



**Jefferson Parish Purchasing Department**

200 Derbigny Street  
General Government Bldg.  
Suite 4400  
Gretna, LA 70053

**BIDS ON CONSTRUCTION OF**

Labor, Materials, & Equipment to Repair Gym Roof for  
Jefferson Parish Parks & Recreation

**TO BE OPENED:** December 13, 2022

**Bidder:**

Roof Technologies, Inc.  
631 Manhattan, Blvd.  
Harvey, LA 70058

**Louisiana Contractor's License Number:**

26099

DATE: 12/05/2022

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00140602

**JEFFERSON PARISH**

PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETNA, LA. 70054-0009  
504-364-2678

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: BBELLOW

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

**DELIVERY: FOB JEFFERSON PARISH**

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

TBD

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

TBD

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

4 Weeks

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 26099

**\*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\***

FIRM NAME: Roof Technologies, Inc

SIGNATURE:

(Must be signed here)

TITLE: President

PRINT OR TYPE NAME: William Luebbert

ADDRESS: 631 Manhattan Blvd.

CITY, STATE: Harvey, LA

ZIP: 70058

TELEPHONE: (504 ) 366-9283

FAX: ( 504 ) 364-6411

EMAIL ADDRESS: Cory@Rooftech-no.com

TOTAL PRICE OF ALL BID ITEMS: \$ 27,831.37



DATE: 12/05/2022

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## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00140602

SEALED BID

| ITEM<br>NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES  | UNIT PRICE<br>QUOTED | TOTALS       |
|----------------|----------|-----|--|----------------------|--------------|
| 1              | 1.00     | JOB | <p>FURNISH LABOR, MATERIALS AND EQUIPMENT<br/>TO REPAIR GYM ROOF FOR JEFFERSON PARISH<br/>PARKS AND RECREATION</p> <p>0001 AVONDALE PLAYGROUND GYM ROOF- TO<br/>FURNISH ALL LABOR AND MATERIALS FOR THE<br/>FOLLOWING SCOPE OF WORK.</p> <p>1. REMOVE EXISTING TEMPTED TPO ROOF AND<br/>EXISTING STANDING SEAM PANELS.<br/>2. FABRICATE AND INSTALL NEW STANDING<br/>SEAM PANELS.<br/>3. INSTALL NEW RIDGE METAL.<br/>4. INSTALL NEW CLOSURES.<br/>5. REMOVE ALL JOB RELATED TRASH AND<br/>DEBRIS FROM JOB.</p> <p>AVONDALE PLAYGROUND GYM<br/>709 S. JAMIE BLVD.<br/>AVONDALE, LA 70094</p> | \$ 27,831.37         | \$ 27,831.37 |

Anti-Lobbying Form

**CERTIFICATION OF RESTRICTIONS ON LOBBYING**

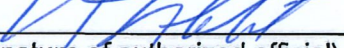
I, William Luebbert, President, hereby certify on  
(name and title of bidder's official)

behalf of Roof Technologies, Inc. that:  
(name of bidder)

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit standard Form-LLL, "Disclosure Form to Report Lobbying, " in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this 13th day of December, 2022.

By   
(signature of authorized official) William Luebbert

President  
(title of authorized official)

Debarment/Suspension Form

DEBARMENT/SUSPENSION CERTIFICATION

Debarment:

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: [www.sam.gov](http://www.sam.gov) and <https://acquisition.gov/far/index.html> see section 52.209-6.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

William Luebbert, President

(Name and Title of bidder's official)

Roof Technologies, Inc.

(Name of bidder/company)

631 Manhattan Blvd.

(Address)

Harvey, La 70058

(Address)

PHONE 504-366-9283 FAX 504-364-6411

EMAIL Cory@rooftech-no.com

  
William Luebbert, President

Signature December 13, 2022 Date





Roof Technologies, Inc.  
P.O. Box 1328, Harvey, LA 70059  
(504) 366-9283 \*FAX (504) 364-6413

## RESOLUTION OF THE BOARD OF DIRECTORS

Be it resolved by the Board of Directors of Roof Technologies, Inc., domiciled in the City of Harvey, Louisiana, that William "Bill" Luebbert, President is hereby authorized and empowered to execute any and all contracts of whatever kind on behalf of Corporation.

