

**All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form**

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES \_\_\_\_\_ NO X

MAXIMUM ESCALATION PERCENTAGE REQUESTED N/A %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 12/12/2023.

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

**DELIVERY: FOB JEFFERSON PARISH**

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

Within 5 Days of NTP

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

8656

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME: Grand Isle Shipyard, LLC

ADDRESS: 18838 Highway 3235

CITY, STATE: Galliano, LA

ZIP: 70354

TELEPHONE: ( 985 ) 475-5238

FAX: ( 985 ) 475-7014

EMAIL ADDRESS: proposals@gisy.com

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: None

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

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

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

TOTAL PRICE OF ALL BID ITEMS: \$ 197,375.00

AUTHORIZED

SIGNATURE: 

Brad Pregeant

Printed Name

TITLE: Chief Administration Officer

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

**NOTE:** All bids should be returned with the **BID NUMBER** and **BID OPENING DATE** indicated on the outside of the envelope submitted to the Purchasing Department.

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00142971

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			TWO (2) YEAR PRE-PLACED EMERGENCY CONTRACT FOR EMERGENCY EQUIPMENT RENTAL FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS, STREETS.		
1	100.00	CUYD	0010 10 YARD DUMP TRUCK WITH OPERATOR / DRIVER HAULING FROM 0 - 25 MILES	\$ 19.50	\$ 1,950.00
			PRICE PER YARD OF DEBRIS, SAND/LIMESTONE OR RIPRAP		
			PRE-PLACED CONTRACT FOR TWO (2) YEARS FOR EMERGENCY EQUIPMENT RENTAL FOR THE JEFFERSON PARISH PUBLIC WORKS - STREETS		
2	100.00	CUYD	0020 10 YARD DUMP TRUCK WITH OPERATOR / DRIVER HAULING FROM 25 - 50 MILES	\$ 29.50	\$ 2,590.00
			PRICE PER YARD OF DEBRIS, SAND/LIMESTONE OR RIPRAP		
3	100.00	CUYD	0030 10 YARD DUMP TRUCK WITH OPERATOR / DRIVER HAULING FROM 50 - 100 MILES	\$ 41.50	\$ 4,150.00
			PRICE PER YARD OF DEBRIS, SAND/LIMESTONE OR RIPRAP		
4	100.00	CUYD	0040 24 YARD DUMP TRAILER WITH TRUCK / OPERATOR/DRIVER	\$ 18.00	\$ 1,800.00
			HAULING FROM 0 - 25 MILES		
			PRICE PER YARD OF DEBRIS, SAND/LIMESTONE OR RIPRAP		
5	100.00	CUYD	0050 24 YARD DUMP TRAILER WITH TRUCK / OPERATOR/DRIVER	\$ 28.00	\$ 2,800.00
			HAULING FROM 25 - 50 MILES		
			PRICE PER YARD OF DEBRIS, SAND/LIMESTONE OR RIPRAP		
6	100.00	CUYD	0060 24 YARD DUMP TRAILER WITH TRUCK / OPERATOR/DRIVER	\$ 39.00	\$ 3900.00
			HAULING FROM 50 - 100 MILES		
			PRICE PER YARD OF DEBRIS, SAND/LIMESTONE OR RIPRAP		

