

STATE OF GEORGIA
DEPARTMENT OF ADMINISTRATIVE SERVICES
CERTIFICATE OF INSURANCE

Name and Address of Agency Department of Administrative Services Risk Management Services 200 Piedmont Avenue SE Suite 1220 West Tower Atlanta, Georgia 30334-9010	Coverages Afforded By:		
	Company Letter	A	State of Ga. Risk Management Services
Name and Address of Insured CSB-View Point Health 175 Gwinnet Drive P.O. Box 687 Lawrenceville, GA 30046	Company Letter	B	Nationwide Casualty Company
	Company Letter	C	
	Company Letter	D	
	Company Letter	E	

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
A	COV. LIABILITY (GL, MEDICAL MALPRACTICE) A TORT CLAIMS LIABILITY POLICY. State agency or Authority is insured When sued in state courts.	TCP 401-14-26	6/30/2026	BODILY INJURY & PROPERTY DAMAGE & PERSONAL INJURY COMBINED
A	B EMPLOYEE LIABILITY POLICY. Employee is insured when sued Individually.	CGL 401-14-26	6/30/2026	PER PERSON \$1,000,000
	C STATE AUTHORITY POLICY. Coverage applies when Authority. is sued in federal court			AGGREGATE \$3,000,000
A	Contractual and/or Additional Insured Coverage applies to Certificate Holder if policy A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> is checked			
	D COV. AUTOMOBILE LIABILITY COVERAGE Owned, rented, and non-owned automobiles when Agency or Authority is sued in state court or employee is sued in federal court	TCP 401-14-26	6/30/2026	C.S.L PER PERSON \$1,000,000 AGGREGATE \$3,000,000
	E Physical Damage Coverage			<input type="checkbox"/> Other than Coll. 500 Ded. <input type="checkbox"/> Coll. 500 Ded.
	F Excess Authority Coverage when Authority is sued in federal court G Excess Contractual and /or additional insured coverage when certificate holder is sued in federal or state court yes <input type="checkbox"/> no <input type="checkbox"/>			LIMITS SHOWN INCLUDE THE LIMITS OF LIABILITY SHOWN UNDER COVERAGES C-D FOR AUTHORITIES ONLY SINGLE LIMIT LIABILITY:
A	H WORKER'S COMP. COVERAGE	SELF-INSURED	NONE	STATUTE
B	COV. MISC. COVERAGE I Property J Other Fidelity Bond	FCO2308758	6/30/2026	\$50,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

Contractual Liability is NOT provided and the Certificate Holder is NOT an additional insured. Coverage applies to state employees while performing state assigned duties.

CANCELLATION:

In the event of cancellation of the policy(ies) described herein, Risk Management Services will endeavor to provide 30 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 TO WHOM IT MAY CONCERN		DATE ISSUED: <u>06/06/2025</u>  AUTHORIZED REPRESENTATIVE
---	--	--