THE
UNIVERSITY
OF RHODE ISLAND

DELEGATION OF SIGNATURE AUTHORITY

By: Abby S. Benson Vice President for Administration and Finance

Date: 10/25/2023

I, Abby S. Benson, in my capacity as Vice President for Administration and Finance (the "Authorized Signatory"), hereby delegate to Kara Larsen, in their capacity as AVP, Enterprise Risk Management (the "Delegate"), my authority under the University of Rhode Island Policy on Approval and Execution of Contracts and Other Binding Documents as described herein (the "Delegated Authority").

A. Scope of Delegation

The Delegate is authorized to review, approve, and execute the following type(s) of Contracts and/or Other Binding Documents:

Approve insurance premium payments (the payment binds the University to the offered policy)

B. Limitations

1. The Delegated Authority is granted with the following limitations:

   ☐ Authority is granted only during the absence of the Authorized Signatory

   ☐ Authority is limited to Contracts and Other Binding Documents involving a total financial obligation or exposure of $ or less

   ☐ Authority is limited to Contracts and Other Binding Documents with a duration that does not exceed:

2. The Delegated Authority may not be sub-delegated by the Delegate.

C. Term of Delegation

1. The Delegated Authority will become effective on: 07/01/2023
2. The Delegated Authority will remain in effect until the earlier of:

   (a) when it is expressly revoked by me or my successor;
   (b) it expires on the June 30 next succeeding the effective date of the Delegated Authority; or
   (c) the following date:

The undersigned have read and understand the authority and limitations contained in the Policy on Approval and Execution of Contracts and Other Binding Documents and this Delegation of Signature Authority.

Signature of Delegate
Date: 10/26/2023

Signature of Authorized Signatory
Date: 10/26/2023

Initials of Individual Completing this Form: SKB
SKB (Oct 25, 2023 09:48 EDT)