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00142971

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
7	25.00	MI	0070 LOWBOY TRAILER WITH TRUCK/OPERATOR/ DRIVER  HAULING FROM 0 - 25 MILES	\$ 22.00	\$ 550.00
8	50.00	MI	0080 LOWBOY TRAILER WITH TRUCK/OPERATOR/ DRIVER  HAULING FROM 25 - 50 MILES	\$ 18.50	\$ 925.00
9	100.00	MI	0090 LOWBOY TRAILER WITH TRUCK/OPERATOR/ DRIVER  HAULING FROM 50 - 100 MILES	\$ 13.50	\$ 1,350.00
10	150.00	HR	0100 FRONT END LOADER WITH OPERATOR FOR REMOVAL OF DEBRIS  4100 TANDEM RUBBER TIRE GRADALL	\$ 169.00	\$ 25,350.00
11	150.00	HR	0110 BACKHOE (RUBBER TIRE) WITH OPERATOR FOR MOVING/LOADING OR DIGGING MATERIAL	\$ 130.00	\$ 19,500.00
12	150.00	HR	0120 TRACK EXCAVATOR WITH REGULAR REACH AND OPERATOR FOR MOVING/LOADING OR DIGGING MATERIAL	\$ 179.00	\$ 26,850.00
13	150.00	HR	0130 TRACK EXCAVATOR WITH LONG REACH AND OPERATOR FOR MOVING/LOADING OR DIGGING MATERIAL	\$ 200.00	\$ 30,000.00
14	100.00	HR	0140 MARSH ACCESSIBLE TYPE EXCAVATOR WITH OPERATOR FOR MOVING/LOADING OR DIGGING MATERIAL	\$ 400.00	\$ 40,000.00
15	100.00	HR	0150 DOZERS - SMALL WITH OPERATOR FOR MOVING, SPREADING OR LEVELING MATERIAL	\$ 164.00	\$ 16,400.00
16	100.00	HR	0160 DOZERS - LARGE WITH OPERATOR FOR MOVING, SPREADING OR LEVELING MATERIAL  ***PLEASE SEE ATTACHED SPECIFICATIONS***	\$ 189.00	\$ 18,900.00

**MAJORITY CONSENT  
OF THE MANAGERS  
OF  
GRAND ISLE SHIPYARD, L.L.C.**

The undersigned, being a majority of the Managers entitled to vote at meetings of the Board of Managers of Grand Isle Shipyard, L.L.C., a Manager Managed Louisiana limited liability company, by this instrument in lieu of a meeting of the Managers of Grand Isle Shipyard, L.L.C., hereby consent to the adoption of the following resolution and hereby waive any notices required by law with respect thereto:

**RESOLUTION GISY-2021-04  
AUTHORIZE MARK A. PREGEANT, II  
ANDREW BRUZZDZINSKI, BRAD PREGEANT AND  
DANIEL ST. GERMAINE TO SIGN BUSINESS DOCUMENTS  
ON BEHALF OF GRAND ISLE SHIPYARD, L.L.C.**

**BE IT RESOLVED** that that Mark A. Pregeant, II, Andrew Bruzzdzinski, Brad Pregeant, and Daniel St. Germaine are hereby recognized as authorized agents of Grand Isle Shipyard, L.L.C. giving them authority to execute any and all service contracts or agreements of any kind necessary to conduct business on behalf of the company including, but not limited to, bids, contracts, services agreements, master service agreements, charter agreements and insurance documents.

**BE IT FURTHER RESOLVED** that they are hereby authorized and directed to execute in the name of and on behalf of the company any and all documents necessary or proper to carry into effect this Resolution.”


Any copy, facsimile or other reliable reproduction of this may be substituted or used in lieu of the original writing for any and all purposes for which the original writing could be used, provided that such copy, facsimile or other reproduction is a complete reproduction of the entire original writing.

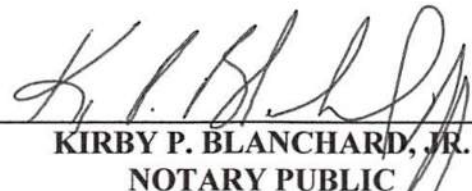
(Signature Page Follows)

SUBSCRIBED AND SWORN before me this 1<sup>st</sup> day of July, 2021.

  
Mark A. Pregeant, II - Manager

  
Brad Pregeant - Manager

  
Daniel St. Germaine - Manager

  
KIRBY P. BLANCHARD, JR.  
NOTARY PUBLIC  
NOTARIAL NUMBER 84847  
COMMISSION EXPIRES UPON MY DEATH

APPENDIX A: The ensuing contract for this bid solicitation may be eligible for FEMA reimbursement. As such Appendix A will be applicable accordingly and shall be considered a part of the bid documents. All applicable certifications must be duly completed, signed prior to award. (Bid 50-00142971-A Pre-Placed Emergency Contract to supply Equipment and Operators on an Emergency basis to compliment Jefferson Parish forces in clean up and/or restoration efforts, as needed, in Unincorporated Jefferson Parish in response to a Natural Disaster or other State of Emergency, for a period of Two (2) Years.)

