Certificate of Insurance No. 9506



This certificate is issued as a matter of information only and confers no rights upon the certificate holder.

This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

Cancellation: Should any of the described policies be cancelled, the issuing company will endeavor to mail 30 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

Named Insured: Federal Express Corporation 3620 Hacks Cross Rd, Building B, 3rd Floor Memphis, TN 38125

SEVERABILITY LIABILITY NOTICE

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligation.

Name and Address of Cert	rificate Holder	Producer								
State of Colorado Department of Personnel and Admin Division of Central Services Purchasing and Contracts Administration 633 17th Street, Suite 1600 Denver, Colorado 80202		Aon Risk Services Southwest, Inc. 2711 N. Haskell Avenue, Suite 800 Dallas, Texas 75204 Contact: Michelle Pitt 214-989-0000								
TYPE OF COVERAGE	LIMITS OF LIABILITY	POLICY PERIOD (MM/DD/YY)	INSURANCE COMPANY AND POLICY NUMBER							
A. AIRCRAFT LIABILITY in respect of all aircraft owned,		7/1/2011 - 7/1/2012	Global Aerospace Policy No. 282941/11 Various Insurers through Aon Group Limited, Aviation							
leased, or operated by the Named Insured, worldwide			Policy No. AM1109201 Subscribing members of Institute of London Underwriters for percentages as on file with Aon Group Limited, Aviation							
B. <u>AIRCRAFT HULL INSURANCE</u> in respect of all insured aircraft owned			Subscribing Insurance Companies for percentages as on file with Aon Group Limited, Aviation							
or leased by the Named Insured, worldwide			Starnet Insurance Co. (Per Berkley Aviation) Policy No. BA110700042							
			Commerce & Industry Insurance Company Policy No HL1853210-08							
C. COMPREHENSIVE GENERAL LIABILITY	\$5,000,000 Bodily Injury & Property Damage		Ironshore Specialty Insurance Company Policy No. IHM100071-02 Starr Surplus Lines Insurance Company							
in respect of all Ground Operations of the Narmed Insured, including but not limited to Premises Operations, Contractual, Products and Completed Operations, Cargo Legal Liability, Vehicles operated on restricted access airport premises, Hangarskeepers Liability	Combined Per Occurrence		Policy No. SASLAMR635013-01 United States Aviation Underwriters Policy No. SIHL1667Q XL Specialty Insurance Co. (Per XL Aerospace) Policy No. UA00001150AV11A Allianz Global Risks US Insruance Company Policy No. A1AL000136811AM Tiger International Insurance Ltd. Policy No. TiG70111MAIN							
D. COMPREHENSIVE AUTOMOBILE LIABILITY in respect of all Owned, Hired, and Non-Owned Automobiles			PORCY NO. HIG/UTTIMAIN							
E. PROPERTY										
Direct Physical Loss or Damage of Real and Personal Property, on a repair or replacement cost basis										
Nature of Interest:	Nature of Interest:									
Loss Payee - As their Interests may app Mortgagee										
Additional Insured - As their interests many Other										
Each of the above Insurers, Individually, has authorized Aon Risk Services Southwest, Inc. to issue this certificate on its behalf. Aon Risk Services Southwest, Inc. is not an insurer and has no liability of any sort under the above policies, nor as a result of the issuance of this Certificate. Each of the above insurers is narticipating for its own part										

Each of the above Insurers, Individually, has authorized Aon Risk Services Southwest, Inc. to issue this certificate on its behalf. Aon Risk Services Southwest, Inc. is not an insurer and has no liability of any sort under the above policies, nor as a result of the issuance of this Certificate. Each of the above Insurers is participating for its own part and not one for the other. The policy is subject to an Electronic Date Recognition Exclusion and Electronic Date Change Recognition Exclusion Coverage

Description of	of Operations:
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State of Colorado Fed Ex WSCA Participating, Addendum. Coverage is primary.

Date Issued:

8/10/2011

Ву:

Peter McKenzie

Thursenjus

FEC.802

Attachment to Certificate No. 2091509106

2b. ADDITIONAL INSURED:
"As required by contract, but subject to the terms, conditions and exclusions of the policy, State of Colorado is (are) included as additional insured(s) as respects operations performed by or for the named insured.

3a. CANCELLATION NOTICE:
"In the event the insurance described on this certificate of insurance is cancelled, non-renewed or there is a reduction in coverage/material change which effects the interest of State of Colorado, or if this insurance is allowed to lapse for non-payment of premium, the issuing company will mail thirty (30) days prior written notice to State of Colorado."



ERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/22/2011

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(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCE					CONTAC NAME:	СТ					
	MARSH 1000 RIDGEWAY LOOP ROAD				PHONE FAX (A/C, No, Ext): (A/C, No):						
	MEMPHIS, TN 38120				E-MAIL ADDRESS:						
Attn: Diane.Franczyk@Marsh.com F: 901.684.7432									-		
966896Liab-11-12				INSURER(S) AFFORDING COVERAGE INSURER A . ACE American Insurance Company					22667		
	IdD-11-12				INSURER A : AGE American insurance company 22007				22001		
INSURED FEDERAL EXPRESS CORPORATION					INSURER B:						
3620 HACKS CROSS RD.,					INSURER C:				27.7		
BUILDING B, 3RD FLOOR MEMPHIS, TN 38125-8800				INSURER D:							
14	MENIT 1113, 114 30 123-0000				INSURER E :				200		
					INSURER F:						
COVER	AGES CER	TIFIC	CATE	NUMBER:	ATL-002758148-03 REVISION NUMBER: 1						
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 THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
			SUBR		BEEN F					(1-8)	
INSR LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	LIMITS		
GEN	NERAL LIABILITY							EACH OCCURRENCE	\$		
	COMMERCIAL GENERAL LIABILITY					1		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	s		
									-		
								GENERAL AGGREGATE	\$		
GEN	N'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$		
	POLICY PRO- JECT LOC			1041100004500		4010410044	1010110010	COLUMN COLUMN COLUMN	\$		
A AUT	OMOBILE LIABILITY	Х		ISAH08691599		10/01/2011	10/01/2012	COMBINED SINGLE LIMIT (Ea accident)	\$	10,000,000	
X	ANY AUTO		j					BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS							(Per accident)	\$		
	UMBRELLA LIAB OCCUR										
<u> </u>	- OCCOR							EACH OCCURRENCE	\$		
	CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER					
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A						E.L. EACH ACCIDENT	\$		
(Ma	ICER/MEMBER EXCLUDED? N NH)	147.4					1	E.L. DISEASE - EA EMPLOYEE	s		
If ye	s, describe under SCRIPTION OF OPERATIONS below			1					s		
	Total Transcal of Entritorio Solow							E.E. DIOLINGE TOLIGITEIMIT	<u> </u>		
	#I										
			<u> </u>	<u> </u>							
DESCRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	.ES (/	Attach .	ACORD 101, Additional Remarks	Schedule	, if more space is	required)				
	of Colorado and all of its agencies and institution	s of hi	gher ed	fucation as required by written conti	act are in	cluded as Additior	nal Insured on a p	rimary basis with respects to: State	of Color	ado FedEx	
WSCA Parti	cipating Addendum".										
CERTIF	FICATE HOLDER				CANO	ELLATION					
۱ ۱	enartment of Personnel & Administration										
Department of Personnel & Administration Division of Finance and Procurement								ESCRIBED POLICIES BE CA			
State Purchasing Office					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
633 17th St.											
Suite 1520 AUTHORIZED REPRESENTATIVE											
						of Marsh USA Inc.					
l N						Mary T. Sumner Mary I Sumner					
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