



FORECON-01

JGUILLLOT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/1/2020

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 Paul's Insurance Services, LLC 321 Bayou Gardens Blvd. Houma, LA 70364	CONTACT NAME: Jessica Guillot	
	PHONE (A/C, No, Ext): (985) 868-0715 4259 FAX (A/C, No): (985) 851-7447	
	E-MAIL ADDRESS: jguillot@paulsagency.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Houston Casualty Company	42374
	INSURER B: Scottsdale Insurance Company	41297
	INSURER C: Silver Oak Casualty, Inc.	26869
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED Foret Contracting Group, LLC P.O. Box 70 Thibodaux, LA 70302	

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		HSLR18-00670-09	6/1/2020	6/1/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
		MED EXP (Any one person) \$ 5,000				
		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"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:					
	AUTOMOBILE LIABILITY		HSLR18-00670-09	6/1/2020	6/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident) \$				
		PROPERTY DAMAGE (Per accident) \$				
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		XLS0113879	6/1/2020	6/1/2021	EACH OCCURRENCE \$ 6,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	AGGREGATE \$ 6,000,000				
	DED	RETENTION \$				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		SVWCLA2901782020	6/1/2020	6/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N	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				
A	Equipment Floater		HSLR18-00670-09	6/1/2020	6/1/2021	Scheduled

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

General Liability:

- Certificate Holder is named as an Additional Insured and provided Waiver of Subrogation as required by written contract, but limited to the operations of the insured under said contract and always subject to the policy terms, conditions and exclusions.
- Contractual Liability as required by written contract, but limited to the operations of the insured under said contract and always subject to the policy terms, conditions and exclusions.

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

SAMPLE -

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

ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: FORECON-01

JGUILLOT

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

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AGENCY s Insurance Services, LLC		NAMED INSURED Foret Contracting Group, LLC P.O. Box 70 Thibodaux, LA 70302	
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

Description of Operations/Locations/Vehicles:

- General Liability insurance is primary and all others are non contributory.

Auto Liability:

- Certificate Holder is named as an Additional Insured and provided Waiver of Subrogation as required by written contract, but limited to the operations of the insured under said contract and always subject to the policy terms, conditions and exclusions.
- Includes Primary Endorsement.
- Equipment Floater also includes Rented and Leased Equipment for a Limit of \$100,000.

Umbrella Liability:

- Certificate Holder is named as an Additional Insured and provided Waiver of Subrogation as required by written contract, but limited to the operations of the insured under said contract and always subject to the policy terms, conditions and exclusions.
- Policy is follow form

The Workers Compensation Policy:

- Certificate Holder is provided Waiver of Subrogation as required by written contract, but limited to the operations of the insured under said contract and always subject to the policy terms, conditions and exclusions.
- Blanket Alternate Employer as required by written contract.