## CERTIFICATE

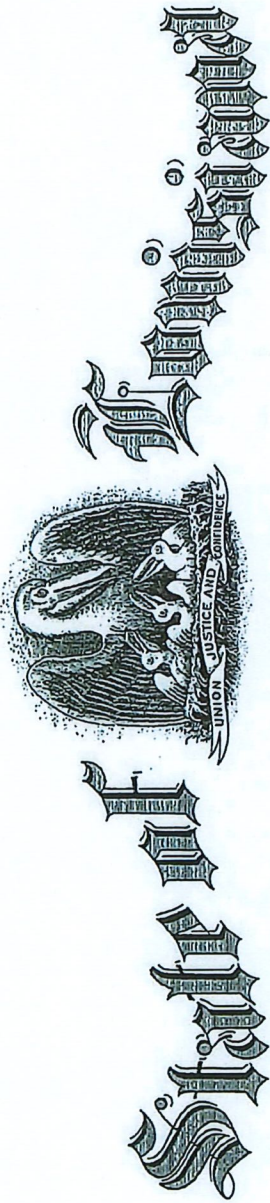
I, Manuel G. Gutierrez, III, Vice President of Roof Technologies, Inc., do hereby certify that the foregoing resolution is a true and exact copy unanimously adopted by the Board of Directors of Roof Technologies, Inc., at a meeting thereof legally held on the 3rd day of January, 2022; that said resolution is duly entered into the records of said corporation; that it has not been rescinded or modified and that it is now in full force and effect.

In testimony whereof, I have hereunto set my hand and the seal of said corporation this 13<sup>th</sup> day of December, 2022.

Manuel G. Gutierrez III

Vice President





## State Licensing Board for Contractors

This is to Certify that:

ROOF TECHNOLOGIES, INC.  
P. O. Box 1328  
Harvey, LA 70059

is duly licensed and entitled to practice the following classifications:

BUILDING CONSTRUCTION; SPECIALTY: ROOFING AND SHEET METAL, SIDING



Expiration Date: February 19, 2024

License No: 26099

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 20th day of February 2021

Will B. McCoy Director

Lee Madgett Chairman

Andy D. Mann Treasurer

This License Is Not Transferrable



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/7/2022

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 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><br>Frank H. Furman, Inc.<br>1314 East Atlantic Blvd.<br>P. O. Box 1927<br>Pompano Beach FL 33061 |        | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b> 800-344-4838<br><b>FAX (A/C, No):</b> (954) 943-5417<br><b>E-MAIL ADDRESS:</b>  |  |                               |        |  |       |  |       |   |       |                                      |       |  |       |            |  |
|--|--------|--|--|-------------------------------|--------|--|-------|--|-------|---|-------|--------------------------------------|-------|--|-------|------------|--|
| <b>INSURED</b><br>Roof Technologies, Inc.<br>P O Box 1328<br>Harvey LA 70059                                     |        | <table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: National Fire Ins of Hartford</td><td>20478</td></tr><tr><td>INSURER B: Continental Insurance Company</td><td>35289</td></tr><tr><td>INSURER C: American Casualty Co of Reading PA</td><td>20427</td></tr><tr><td>INSURER D: Columbia Casualty Company</td><td>31127</td></tr><tr><td>INSURER E: Zurich American Insurance Co of Ill</td><td>27855</td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table> |  | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: National Fire Ins of Hartford | 20478 | INSURER B: Continental Insurance Company | 35289 | INSURER C: American Casualty Co of Reading PA | 20427 | INSURER D: Columbia Casualty Company | 31127 | INSURER E: Zurich American Insurance Co of Ill | 27855 | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE  | NAIC # |  |  |                               |        |  |       |  |       |   |       |                                      |       |  |       |            |  |
| INSURER A: National Fire Ins of Hartford   | 20478  |  |  |                               |        |  |       |  |       |   |       |                                      |       |  |       |            |  |
| INSURER B: Continental Insurance Company   | 35289  |  |  |                               |        |  |       |  |       |   |       |                                      |       |  |       |            |  |
| INSURER C: American Casualty Co of Reading PA  | 20427  |  |  |                               |        |  |       |  |       |   |       |                                      |       |  |       |            |  |
| INSURER D: Columbia Casualty Company   | 31127  |  |  |                               |        |  |       |  |       |   |       |                                      |       |  |       |            |  |
| INSURER E: Zurich American Insurance Co of Ill   | 27855  |  |  |                               |        |  |       |  |       |   |       |                                      |       |  |       |            |  |
| 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                                    | X         | Y        | 5092135192   | 5/1/2022                | 5/1/2023                | EACH OCCURRENCE   | \$ 1,000,000  |    |
|   | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                      |           |          |  |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                       | \$ 500,000    |    |
|   | <input checked="" type="checkbox"/> Contractual Liab Incl   |           |          |  |                         |                         | MED EXP (Any one person)  | \$ 15,000     |    |
|   | <input checked="" type="checkbox"/> XCU Hazard Incl   |           |          |  |                         |                         | PERSONAL & ADV INJURY   | \$ 1,000,000  |    |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:  |           |          |  |                         |                         | GENERAL AGGREGATE   | \$ 2,000,000  |    |
| <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |   |           |          |  |                         |                         | PRODUCTS - COMP/OP AGG  | \$ 2,000,000  |    |
|   | OTHER:  |           |          |  |                         |                         |   |               | \$ |
| A   | AUTOMOBILE LIABILITY  | X         | Y        | 5092135189   | 5/1/2022                | 5/1/2023                | COMBINED SINGLE LIMIT (Ea accident)   | \$ 1,000,000  |    |
|   | <input checked="" type="checkbox"/> ANY AUTO  |           |          |  |                         |                         | BODILY INJURY (Per person)  | \$            |    |
|   | <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS                   |           |          |  |                         |                         | BODILY INJURY (Per accident)  | \$            |    |
|   | <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS |           |          |  |                         |                         | PROPERTY DAMAGE (Per accident)  | \$            |    |
|   |   |           |          |  |                         |                         |   | \$            |    |
| B<br>E  | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR         | X         | Y        | 7018520131 / AEC925940815<br>Coverage is follow form of the GL AL and EL | 5/1/2022                | 5/1/2023                | EACH OCCURRENCE   | \$ 10,000,000 |    |
|   | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                |           |          |  |                         |                         | AGGREGATE   | \$ 10,000,000 |    |
|   | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 10,000                           |           |          |  |                         |                         |   | \$            |    |
| C   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   | Y/N       | N/A      | 5092135208   | 5/1/2022                | 5/1/2023                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |               |    |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                         |           |          |  |                         |                         | E.L. EACH ACCIDENT  | \$ 1,000,000  |    |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          |  |                         |                         | E.L. DISEASE - EA EMPLOYEE  | \$ 1,000,000  |    |
|   |   |           |          |  |                         |                         | E.L. DISEASE - POLICY LIMIT   | \$ 1,000,000  |    |
| D   | Contractors E&O/Professional  |           |          | CRO6080436842  | 5/1/2022                | 5/1/2023                | Each Occurrence Limit   | \$2,000,000   |    |
|   | Retro Date: 06/21/2012  |           |          |  |                         |                         | Aggregate Limit   | \$2,000,000   |    |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Bid #: 50-00140602 Furnish Labor, Materials & Equipment to Repair Gym Roof for Jefferson Parish Parks & Recreation. Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council are included as Additional Insureds on a Primary and Non-Contributory basis with respect to work performed by Roof Technologies, Inc. on Commercial General Liability, Automobile Liability and Umbrella Liability where required by written contract or agreement and subject to policy terms and conditions. A Waiver of Subrogation in favor of the Additional Insureds applies for General Liability, Automobile Liability and Workers Compensation where required by written contract or