Anti-Lobbying Form

**CERTIFICATION OF RESTRICTIONS ON LOBBYING**

I, Brad Pregeant, Chief Administration Officer, hereby certify on  
(name and title of bidder's official)

behalf of Grand Isle Shipyard, LLC 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 12 day of September, 2023.

By   
(signature of authorized official)

Chief Administration Officer  
(title of authorized official)

APPENDIX A: The ensuing contract for this bid solicitation may be eligible for FEMA reimbursement. As such Appendix A will be applicable accordingly and shall be considered a part of the bid documents. All applicable certifications must be duly completed, signed prior to award. (Bid 50-00142971-A Pre-Placed Emergency Contract to supply Equipment and Operators on an Emergency basis to compliment Jefferson Parish forces in clean up and/or restoration efforts, as needed, in Unincorporated Jefferson Parish in response to a Natural Disaster or other State of Emergency, for a period of Two (2) Years.)

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.

Brad Pregeant - Chief Administrative Officer

(Name and Title of bidder's official)

Grand Isle Shipyard, LLC

(Name of bidder/company)

18838 Hwy 3235 Galliano, LA 70354

(Address)

(Address)

PHONE 985-475-5238 FAX 985-475-7014

EMAIL [proposals@gisy.com](mailto:proposals@gisy.com)



Signature 9/12/23 Date

## **Non-Public Works Bid Affidavit Instructions**

- **Affidavit is supplied as a courtesy to Affiants, but it is the responsibility of the affiant to insure the affidavit they submit to Jefferson Parish complies, in both form and content, with federal, state and parish laws.**
- **Affidavit must be signed by an authorized representative of the entity or the affidavit will not be accepted.**
- **Affidavit must be notarized or the affidavit will not be accepted.**
- **Notary must sign name, print name, and include bar/notary number, or the affidavit will not be accepted.**
- **Affiant MUST select either A or B when required or the affidavit will not be accepted.**
- **Affiants who select choice A must include an attachment or the affidavit will not be accepted.**
- **If both choice A and B are selected, the affidavit will not be accepted.**
- **Affidavit marked N/A will not be accepted.**
- **It is the responsibility of the Affiant to submit a new affidavit if any additional campaign contributions are made after the affidavit is executed but prior to the time the council acts on the matter.**

*Instruction sheet may be omitted when submitting the affidavit*



**Non-Public Works Bid**

**AFFIDAVIT**

**STATE OF** Louisiana

**PARISH/COUNTY OF** Lafourche

BEFORE ME, the undersigned authority, personally came and appeared: Daniel J. Germaine, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized agent of Grand Isle Shipyard, LLC (Entity), the party who submitted a bid in response to Bid Number 50-00142166, to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

**(Choose A or B, if option A is indicated please include the required attachment):**

**Choice A** X Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

**Choice B**            there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

**(Choose A or B, if option A is indicated please include the required attachment):**

Choice A \_\_\_\_\_ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B   X   There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

*[The remainder of this page is intentionally left blank.]*

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

  
Signature of Affiant

Daniel St. Germaine  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 8th DAY OF June, 20 23.

  
Notary Public

Jennifer J. Dupre  
Printed Name of Notary

154547  
Notary/Bar Roll Number

My commission expires No expiration.



**JENNIFER J. DUPRE**  
Notary Public  
Notary ID No. 154547  
Terrebonne Parish, Louisiana



06/08/23

Jefferson Parish - State of Louisiana  
200 Derbigny Street, Suite 4400,  
Gretna, LA 70053

**RE: Affidavit Attachment – Campaign Contributions**

Dear Jefferson Parish,

Per your affidavit request for campaign contributions disclosures, please see the contributions made to officials in Jefferson Parish in the last 2 years below.

Deano Bonano	Councilman	\$500.00	5/1/2021
Jennifer Van Vrancken	Councilwoman	\$1,000.00	2/9/2022
Cynthia Lee Cheng	Parish President	\$1,500.00	10/3/2022
Scott Walker	Councilman	\$2,500.00	11/8/2022

Should you have any questions or require additional information, please do not hesitate to contact our corporate office at the information stated below, thank you.

