

**AirXperts, LLC**

3979 Highway 311

Houma, LA 70360

[airxpertsllc@gmail.com](mailto:airxpertsllc@gmail.com)

985-324-9559

State License Number: 69497

To:

City of Thibodaux

310 W. 2nd Street

Thibodaux, LA 70301

Owner:

City of Thibodaux

310 W. 2nd Street

Thibodaux, LA 70301

PROJECT NAME:

CDBG Grant HVAC City of Thibodaux

Project Number:

2101

BID DATE AND TIME:

December 15, 2022 @ 10:00 A.M.

Addendum:

Addendum #1 – 12/05/2022

Addendum #2 – 12/9/2022

SEALED BID

# LOUISIANA UNIFORM PUBLIC WORK BID FORM

**TO:** City of Thibodaux  
310 W. 2<sup>nd</sup> Street  
Thibodaux, LA 70301

**BID FOR:** CDBG GRANT HVAC  
Architect's Project No. 2101

The undersigned bidder hereby declares and represents that she/he; a) has carefully examined and understands the Bidding Documents, b) has not received, relied on, or based his bid on any verbal instructions contrary to the Bidding Documents or any addenda, c) has personally inspected and is familiar with the project site, and hereby proposes to provide all labor, materials, tools, appliances and facilities as required to perform, in a workmanlike manner, all work and services for the construction and completion of the referenced project, all in strict accordance with the Bidding Documents prepared by: Gossen-Holloway-Cortez and dated: March 23, 2022

*(Owner to provide name of entity preparing bidding documents.)*

Bidders must acknowledge all addenda. The Bidder acknowledges receipt of the following **ADDENDA:** (Enter the number the Designer has assigned to each of the addenda that the Bidder is acknowledging) #1(12-5-22)#2(12-9-22)

**TOTAL BASE BID:** For all work required by the Bidding Documents (including any and all unit prices designated "Base Bid" \* but not alternates) the sum of:

One Hundred Forty-one Thousand and Seven Hundred Dollars and No Cents Dollars (\$ 141,700.00 )

**ALTERNATES:** For any and all work required by the Bidding Documents for Alternates including any and all unit prices designated as alternates in the unit price description.

**Alternate No. 1** *(Owner to provide description of alternate and state whether add or deduct)* for the lump sum of:

Dollars (\$ \_\_\_\_\_ )

**Alternate No. 2** *(Owner to provide description of alternate and state whether add or deduct)* for the lump sum of:

Dollars (\$ \_\_\_\_\_ )

**Alternate No. 3** *(Owner to provide description of alternate and state whether add or deduct)* for the lump sum of:

Dollars (\$ \_\_\_\_\_ )

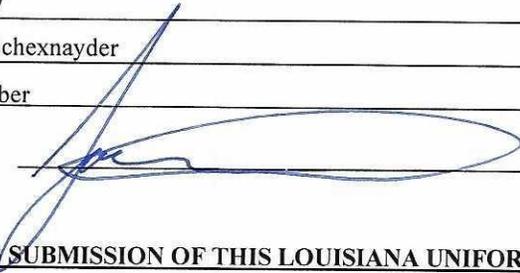
**NAME OF BIDDER:** AirXperts, LLC

**ADDRESS OF BIDDER:** 3979 Highway 311  
Houma, LA 70360

**LOUISIANA CONTRACTOR'S LICENSE NUMBER:** 69497

**NAME OF AUTHORIZED SIGNATORY OF BIDDER:** Jay Schexnayder

**TITLE OF AUTHORIZED SIGNATORY OF BIDDER:** Member

**SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*:** 

**DATE:** December 15, 2022

**THE FOLLOWING ITEMS ARE TO BE INCLUDED WITH THE SUBMISSION OF THIS LOUISIANA UNIFORM PUBLIC WORK BID FORM:**

\* The Unit Price Form shall be used if the contract includes unit prices. Otherwise it is not required and need not be included with the form. The number of unit prices that may be included is not limited and additional sheets may be included if needed.