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| Jefferson Parish, its District Depts & Agencies under the direction of the Parish President and the Parish Council<br>200 Derbigny St, Ste 4400<br>General Govt Bldg<br>Gretna, LA 70053 | 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<br>Dirk DeJong/JC  |

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## COMMENTS/REMARKS

agreement and subject to policy terms and conditions. Builders Risk/Installation Floater Coverage is provided through Continental Casualty Co. under Policy #4016231327; Effective 5/1/2022 - 5/1/2023; Property Limit is \$2,500,000; Transit Limit is \$500,000; Temporary Storage Limit is \$500,000; AOP Deductible is \$5,000. Notwithstanding any provision to the contrary, the obligation to name Contractor or any other party as an additional insured shall be limited to the extent of the indemnity obligations in the Agreement for work performed by the insured. Further, Subcontractor shall not be obligated to name Contractor or any other party as an additional insured for Contractor's or any other party's own negligence or other fault.

**Blanket Additional Insured - Owners, Lessees or  
Contractors - with Products-Completed  
Operations Coverage Endorsement**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

It is understood and agreed as follows:

- I. **WHO IS AN INSURED** is amended to include as an **Insured** any person or organization whom you are required by **written contract** to add as an additional insured on this **coverage part**, but only with respect to liability for **bodily injury, property damage or personal and advertising injury** caused in whole or in part by your acts or omissions, or the acts or omissions of those acting on your behalf:
- A. in the performance of your ongoing operations subject to such **written contract**; or
  - B. in the performance of **your work** subject to such **written contract**, but only with respect to **bodily injury or property damage** included in the **products-completed operations hazard**, and only if:
    - 1. the **written contract** requires you to provide the additional insured such coverage; and
    - 2. this **coverage part** provides such coverage.
- II. But if the **written contract** requires:
- A. additional insured coverage under the 11-85 edition, 10-93 edition, or 10-01 edition of CG2010, or under the 10-01 edition of CG2037; or
  - B. additional insured coverage with "arising out of" language; or
  - C. additional insured coverage to the greatest extent permissible by law;
- then paragraph I. above is deleted in its entirety and replaced by the following:
- WHO IS AN INSURED** is amended to include as an **Insured** any person or organization whom you are required by **written contract** to add as an additional insured on this **coverage part**, but only with respect to liability for **bodily injury, property damage or personal and advertising injury** arising out of **your work** that is subject to such **written contract**.
- III. Subject always to the terms and conditions of this policy, including the limits of insurance, the Insurer will not provide such additional insured with:
- A. coverage broader than required by the **written contract**; or
  - B. a higher limit of insurance than required by the **written contract**.
- IV. The insurance granted by this endorsement to the additional insured does not apply to **bodily injury, property damage, or personal and advertising injury** arising out of:
- A. the rendering of, or the failure to render, any professional architectural, engineering, or surveying services, including:
    - 1. the preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
    - 2. supervisory, inspection, architectural or engineering activities; or
  - B. any premises or work for which the additional insured is specifically listed as an additional insured on another endorsement attached to this **coverage part**.
- V. Under **COMMERCIAL GENERAL LIABILITY CONDITIONS**, the Condition entitled **Other Insurance** is amended to add the following, which supersedes any provision to the contrary in this Condition or elsewhere in this **coverage part**:

CNA75079XX (10-16)

Page 1 of 2

Nat'l Fire Ins Co of Hartford

Insured Name: ROOF TECHNOLOGIES INC

Policy No: 5092135192

Endorsement No: 4

Effective Date: 05/01/2022





**Blanket Additional Insured - Owners, Lessees or  
Contractors - with Products-Completed  
Operations Coverage Endorsement****Primary and Noncontributory Insurance**

With respect to other insurance available to the additional insured under which the additional insured is a named insured, this insurance is primary to and will not seek contribution from such other insurance, provided that a **written contract** requires the insurance provided by this policy to be:

1. primary and non-contributing with other insurance available to the additional insured; or
2. primary and to not seek contribution from any other insurance available to the additional insured.