Sincerely,  
GIS Corporate Office  
18838 Highway 3235  
Galliano, Louisiana 70354  
E: [proposals@gisy.com](mailto:proposals@gisy.com)  
P: 985-475-5238

**CORPORATE HEADQUARTERS**

18838 HIGHWAY 3235 | PO BOX 820 | GALLIANO, LA 70354 | P: (985) 475-5238 | [WWW.GISY.COM](http://WWW.GISY.COM)



09-11-2023

## Bid Bond in Accordance with Contract Specifications

SLA09115407

Grand Isle Shipyard, LLC

Bond Number

Principal Name

18838 Highway 3235, Galliano, LA, 70354, US

Principal Address

Principal Signature

Jefferson Parish

200 Derbigny Street, Gretna, LA, 70053, US

Owner/Obligee Name

Owner/Obligee Address

### Bond Information

09-12-2023

Hartford Casualty Insurance Company

326462

Bid Date

Surety

Contractor Vendor ID Number

50-00142971

Contract ID Number

A Pre-Placed Emergency Contract to supply equipment and operators on an emergency basis to compliment Jefferson Parish forces in clean up and/or restoration efforts, as needed, in unincorporated Jefferson Parish in response to a Natural Disaster or other State of Emergency, for a period of Twp (2) Years.

Description of Job

Five Percent (5%) of amount bid

5%

Amount of Bid Security

Bid Security Maximum

Bid Security Percentage

Alex L LeBlanc

Attorney-in-Fact

Dwight W. Andrus Insurance Inc.

Bond Entered and Executed By

Primary Agency

Attorney-In-Fact Signature

Know all men by these presents that Hartford Casualty Insurance Company, a Corporation duly organized under the laws of the State of IN, are held and firmly bound unto the above owner/obligee by the transmission. The surety agrees to waive the statute of Fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.



# POWER OF ATTORNEY

Direct Inquiries/Claims to:

**THE HARTFORD**

Bond T-12

One Hartford Plaza

Hartford, Connecticut 06155

[bond.claims@thehartford.com](mailto:bond.claims@thehartford.com)

call: 888-266-3488 or fax: 860-757-5835)

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: **Dwight W. Andrus Insurance Inc.**  
Agency Code:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | <b>Hartford Fire Insurance Company</b> , a corporation duly organized under the laws of the State of Connecticut         |
| <input checked="" type="checkbox"/> | <b>Hartford Casualty Insurance Company</b> , a corporation duly organized under the laws of the State of Indiana         |
| <input type="checkbox"/>            | <b>Hartford Accident and Indemnity Company</b> , a corporation duly organized under the laws of the State of Connecticut |
| <input type="checkbox"/>            | <b>Hartford Underwriters Insurance Company</b> , a corporation duly organized under the laws of the State of Connecticut |
| <input type="checkbox"/>            | <b>Twin City Fire Insurance Company</b> , a corporation duly organized under the laws of the State of Indiana            |
| <input type="checkbox"/>            | <b>Hartford Insurance Company of Illinois</b> , a corporation duly organized under the laws of the State of Illinois     |
| <input type="checkbox"/>            | <b>Hartford Insurance Company of the Midwest</b> , a corporation duly organized under the laws of the State of Indiana   |
| <input type="checkbox"/>            | <b>Hartford Insurance Company of the Southeast</b> , a corporation duly organized under the laws of the State of Florida |

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of Unlimited** :

Alex L LeBlanc

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**In Witness Whereof**, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



*Shelby Wiggins*

Shelby Wiggins, Assistant Secretary

*Keith D. Dozois*

Keith D. Dozois, Assistant Vice President

STATE OF FLORIDA

COUNTY OF SEMINOLE

ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.



*Jessica Ciccone*

Jessica Ciccone  
My Commission HH 122280  
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of 09-11-2023.

Signed and sealed in Lake Mary, Florida.



