THE
UNIVERSITY
OF RHODE ISLAND

DELEGATION OF SIGNATURE AUTHORITY (position)

The Authorized Signatory identified herein hereby delegates to each individual holding the Title specified herein ("the Delegate(s)") the Authorized Signatory's authority under the University of Rhode Island Policy on Approval and Execution of Contracts and Other Binding Documents as described herein (the "Delegated Authority").

Name of Authorized Signatory: Abby S. Benson

Title of Authorized Signatory: Vice President for Administration and Finance

Title of Delegate(s): Assistant Vice President, Enterprise Risk Management

Scope of Delegated Authority:

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

Approval of insurance premium payments (the payment binds the University to the offered policy).

With the following limitations (check any that apply):

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

☐ Authority is limited to Contracts and Other Binding Documents with a duration less than:

The Delegated Authority may not be sub-delegated by the Delegate(s).

Term of Delegation:

The Delegated Authority will become effective on: 07/01/2024

The Delegated Authority will remain in effect until it is expressly revoked by the Authorized Signatory (or their successor), or 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.

Abby Benson (Jul 28, 2024 07:28 EDT)

Signature of Authorized Signatory
Date:

Individual Completing this Form: Sharon Blackmar
Sharon Blackmar (Jul 19, 2024 14:41 EDT)