

AirXperts, LLC

3979 Highway 311

Houma, LA 70360

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. 2nd 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 # 2101Date: 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 than 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.



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

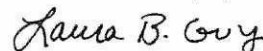


Notary Public
My Commission Expires
October 19, 2024

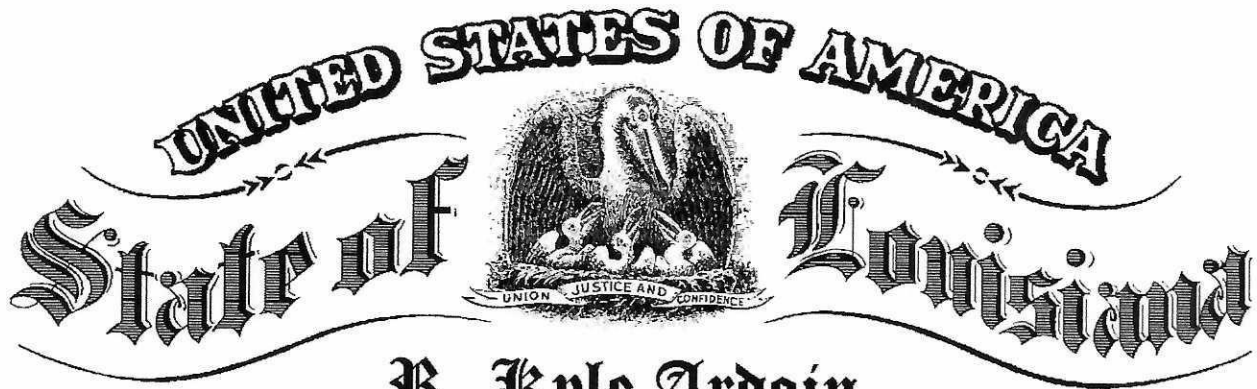
CERTIFICATE

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.



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

AIRXPERTS 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

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.

Date Responded **Agent(s)**

08/30/2019

BRIAN SCHAPS

Agent(s) Electronic Signature

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

(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)

Signee's address

Title

MEMBER

Phone

Date

10/26/2022

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

web site: www.sos.louisiana.gov

DO NOT STAPLE

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

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
AIRXPERTS LLC	Limited Liability Company	HOUMA	Active

Previous Names**Business:** AIRXPERTS 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)**

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

Officer(s)**Additional Officers:** No

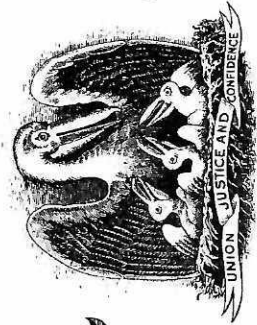
Officer:	JAY SCHEXNAYDER
Title:	Member
Address 1:	3979 HIGHWAY 311
City, State, Zip:	HOUMA, LA 70360

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. McCP

Director

Lee Mallett

Chairman

Andy Dumas

Treasurer

This License Is Not Transferrable

CITY OF THIBODAUX
STATE OF LOUISIANA

No. 4967

2022

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

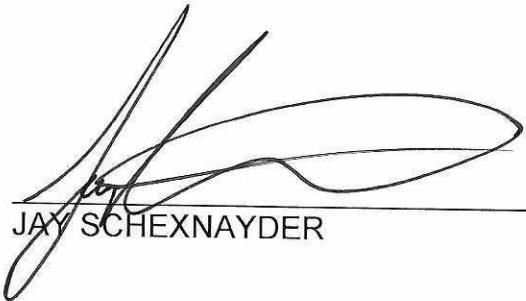
Mayor

Public Works Director

CERTIFICATE OF AUTHENTICITY

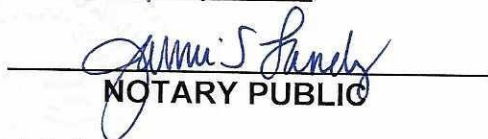
STATE OF LOUISIANA
PARISH OF LAFOURCHE

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.

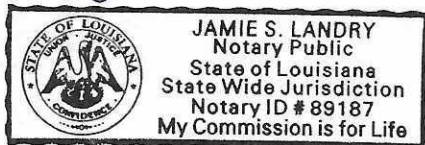


JAY SCHEXNAYDER

SWORN TO AND SUBSCRIBED
before me, this 15th 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).

PRODUCER Laris Insurance Agency 810 Crescent Avenue Lockport, LA 70374	CONTACT NAME: Chelsea Loupe	
	PHONE (A/C, No, Ext): (985) 532-5576	FAX (A/C, No): (985) 532-5001
INSURED AirXperts, LLC 3979 Highway 311 Houma, LA 70360	E-MAIL ADDRESS: chelsea@larisinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Great American Insurance Company	
	INSURER B: Houston Specialty Insurance Company (HIIG)	
	INSURER C: Lloyd's	
	INSURER D: American Interstate Insurance Company of Texas	
	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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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:			TRC-413045	10/15/2022	10/15/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY <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			HSLR18-08203-01	10/14/2022	10/14/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 25,000			TMU-413046	10/15/2022	10/15/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	AVWCLA3129532022	10/15/2022	10/15/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Page 1 of 1

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

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.