But except as specified above, this insurance will be excess of all other insurance available to the additional insured.

**VI. Solely with respect to the insurance granted by this endorsement, the section entitled COMMERCIAL GENERAL LIABILITY CONDITIONS is amended as follows:**

The Condition entitled **Duties In The Event of Occurrence, Offense, Claim or Suit** is amended with the addition of the following:

Any additional insured pursuant to this endorsement will as soon as practicable:

1. give the Insurer written notice of any **claim**, or any **occurrence** or offense which may result in a **claim**;
2. send the Insurer copies of all legal papers received, and otherwise cooperate with the Insurer in the investigation, defense, or settlement of the **claim**; and
3. make available any other insurance, and tender the defense and indemnity of any **claim** to any other insurer or self-insurer, whose policy or program applies to a loss that the Insurer covers under this **coverage part**. However, if the **written contract** requires this insurance to be primary and non-contributory, this paragraph 3. does not apply to insurance on which the additional insured is a named insured.

The Insurer has no duty to defend or indemnify an additional insured under this endorsement until the Insurer receives written notice of a **claim** from the additional insured.

**VII. Solely with respect to the insurance granted by this endorsement, the section entitled DEFINITIONS is amended to add the following definition:**

**Written contract** means a written contract or written agreement that requires you to make a person or organization an additional insured on this **coverage part**, provided the contract or agreement:

- A. is currently in effect or becomes effective during the term of this policy; and
- B. was executed prior to:
  1. the **bodily injury** or **property damage**; or
  2. the offense that caused the **personal and advertising injury**;for which the additional insured seeks coverage.

Any coverage granted by this endorsement shall apply solely to the extent permissible by law.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

CNA75079XX (10-16)

Page 2 of 2

Nat'l Fire Ins Co of Hartford

Insured Name: ROOF TECHNOLOGIES INC

Policy No: 5092135192

Endorsement No: 4

Effective Date: 05/01/2022



CNA PARAMOUNT

**Waiver of Transfer of Rights of Recovery Against  
Others to the Insurer Endorsement**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

| SCHEDULE                               |
|--|
| <b>Name Of Person Or Organization:</b> |
| AS REQUIRED BY WRITTEN CONTRACT        |
|  |
|  |
|  |

(Information required to complete this Schedule, if not shown above, will be shown in the Declarations.)

Under **COMMERCIAL GENERAL LIABILITY CONDITIONS**, it is understood and agreed that the condition entitled **Transfer Of Rights Of Recovery Against Others To Us** is amended by the addition of the following:

With respect to the person or organization shown in the Schedule above, the Insurer waives any right of recovery the Insurer may have against such person or organization because of payments the Insurer makes for injury or damage arising out of the **Named Insured's** ongoing operations or **your work** included in the **products-completed operations hazard**.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

40020009250921351922620



CNA75008XX (10-16)

Page 1 of 1

Nat'l Fire Ins Co of Hartford

Insured Name: ROOF TECHNOLOGIES INC

Policy No: 5092135192

Endorsement No: 6

Effective Date: 05/01/2022





CNA PARAMOUNT

Policy Holder Notice - Countrywide

It is understood and agreed that:

If the **Named Insured** has agreed under written contract to provide notice of cancellation to a party to whom the Agent of Record has issued a Certificate of Insurance, and if the Insurer cancels a policy term described on that Certificate of Insurance for any reason other than nonpayment of premium, then notice of cancellation will be provided to such Certificate holders at least 30 days in advance of the date cancellation is effective.

If notice is mailed, then proof of mailing to the last known mailing address of the Certificate holder on file with the Agent of Record will be sufficient to prove notice.