**\*\* A CORPORATE RESOLUTION OR WRITTEN EVIDENCE** of the authority of the person signing the bid for the public work as prescribed by LA R.S. 38:2212(B)(5).

**BID SECURITY** in the form of a bid bond, certified check or cashier's check as prescribed by LA RS 38:2218(A) attached to and made a part of this bid.

**BID BOND  
FOR**

CDBG Grant HVAC Project # 2101

Date: December 15, 2022

KNOW ALL MEN BY THESE PRESENTS:

That Airxperts, LLC of Houma, LA, as Principal, and Nationwide Mutual Insurance Company, as Surety, are held and firmly bound unto the City of Thibodaux (Obligee), in the full and just sum of five (5%) percent of the total amount of this bid, including all alternates, lawful money of the United States, for payment of which sum, well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents.

Surety represents that it is listed on the current U. S. Department of the Treasury Financial Management Service list of approved bonding companies as approved for an amount equal to or greater that the amount for which it obligates itself in this instrument.

Surety further represents that it is licensed to do business in the State of Louisiana and that this Bond is signed by surety's agent or attorney-in-fact. This Bid Bond is accompanied by appropriate power of attorney.

THE CONDITION OF THIS OBLIGATION IS SUCH that, whereas said Principal is herewith submitting its proposal to the Obligee on a Contract for:

CDBG Grant HVAC Project # 2101

NOW, THEREFORE, if the said Contract be awarded to the Principal and the Principal shall, within such time as may be specified, enter into the Contract in writing and give a good and sufficient bond to secure the performance of the terms and conditions of the Contract with surety acceptable to the Obligee, then this obligation shall be void; otherwise this obligation shall become due and payable.

Airxperts, LLC  
PRINCIPAL (BIDDER)

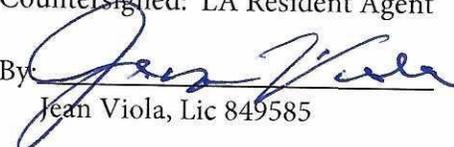
Nationwide Mutual Insurance Company  
SURETY

BY:   
AUTHORIZED OFFICER-OWNER-PARTNER

BY:   
AGENT OR ATTORNEY-IN-FACT (SEAL)  
Jean Viola, Attorney-in-Fact

January 2009

Countersigned: LA Resident Agent

By:   
Jean Viola, Lic 849585

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation

hereinafter referred to severally as the "Company" and collectively as "the Companies" does hereby make, constitute and appoint:
GEORGE V BAUS; GREGORY R WESTON; JEAN VIOLA; KATHLEEN L BERNI;

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf any and all bonds and undertakings, and other obligatory instruments of similar nature, in penalties not exceeding the sum of

UNLIMITED

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority given are hereby ratified and confirmed.

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and to authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company.

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 20th day of August, 2021.

[Handwritten signature of Antonio C. Albanese]

Antonio C. Albanese, Vice President of Nationwide Mutual Insurance Company

ACKNOWLEDGMENT

STATE OF NEW YORK COUNTY OF NEW YORK: ss

On this 20th day of August, 2021, before me came the above-named officer for the Company aforesaid, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed hereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.



