



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/05/2021

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 MARSH USA, INC. 20 CHURCH STREET, 8TH FLOOR HARTFORD, CT 06103 Attn: stanleyblackanddecker.certrequest@marsh.com	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS:														
CN102745085-ALL-GAW-21-22 DBARR	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Hartford Fire Insurance Company</td><td>19682</td></tr><tr><td>INSURER B : Hartford Underwriters Insurance Company</td><td>30104</td></tr><tr><td>INSURER C : Twin City Fire Insurance Company</td><td>29459</td></tr><tr><td>INSURER D : Hartford Casualty Insurance Company</td><td>29424</td></tr><tr><td>INSURER E : See Attached Acord 101</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Hartford Fire Insurance Company	19682	INSURER B : Hartford Underwriters Insurance Company	30104	INSURER C : Twin City Fire Insurance Company	29459	INSURER D : Hartford Casualty Insurance Company	29424	INSURER E : See Attached Acord 101		INSURER F :	
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INSURED STANLEY BLACK & DECKER, INC. AND AFFILIATED COMPANIES 1000 STANLEY DRIVE NEW BRITAIN, CT 06053															

COVERAGES

CERTIFICATE NUMBER:

NYC-011086148-22

REVISION NUMBER: 2

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:			02 CSE J77030	04/01/2021	04/01/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,500,000 PROD-COMP/OP OCC \$ 2,500,000
A	AUTOMOBILE LIABILITY			02 CSE J77023 (AOS)	04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
B	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			02 CSE J77024 (HI)	04/01/2021	04/01/2022	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			02 WBR J77021 (WI)	04/01/2021	04/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A	02 XWE J77022 (NY, OH)	04/01/2021	04/01/2022	E.L. EACH ACCIDENT \$ 2,000,000
D				02 WN J77020 (MO, TX)	04/01/2021	04/01/2022	E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
E	If yes, describe under DESCRIPTION OF OPERATIONS below			SEE ATTACHED ACORD 101	04/01/2021	04/01/2022	E.L. DISEASE - POLICY LIMIT \$ 2,000,000

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

ADDITIONAL INSURED COVERAGE APPLIES UPON EXECUTION OF THE CONTRACT.

RE: CONTRACT NO. 55-18116 - DOORS (AUTOMATIC & MANUAL) LABOR ONLY

THE PARISH OF JEFFERSON, ITS DISTRICTS, DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL DEPARTMENT OF GENERAL SERVICES ARE INCLUDED AS ADDITIONAL INSURED UNDER THE ABOVE GENERAL LIABILITY POLICY AND AUTOMOBILE LIABILITY BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF THE STANLEY BLACK AND DECKER OPERATIONS OR WORK FOR THE CERTIFICATE HOLDER, AND ONLY WHERE STANLEY BLACK AND DECKER HAS AGREED TO PROVIDE THIS COVERAGE IN A WRITTEN CONTRACT.

SEE ADDITIONAL PAGES FOR TEXT.

CERTIFICATE HOLDER

THE PARISH OF JEFFERSON, ITS DISTRICTS,
DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE
PARISH PRESIDENT AND THE PARISH COUNCIL DEPARTMENT OF GENERAL
SERVICES
200 DERBIGNY ST., SUITE 3300
GRETN, LA 70053

CANCELLATION

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
of Marsh USA Inc.

Manashi Mukherjee

Manashi Mukherjee

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ADDITIONAL REMARKS SCHEDULE

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AGENCY MARSH USA, INC.		NAMED INSURED STANLEY BLACK & DECKER, INC. AND AFFILIATED COMPANIES 1000 STANLEY DRIVE NEW BRITAIN, CT 06053
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

WORKERS COMP [CONTD]:

EFFECTIVE DATES FOR ALL POLICIES LISTED BELOW: 04/01/2021 - 04/01/2022

INSURER: HARTFORD UNDERWRITERS INSURANCE COMPANY

POLICY NUMBER & STATES COVERED: 02 WN J77020 (AZ,HI,MA,NC,NJ,SD,VA)

INSURER: HARTFORD FIRE INSURANCE COMPANY

POLICY NUMBER & STATES COVERED: 02 WN J77020 (NH,OR,PA,PR)

INSURER: HARTFORD ACCIDENT AND INDEMNITY COMPANY

POLICY NUMBER & STATES COVERED: 02 WN J77020 (AL,GA,KY,MI,MT,NE,TN,VT)

INSURER: HARTFORD INSURANCE COMPANY OF THE MIDWEST

POLICY NUMBER & STATES COVERED: 02 WN J77020 (AK,ID)

INSURER: TRUMBALL INSURANCE COMPANY

POLICY NUMBER & STATES COVERED: 02 WN J77020 (AR,DC,IN,LA,RI,UT)

INSURER: SENTINEL INSURANCE COMPANY LTD

POLICY NUMBER & STATES COVERED: 02 WN J77020 (IA,NM,NV,OK)

INSURER: PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTFORD

POLICY NUMBER & STATES COVERED: 02 WN J77020 (CA,CO,DE,ME,MN,MS,SC)

INSURER: NUTMEG INSURANCE COMPANY

POLICY NUMBER & STATES COVERED: 02 WN J77020 (CT,IL)

INSURER: TWIN CITY FIRE INSURANCE COMPANY

POLICY NUMBER & STATES COVERED: 02 WN J77020 (FL,ND,WA)

INSURER: HARTFORD INSURANCE COMPANY OF THE SOUTHEAST

POLICY NUMBER & STATES COVERED: 02 WN J77020 (KS,MD)

INSURER: HARTFORD INSURANCE COMPANY OF ILLINOIS

POLICY NUMBER & STATES COVERED: 02 WN J77020 (WV)

CONTINUED FROM DESCRIPTION SECTION:

NO INSURED STATUS APPLIES FOR THE SOLE NEGLIGENCE OF THE ADDITIONAL INSURED FOR ITS OWN ACTS OR OMISSIONS OR THOSE OF ITS EMPLOYEES OR ANYONE ELSE ACTING ON ITS BEHALF.