Any failure by the Insurer to notify such persons or organizations will not extend or invalidate such cancellation, or impose any liability or obligation upon the Insurer or the Agent of Record.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

40020009250921351922587



CNA75014XX (1-15)

Page 1 of 1

Nat'l Fire Ins Co of Hartford

Insured Name: ROOF TECHNOLOGIES INC

Policy No: 5092135192

Endorsement No: 1

Effective Date: 05/01/2022



ADDITIONAL INSURED - PRIMARY AND NON-CONTRIBUTORY

It is understood and agreed that this endorsement amends the **BUSINESS AUTO COVERAGE FORM** as follows:

**SCHEDULE**

**Name of Additional Insured Person Or Organization**

ANY PERSON OR ORGANIZATION THAT YOU ARE REQUIRED

BY WRITTEN CONTRACT OR WRITTEN AGREEMENT

TO NAME AS AN ADDITIONAL INSURED

1. In conformance with paragraph **A.1.c.** of **Who Is An Insured** of Section **II - LIABILITY COVERAGE**, the person or organization scheduled above is an insured under this policy.
2. The insurance afforded to the additional insured under this policy will apply on a primary and non-contributory basis if you have committed it to be so in a written contract or written agreement executed prior to the date of the "accident" for which the additional insured seeks coverage under this policy.

All other terms and conditions of the policy remain unchanged

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy.

Form No: CNA71527XX (10-2012)

Endorsement Effective Date:

Endorsement Expiration Date:

Policy No: BUA 5092135189

Policy Effective Date: 05/01/2022

Endorsement No: 16; Page: 1 of 1

Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL  
60606





**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured:** ROOF TECHNOLOGIES INC

**Endorsement Effective Date:** 05/01/2021

**SCHEDULE**

**Name(s) Of Person(s) Or Organization(s):**

ANY PERSON OR ORGANIZATION FOR WHOM  
OR WHICH YOU ARE REQUIRED BY WRITTEN  
CONTRACT OR AGREEMENT TO OBTAIN THIS  
WAIVER FROM US. YOU MUST AGREE TO THAT  
REQUIREMENT PRIOR TO LOSS.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the **"accident"** or the **"loss"** under a contract with that person or organization.

Form No: CA 04 44 10 13

Endorsement Effective Date:

Endorsement No: 3; Page: 1 of 1

Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL  
60606

Endorsement Expiration Date:

Policy No: BUA 5092135189

Policy Effective Date: 05/01/2022



NOTICE OF CANCELLATION TO CERTIFICATEHOLDERS

It is understood and agreed that:

If you have agreed under written contract to provide notice of cancellation to a party to whom the Agent of Record has issued a Certificate of Insurance, and if we cancel a policy term described on that Certificate of Insurance for any reason other than nonpayment of premium, then notice of cancellation will be provided to such Certificateholders at least 30 days in advance of the date cancellation is effective.

If notice is mailed, then proof of mailing to the last known mailing address of the Certificateholder on file with the Agent of Record will be sufficient to prove notice.

Any failure by us to notify such persons or organizations will not extend or invalidate such cancellation, or impose any liability or obligation upon us or the Agent of Record.

All other terms and conditions of the policy remain unchanged

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy.

Form No: CNA68021XX (02-2013)

Endorsement Effective Date:

Endorsement Expiration Date:

Policy No: BUA 5092135189

Policy Effective Date: 05/01/2022

Endorsement No: 15; Page: 1 of 1

Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL  
60606





**Workers Compensation And Employers Liability Insurance  
Policy Endorsement**

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

**Schedule**

Any Person or Organization on whose behalf you are required to obtain this waiver of our right to recover from under a written contract or agreement.

The premium charge for the endorsement is reflected in the Schedule of Operations.

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

Form No: WC 00 03 13 (04-1984)

Endorsement Effective Date:

Endorsement No: 13; Page: 1 of 1

Underwriting Company: American Casualty Company of Reading, Pennsylvania, 151 N Franklin St,  
Chicago, IL 60606

Endorsement Expiration Date:

Policy No: WC 5092135208

Policy Effective Date: 05/01/2022