Stephanie Rubino McArthur
Notary Public, State of New York
No. 02MC6270117
Qualified in New York County
Commission Expires October 19, 2024

[Handwritten signature of Stephanie Rubino McArthur]

Notary Public
My Commission Expires
October 19, 2024

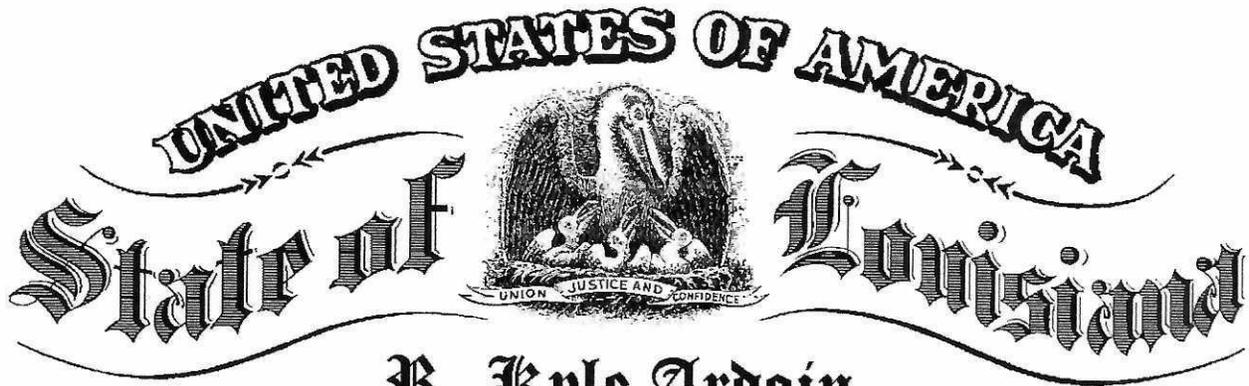
CERTIFICATE

I, Laura B. Guy, Assistant Secretary of the Company, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued by the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has not been revoked or amended in any manner; that said Antonio C. Albanese was on the date of the execution of the foregoing power of attorney the duly elected officer of the Company, and the corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors; and the foregoing power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this 15th day of December, 2022.

[Handwritten signature of Laura B. Guy]

Assistant Secretary



**R. Kyle Ardoin**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana, I do hereby Certify that*  
the attached document(s) of

**AIRXPPTS LLC**

are true and correct and are filed in the Louisiana Secretary of State's Office.

43588620K	ORIGF	8/30/2019	3 page (s)
44609444	CHOFF	9/29/2021	1 page (s)
45138336	22 AR	10/26/2022	1 page (s)

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

December 15, 2022

*Secretary of State*

WEB 43588620K



Certificate ID: 11661420#RKH62

To validate this certificate, visit the following web site, go to **Business Services**, Search for **Louisiana Business Filings**, Validate a **Certificate**, then follow the instructions displayed.

[www.sos.la.gov](http://www.sos.la.gov)

STATE OF LOUISIANA  
ARTICLES OF ORGANIZATION

(R.S. 12:1301)

**1. The name of this limited liability company is:**

AIRXPERTS LLC

**2. This company is formed for the purpose of:**

ENGAGING IN ANY LAWFUL ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES  
MAY BE FORMED

**3. The duration of this limited liability company is: (may be perpetual):**

PERPETUAL

**4. The company is:**

MANAGER-MANAGED

**Other provisions:**

Limitations on the authority of members and managers are contained in a written operating agreement.

Persons dealing with the company may rely upon a certificate of the manager to establish the membership of any member, the authenticity of any records of the limited liability company, or the authority of any person to act on behalf of the company, including but not limited to the authority to take the actions referred to in R.S. 12:1318(b).

**The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.**

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM THE ORGANIZER.

**ELECTRONIC SIGNATURE:** DURIS L. HOLMES (8/29/2019)

**TITLE:** COUNSEL

**LIMITED LIABILITY COMPANY INITIAL REPORT**

(R.S. 12:1305 (E))

**The name of this limited liability company is:**

AIRXPERTS LLC

**The location and municipal address (not a P.O. Box only) of this limited liability company's registered office:**

158 MANCHESTER DR  
HOUMA, LA, 70360

**Mailing Address:**

158 MANCHESTER DR  
HOUMA, LA, 70360

**The full name and municipal address (not a P.O. Box only) of each of this limited liability company's registered agent(s) is/are:**

BRIAN SCHAPS  
755 MAGAZINE ST.  
NEW ORLEANS, LA, 70130

**The name and municipal address (not a P.O. Box only) of the managers or members:**

BRYAN RICHARD (MANAGER)

3217 KAREN DR

MORGAN CITY, LA, 70480

**The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.**

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM THE ORGANIZER.