Surety 2000 Bond ID: **SLA09115407**

Executed By: **Alex L LeBlanc**

*Keith D. Dozois*

Keith D. Dozois, Assistant Vice President







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/30/2022

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> Arthur J. Gallagher Risk Management Services, Inc. 111 Veterans Boulevard, Suite 1130 Metairie LA 70005	<b>CONTACT NAME:</b> William Hughs <b>PHONE (A/C, No, Ext):</b> 504-888-1100 <b>E-MAIL ADDRESS:</b> William_Hughs@ajg.com <b>FAX (A/C, No):</b> 504-888-1299														
<b>INSURED</b> GIS Holdings, LLC P. O. Box 820 Galliano, LA 70354-0820	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : The Gray Insurance Company</td><td>36307</td></tr><tr><td>INSURER B : Allianz Global Corporate &amp; Specialty SE</td><td></td></tr><tr><td>INSURER C : Underwriters at Lloyd's London</td><td>15792</td></tr><tr><td>INSURER D : Evanston Insurance Company</td><td>35378</td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The Gray Insurance Company	36307	INSURER B : Allianz Global Corporate & Specialty SE		INSURER C : Underwriters at Lloyd's London	15792	INSURER D : Evanston Insurance Company	35378	INSURER E :		INSURER F :	
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INSURER D : Evanston Insurance Company	35378														
INSURER E :															
INSURER F :															

**COVERAGES****CERTIFICATE NUMBER:** 2096908654**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	XSGL100056	12/1/2022	12/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	XSAL100060	12/1/2022	12/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	SM0800022	12/1/2022	12/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	XSWC100052	12/1/2022	12/1/2023	<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
C	Excess Liability	Y	Y	SM0442222	12/1/2022	12/1/2023	See Attached
C	Professional Liability	Y	Y	B0146LDUSA2205061	12/1/2022	12/1/2023	See Attached
D	Pollution Liability	Y	Y	MKL5ENV103327	12/15/2021	12/15/2023	See Attached

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

Named Insured includes the following:  
GIS Holdings, LLC  
GIS, LLC  
Grand Isle Shipyard, LLC  
See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Master Certificate

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

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# **ADDITIONAL REMARKS SCHEDULE**

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED GIS Holdings, LLC P. O. Box 820 Galliano, LA 70354-0820	
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

GIS Engineering, LLC  
 GIS Engineering Coastal  
 GIS Industrial, LLC  
 GW Integrated Solutions, LLC  
 GIS Electrical and Instrumentation, L.L.C.  
 GIS Oil & Gas Trinidad & Tobago Limited  
 Mack Steel & Supply, LLC  
 Global Inspections, L.L.C.  
 Blanchard Industrial, LLC  
 Grand Isle Shipyard, LLC f/k/a Grand Isle Shipyard, Inc.  
 NuWave Group, LLC  
 Sun Industries, LLC  
 Chustz Surveying, LLC

### **ADDENDUM TO CERTIFICATE OF INSURANCE:**

General Liability Limits: See 1st Page  
 Carrier(s): The Gray Insurance Company Policy No.: XSGL100056  
 Forms: General Liability policy includes the below described terms & conditions Blanket Waiver of Subrogation (CG 24 04 12 19) when required by written contract. Blanket Additional Insured (GIC 03 02 65 04 20) when required by written contract.  
 Primary and Noncontributory - Other Insurance Condition (CG 20 01 12 19) when required by written contract. Broad Form Property Damage Liability including Explosion, Collapse and Underground (XCU).  
 Premises/Operations Products/Completed Operations  
 Blanket Contractual Liability  
 Sudden and Accidental Pollution Liability Occurrence Form  
 Personal Injury  
 "In Rem" Endorsement Cross Liability  
 Severability of Interests Provision "Action Over" Claims  
 Independent Contractors coverage for work sublet  
 General Liability includes Marine Liability with a limit of \$1,000,000 for:  
 Protection & Indemnity for vessel liability  
 Removal of wreck/debris on scheduled vessels (see attached schedule). There is no language limiting liability "as owner of vessel"  
 There are no phrases purporting to limit the underwriter's liability to the value of the vessel  
 Non-owned watercraft endorsement attached.  
 General Aggregate applies per project or equivalent.  
 Blowout and Cratering  
 Underground Resource and Equipment Coverage  
 Coverage Territory Extension-Gulf of Mexico Form # GIC 03 02 45 11/16  
 30-day Cancellation to Holder (Endt. Form # GIC 00 18 06 12) as required by written contract

