TO WHICH T	THIS
NSR ADDL SU LTR TYPE OF INSURANCE INSD WA	R D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1	
COMMERCIAL GENERAL LIABILITY					\$	
CLAIMS-MADE OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
					\$	
				PERSONAL & ADV INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	
POLICY PRO- LOC				PRODUCTS - COMP/OP AGG	\$	
OTHER:				COLUMN TO STREET THE STREET	\$	
AUTOMOBILE LIABILITY				(Ea accident)	\$	
ANY AUTO OWNED SCHEDULED				, , ,	\$	
AUTOS ONLY AUTOS NON-OWNED				BODILY INJURY (Per accident)	*	
AUTOS ONLY AUTOS ONLY				(Per accident)	\$	
ADDOCT ALLAN					\$	
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE					\$	
CLAIMSTUADE					\$	
DED RETENTION \$ WORKERS COMPENSATION				PER OTH-	\$	
AND EMPLOYERS' LIABILITY]				
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					\$	
if yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - EA EMPLOYEE		
A Cyber Liability	B1262Fl1012719	7/1/2019	7/1/2020	E.L. DISEASE - POLICY LIMIT EACH OCCURRENCE	\$ 10,000,000	
	3.1232.773.12.13	77,1120.10	77 172020	ANNUAL AGGREGATE	10,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACOI Proof of coverage for ORM Location Code 4489 LS	RD 101, Additional Remarks Schedule J Health Sciences Center Ne	e, may be attached if more w Orleans	space is require	sd)		
CERTIFICATE HOLDER	CANCELLATION					
LSU Health Sciences Center New 433 Bolivar Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
New Orleans LA 70112	Authorized Representative Aprus Lu					