**ELECTRONIC SIGNATURE:** DURIS L. HOLMES (8/29/2019)

**TITLE:** COUNSEL



## Agent Affidavit and Acknowledgement of Acceptance

**Charter Number:** 43588620K

**Charter Name:** AIRXPERTS LLC

The agent / agents listed below accept the appointment of registered agent for and on behalf of the Charter Name above.

<b>Date Responded</b>	<b>Agent(s)</b>	<b>Agent(s) Electronic Signature</b>
08/30/2019	BRIAN SCHAPS	BRIAN SCHAPS

## NOTICE OF CHANGE

**Charter Number:** 43588620K

**Name:** AIRXPERTS LLC

### **ADDRESSES:**

**The location and municipal address (not a P.O. Box only) of this limited liability company's registered office:**

3979 HIGHWAY 311  
HOUMA, LA, 70360

**Mailing Address:**

3979 HIGHWAY 311  
HOUMA, LA, 70360

### **AGENTS:**

**Agent Name:**

BRIAN SCHAPS  
755 MAGAZINE ST.  
NEW ORLEANS, LA, 70130

### **MEMBERS/MANAGERS:**

**Member/Manager Name:**

JAY SCHEXNAYDER (MEMBER)  
3979 HIGHWAY 311  
HOUMA, LA, 70360

**The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.**

TO BE ELECTRONICALLY SIGNED BY MEMBER OR MANAGER.

**ELECTRONIC SIGNATURE:** JAY SCHEXNAYDER (9/29/2021)

**TITLE:** MEMBER

R. Kyle Ardoin  
Secretary of State



**LIMITED LIABILITY COMPANY**

**ANNUAL REPORT**

For Period Ending

8/30/2022



43588620K



2022

**Mailing Address Only** (INDICATE CHANGES TO THIS ADDRESS IN THIS BOX)

43588620 K  
AIRXPPTS LLC  
  
3979 HIGHWAY 311  
HOUMA, LA 70360

1

(INDICATE CHANGES TO THIS ADDRESS IN THIS BOX)

Registered Office Address in Louisiana (Do not use P. O. Box)  
3979 HIGHWAY 311  
HOUMA, LA 70360

Federal Tax ID Number

Our records indicate the following registered agents for the company. Indicate any changes or deletions below. All agents must have a Louisiana address. Do not use a P. O. Box. **NEW REGISTERED AGENT REQUIRES A NOTARIZED SIGNATURE.**

BRIAN SCHAPS  
755 MAGAZINE ST. NEW ORLEANS, LA 70130

I hereby accept the appointment of registered agent(s).

Sworn to and subscribed before me on  
NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #

**New Registered Agent Signature**

**Notary Signature**

**Date**

This report reflects a maximum of three members/managers for the company. Indicate any changes or deletions below. Include a listing of all names and addresses. Do not use a P. O. Box. If additional space is needed attach an addendum. *Officer titles, such as president or secretary are not acceptable.*

JAY SCHEXNAYDER  
3979 HIGHWAY 311 HOUMA, LA 70360

Member

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to the fine or imprisonment or both under R.S. 14:133.