### **Auto Liability**

Limits: See 1st Page  
 Carrier(s): The Gray Insurance Company Policy No. XSAL100060  
 Forms: Auto Liability policy includes the below described terms and conditions Blanket Waiver of Subrogation ( CA 04 44 10 13) when required by written contract Blanket Additional insured (GIC 00 29 04/98) when required by written contract Primary and Non-Contributory -Other Insurance Condition (CA 04 49 11 16)  
 Auto Includes Form MCS-90 Ed. 6/3/21  
 30-Day Notice of Cancellation to Holder (Endt. Form #GIC 00 18 06 12) as required by written contract

### **Workers Compensation**

Limits: See 1st Page  
 Carrier(s): The Gray Insurance Company  
 Policy No.: XSWC100052  
 Forms: Workers Compensation policy includes the below described terms & conditions.  
 Blanket Waiver of Subrogation (WC 00 03 13 4/84) if required by written contract.  
 U.S. Longshoremen's and Harbor Workers Compensation Act Coverage  
 Outer Continental Shelf Land Act  
 Jones Act (including Transportation, Wages, Maintenance, and Cure),  
 Death on the High Seas Act & General Maritime Law.  
 Maritime Employers Liability Limit: \$1,000,000  
 Voluntary Compensation Endorsement  
 Other States Insurance  
 Alternate Employer/Borrowed Servant Endorsement ( WC 00 03 01 A 2-89)  
 "In Rem" Endorsement  
 Gulf of Mexico Territorial Extension  
 30 Day Notice of Cancellation to Holder (Endt. Form #GIC 00 18 06 12 ) as required by written contract

### **Professional Liability:**

Underwriters at Lloyds London





## ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Arthur J. Gallagher Risk Management Services, Inc.		<b>NAMED INSURED</b> GIS Holdings, LLC P. O. Box 820 Galliano, LA 70354-0820	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Each Claim Limit: \$5,000,000

Aggregate: \$5,000,000

Retention: \$150,000

Claims Made

Blanket Waiver of Subrogation, included in the policy form Energy/Select 2018 (6/19), pursuant to and subject to the policy terms, definitions, conditions and exclusions

Allied World Surplus Lines Insurance Company - Policy # 03126127 - Policy Period: 12/1/22 to 12/1/23

Each Claim Limit: \$5,000,000

Aggregate: \$5,000,000

Claims Made

Blanket Waiver of Subrogation, Follow Form, pursuant to and subject to the policy terms, definitions, conditions and exclusions

Contractors Pollution:

Each CPL Condition: \$10,000,000

Aggregate: \$10,000,000

S.I.R. CPL (Each Pollution Conditions) \$100,000

Blanket Waiver of Subrogation Form # MEEI 2590 08/19

Blanket Additional Insured: Form # MEEI 2906 11/19

Excess Liability – 1st Layer

Limits: \$5,000,000 Occ/Agg Excess of \$1,000,000 Schedule of Underlying which includes General Liability, Auto Liability, P&I including Charters, Employers Liability, Maritime Employers Liability, Riggers Liability,

Carrier(s): Allianz Global Corporate & Specialty SE Policy# SM0800022 - Policy Period: 12/1/22 to 12/1/23

Policy is Follow Form

Excess Liability - 2nd Layer

Limits: \$5,000,000 Occ/Agg Excess of \$5,000,000. Scheduled of Underlying which includes General Liability, Auto Liability, P&I including Charters, Employers Liability, Maritime Employers Liability, Riggers Liability

Carrier(s): Underwriters at Lloyds London Policy #SM0442222 - Policy Period: 12/1/22 to 12/1/23

Policy is Follow Form

Excess Liability - 3rd Layer

Limits: \$15,000,000 Occ/Agg Excess of \$10,000,000. Scheduled of Underlying which includes General Liability, Auto Liability, P&I including Charters, Employers Liability, Maritime Employers Liability, Riggers Liability

Carrier(s): U.S. Specialty Insurance Company Policy # CXS12005122 - Policy Period: 12/1/22 to 12/1/23

Policy is Follow Form

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

## **ADDITIONAL INSURED - BLANKET**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**A. Section II – Who is An Insured** is amended to include as an additional insured:

Any person or organization whom you are required to add as an additional insured on this policy under a written contract or written agreement, subject to the following provisions.

