

# CERTIFICATE OF INSURANCE

Issue Date

July 1, 2025

**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.

**COMPANY AFFORDING COVERAGE**

**INSURED**

State of Louisiana  
All State Departments, Agencies, Boards and Commissions

Louisiana Self-Insurance Fund

CORP. NO: 0000

**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
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> PERSONAL & ADVERTISING INJURY <input type="checkbox"/> POLLUTION (Sudden & Accidental Only) <input type="checkbox"/> PROFESSIONAL LIABILITY <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS <input type="checkbox"/> FIRE DAMAGE (Any one fire) <input type="checkbox"/> MEDICAL EXPENSES				BODILY INJURY		
					PROPERTY DAMAGE		
					BI & PD COMBINED	\$	
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED <b>AUTOMOBILE PHYSICAL DAMAGE</b> <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> SPECIFICALLY DESCRIBED <input checked="" type="checkbox"/> HIRED	ALPD20252026	07-01-2025	07-01-2026	BODILY INJURY		
					PROPERTY DAMAGE		
					BI & PD COMBINED	\$ 5,000,000	
					APD Limit: ACV Comprehensive \$1,000 Deductible Comprehensive \$1,000 Deductible Collision		
	<input type="checkbox"/> <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY		
					\$	(EACH ACCIDENT)	
					\$	(DISEASE-POLICY LIMIT)	
					\$	(DISEASE-EACH EMPLOYEE)	
	<input type="checkbox"/> <b>OTHER</b>						

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Proof of coverage for the Louisiana No Pay-No Play Law.

**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**

All State Departments, Agencies, Boards and Commissions

  
 KRISTY BREAUX LAUFF STATE RISK ADMINISTRATOR