**SIGN →**

To be signed by a manager, member, or agent

JAY SCHEXNAYDER  
(SIGNED ELECTRONICALLY)

Title

MEMBER

Phone

Date

10/26/2022

Signee's address

Email Address

ON FILE

(For Office Use Only)

Enclose filing fee of \$30.00

Return by: 8/30/2022

Make remittance payable to Secretary of State  
Do Not Send Cash  
Do Not Staple

To: **Commercial Division**  
**P. O. Box 94125**  
**Baton Rouge, LA 70804-9125**  
**Phone (225) 925-4704**

web site: [www.sos.louisiana.gov](http://www.sos.louisiana.gov)

**DO NOT STAPLE**

1

UNSIGNED REPORTS WILL BE RETURNED

**State of  
Louisiana  
Secretary of  
State**



**COMMERCIAL DIVISION**  
**225.925.4704**

Fax Numbers

225.932.5317 (Admin. Services)  
225.932.5314 (Corporations)  
225.932.5318 (UCC)

Name	Type	City	Status
AIRXPPTS LLC	Limited Liability Company	HOUMA	Active

**Previous Names**

**Business:** AIRXPPTS LLC  
**Charter Number:** 43588620K  
**Registration Date:** 8/30/2019

**Domicile Address**

3979 HIGHWAY 311  
HOUMA, LA 70360

**Mailing Address**

3979 HIGHWAY 311  
HOUMA, LA 70360

**Status**

**Status:** Active  
**Annual Report Status:** In Good Standing  
**File Date:** 8/30/2019  
**Last Report Filed:** 10/26/2022  
**Type:** Limited Liability Company

**Registered Agent(s)**

<b>Agent:</b>	BRIAN SCHAPS
<b>Address 1:</b>	755 MAGAZINE ST.
<b>City, State, Zip:</b>	NEW ORLEANS, LA 70130
<b>Appointment Date:</b>	8/30/2019

**Officer(s)**

**Additional Officers: No**

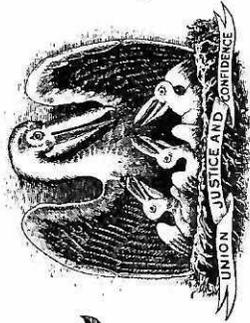
<b>Officer:</b>	JAY SCHEXNAYDER
<b>Title:</b>	Member
<b>Address 1:</b>	3979 HIGHWAY 311
<b>City, State, Zip:</b>	HOUMA, LA 70360

**Amendments on File (1)**

Description	Date
Appointing, Change, or Resign of Officer	9/29/2021

**Print**

# State of Louisiana



## State Licensing Board for Contractors

This is to Certify that:

AIRXPERTS LLC  
3979 Hoghway 311  
Houma, LA 70360

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; ELECTRICAL; HEAVY CONSTRUCTION; HIGHWAY, STREET AND BRIDGE  
CONSTRUCTION; MECHANICAL; MUNICIPAL AND PUBLIC WORKS CONSTRUCTION



Expiration Date: January 16, 2024

License No: 69497

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 17th day of January 2021

*Will S. Moore*  
Director

*See Malott*  
Chairman

*Andy D'Amico*  
Treasurer

This License Is Not Transferrable

CITY OF THIBODAUX  
STATE OF LOUISIANA  
2022

No. 4967

CONTRACTOR REGISTRATION

AIRXPERTS, LLC

Pursuant to the provisions of the City of Thibodaux Code of Ordinances, the issuance of this Contractor Registration to the person or firm named hereon is a receipt for payment of said fee and entitles the recipient to perform services in conjunction with the scope of their profession registered with Public Works Department.

