## Certificate of Insurance

This is to certify that the State of Arizona and Arizona State University

P.O. Box 876512

Tempe, Arizona 85287

are covered parties for the following coverages:

This certifies that the State of Arizona maintains for all its departments, agencies, boards, commissions and employees, insurance and self-insurance of the types and amounts specified below in accordance with Arizona Revised Statutes §41-621 and §41-622.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. It neither affirmatively nor negatively amends, extends, nor alters the coverage afforded by Arizona Revised Statutes.

This certificate is issued by: Arizona Department of Administration, Risk Management Department, 100 North 15th Avenue, Phoenix, Arizona 85007 (602) 542-2182.

|   |                | <del> </del>    | North 15th Avenue, Phoenix, Arizona 85007 (602) 542-2182. |
|---|----------------|-----------------|---|
| Coverage                                      | Effective Date | Expiration Date | Limits of Coverage  |
|   |                |                 |   |
| Including:                                    |                |                 | Combined Single Limit                                     |
| 1 Premises/Operations Liability               |                |                 | <b>3</b>  |
| 2 Products and Completed Operations           | 6/30/2023      | 6/30/2028       | \$\$3,000,000   |
| 3 Blanket Contractual                         |                |                 | ΨΦ3,000,000   |
| 4 Personal Injury                             |                |                 |   |
| 5 Broad Form Property Damage                  |                |                 |   |
| Commercial Auto Liability                     |                |                 | Bodily Injury and Property Damage                         |
| Including:                                    |                |                 | Combined Single Limit                                     |
| 1 Owned Vehicles                              | 6/30/2023      | 6/30/2028       | _   |
| 2 Non-owned Vehicles                          |                |                 | \$\$1,000,000 CSL   |
| 3 Hired Vehicles                              |                |                 |   |
| Vorkers' Compensation                         | 6/30/2023      | 6/30/2028       | Statutory   |
| Professional Liability                        | 6/30/2023      | 6/30/2028       | \$\$1,000,000   |
| All Risk Real Property: Replacement Cost      | 6/30/2023      | 6/30/2028       | Replacement Cost  |
| All Risk Personal Property: Actual Cash Value | 6/30/2023      | 6/30/2028       | Actual Cash Value   |
|   |                |                 | Actual Cash value   |
| Other:  |                |                 |   |

## **Description of Event/Property/Contract:**

Certificate of Insurance

Location:

N/A

**Special Provisions:** 

Certificate Holder:

Attn: Insurance Representative

Master Certificate

N/A

N/A, Arizona N/A

This certificate supersedes any previously issued certificates.

Date:

4/27/2022

RM Claims Manager

COI #15255 RM-VIP1 (Rev 8/98)

IPS 3687