**This registration is valid 01/01/2022 - 12/31/2022.**

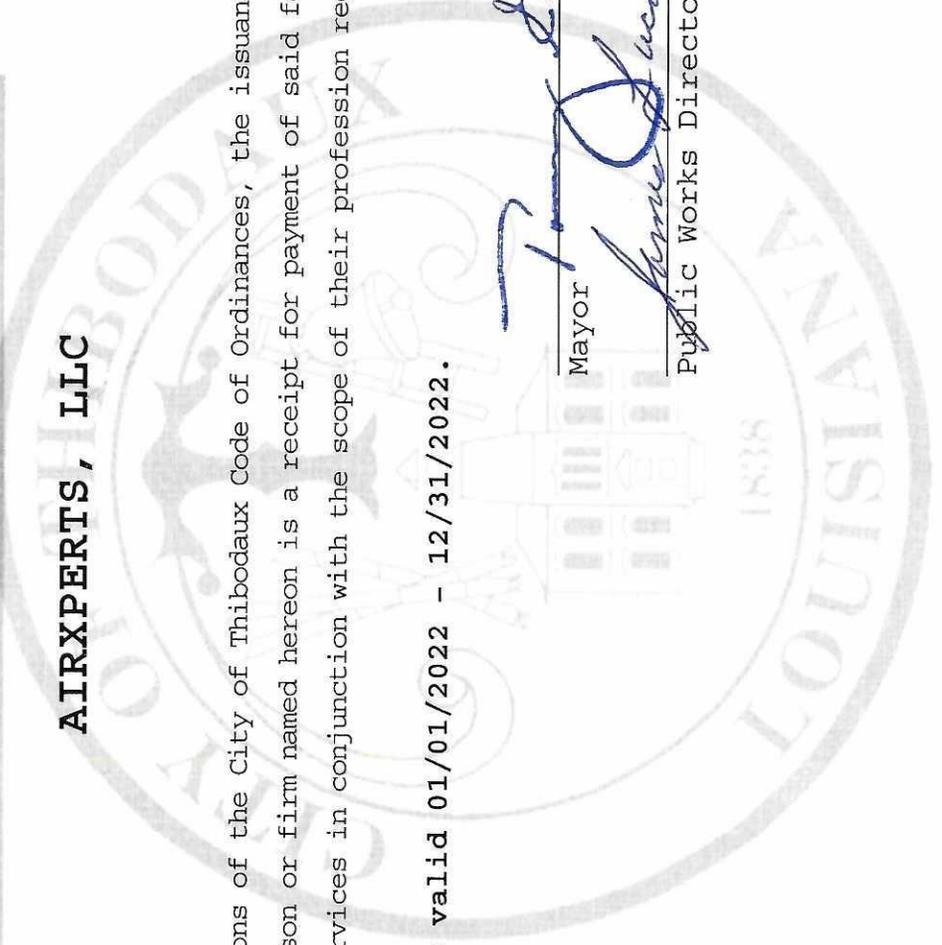
MECHANICAL

Mayor



Public Works Director

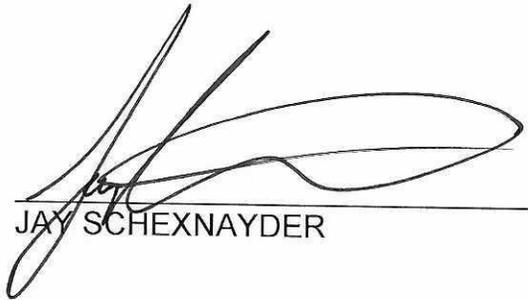




CERTIFICATE OF AUTHENTICITY

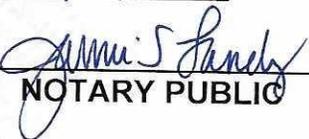
STATE OF LOUISIANA  
PARISH OF LAFOURCHE

I, Jay Schexnayder, do hereby certify that I am the member and manager of Airxperts, LLC, and that I am authorized to, and do, certify that the attached papers are authentic copies of the "Organizational Documents" of Airxperts, LLC. I make this certification in accordance with La Rev Stat. 12:1317C.

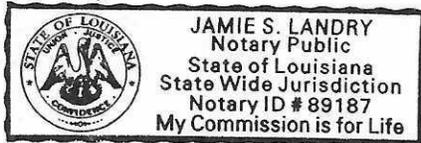


JAY SCHEXNAYDER

**SWORN TO AND SUBSCRIBED**  
before me, this 15<sup>th</sup> day of  
December, 2022.



NOTARY PUBLIC





AIRXLLC-01

JCOMEAX

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**12/5/2022**

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Laris Insurance Agency 810 Crescent Avenue Lockport, LA 70374	<b>CONTACT NAME:</b> Chelsea Loupe <b>PHONE (A/C, No, Ext):</b> (985) 532-5576 <b>FAX (A/C, No):</b> (985) 532-5001 <b>E-MAIL ADDRESS:</b> chelsea@larisinsurance.com												
<b>INSURER(S) AFFORDING COVERAGE</b>													
<b>INSURED</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A : <b>Great American Insurance Company</b></td> <td style="width: 20%; text-align: center;"><b>16691</b></td> </tr> <tr> <td>INSURER B : <b>Houston Specialty Insurance Company (HIIG)</b></td> <td style="text-align: center;"><b>12936</b></td> </tr> <tr> <td>INSURER C : <b>Lloyd's</b></td> <td style="text-align: center;"><b>524210</b></td> </tr> <tr> <td>INSURER D : <b>American Interstate Insurance Company of Texas</b></td> <td style="text-align: center;"><b>12228</b></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : <b>Great American Insurance Company</b>	<b>16691</b>	INSURER B : <b>Houston Specialty Insurance Company (HIIG)</b>	<b>12936</b>	INSURER C : <b>Lloyd's</b>	<b>524210</b>	INSURER D : <b>American Interstate Insurance Company of Texas</b>	<b>12228</b>	INSURER E :		INSURER F :	
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INSURER E :													
INSURER F :													

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>TRC-413045</b>	<b>10/15/2022</b>	<b>10/15/2023</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
<b>B</b>	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			<b>HSLR18-08203-01</b>	<b>10/14/2022</b>	<b>10/14/2023</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>C</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>25,000</b>			<b>TMU-413046</b>	<b>10/15/2022</b>	<b>10/15/2023</b>	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b>
<b>D</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<b>Y/N</b> <b>N</b>	<b>N/A</b>	<b>AVWCLA3129532022</b>	<b>10/15/2022</b>	<b>10/15/2023</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 See Attached Addendum for Additional Coverage Information.

**CERTIFICATE HOLDER****CANCELLATION**

"Insured's Copy"

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Laris Insurance Agency</b>		NAMED INSURED <b>AirXperts, LLC</b> 3979 Highway 311 Houma, LA 70360	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Addendum****Marine General Liability:**

Blanket Additional Insured as per written and signed contract, Blanket Waiver of Subrogation as per written and signed contract, Primary and Non-Contributory blanket as per written and signed contract, Ship Repairer's Liability Endorsement; Pollution Buyback Endorsement (72 hours discovery/21 days reporting, In Rem, Travelling Workmen, Watercraft Endorsement (Non-owned watercraft exclusion deleted), Gulf of Mexico Endorsement, Hired and Non-owned Auto Liability

**Automobile:**

Blanket Additional Insured Endorsement as required by written and signed contract.  
Blanket Waiver of Subrogation as required by written and signed contract.  
Blanket Primary and Non-Contributory Wording as required by written and signed contract.

**Umbrella Policy:**

Blanket Waiver of Subrogation as required by written contract, as per underlying policies  
Follow Form Primary (General Liability, Automobile; Employers Liability) as per policy terms, conditions and exclusions

**Workers Comp (USL&H):**

Blanket Waiver of Subrogation Endorsement, Gulf of Mexico Extension Endorsement, Blanket Alternate Employer, Outer Continental Shelf Lands Act Incidental MEL Endorsement - (Maritime Employers Liability)

All policies will provide thirty (30) days notice of cancellation, (except ten (10) days for non-payment of premium), as well as changes to the policy, only to the first named insured.

The Certificate of Insurance to which this addendum is a part of does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon. If any provisions of this addendum conflicts in whole or in part with the terms of the insurance policy(ies), then the provisions of the insurance policy(ies) will prevail.