- a. Such person or organization is an additional insured only to the extent such coverage is required by written contract or written agreement and only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by:
  - (1) Your acts or omissions; or
  - (2) The acts or omissions of those acting on your behalf, in the performance of your ongoing operations or “your work” as included in the “products-completed operations hazard”, which is the subject of the written contract or written agreement;
- b. Such person or organization is an additional insured only with respect to liability for “bodily injury” to:
  - (1) Your “employee”, or
  - (2) An employee of a subcontractor acting on your behalf, but only to the extent:
    - (a) Coverage for “bodily injury” to your “employee” or an employee of subcontractors acting on your behalf, regardless of whose fault caused such injury, is required by written contract or written agreement’ and
    - (b) Such “bodily injury” arises in the performance of your ongoing operations or “your work” as included in the “products-completed operations hazard”, which is the subject of the written contract or written agreement; and
- c. Such person or organization is an additional insured for their sole acts or omissions and only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” if:
  - (1) Coverage for sole acts or omissions of such additional insured is required by written contract or written agreement; and
  - (2) Such “bodily injury”, “property damage” or “personal and advertising injury” results from:
    - (a) Your ongoing operations; or
    - (b) “Your work” completed as included in the “products-completed operations hazard”, performed for the additional insured.

However, the insurance afforded to such additional insured.

- (i) Only applies to the extent permitted by law; and
- (ii) Will not be broader than that which you are required by the written contract or written agreement to provide for such additional insured.

- B.** Solely with respect to the insurance afforded to the additional insureds indicated in Paragraph **A.** of this endorsement, the following additional exclusion applies:

This insurance does not apply to “bodily injury”, or “property damage” or “personal and advertising injury” arising out of 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; or
2. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the “occurrence” which caused the “bodily injury” or “property damage”, or the offense which caused the “personal and advertising injury”, involved the rendering of or the failure to render any professional architectural, engineering, or surveying services.

- C.** Solely with respect to this endorsement, the following is added to the **Duties in The Event Of Occurrence, Offense, Claim Or Suit** Condition of Section **IV – Commercial General Liability Conditions**:

The additional insured must see to it that:

- (1) We are notified as soon as practicable of an “occurrence” or offense that may result in a claim;
- (2) We receive written notice of a claim or “suit” as soon as practicable; and
- (3) A request for defense and indemnity of the claim or “suit” will promptly be brought against any policy issued by another insurer under which the additional insured may be an insured in any capacity. This provision does not apply to insurance on which the additional insured is a Named Insured if the written contract or written agreement requires that this coverage be primary and non-contributory.

- D.** Solely with respect to this endorsement:

1. The following is added to the **Other Insurance** Condition of Section **IV – Commercial General Liability Conditions**:

**Primary and Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You are required by written contract or written agreement that this insurance be primary and not seek contribution from any other insurance available to the additional insured.

2. The following paragraph is added to Paragraph **4.b. Excess Insurance** of the **Other Insurance** Condition of Section **IV – Commercial General Liability Conditions**:

This insurance is excess over:

Any of the other insurance, whether primary, excess, contingent or on any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured on another policy providing coverage for the same “occurrence”, offense, claim or “suit”. This provision does not apply to any policy in which the additional insured is Named Insured on such other policy and where our policy is required by a written contract or written agreement to provide coverage to the additional insured on a primary and non-contributory basis.

- E.** This endorsement does not apply to an additional insured which has been added to this policy by an endorsement showing the additional insured in a Schedule of additional insureds, and which endorsement applies specially to that identified additional insured.

**F.** Solely with respect to the insurance afforded to the additional insureds under this endorsement, the following is added to Section **III – Limits of Insurance**:

The most we will pay on behalf of the additional insured is the amount of insurance:

- a.** Required by the written contract or written agreement referenced in Paragraph **A.** of this endorsement;  
or
- b.** Available under the applicable Limits of Insurance shown in the Declarations, whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms, conditions, provisions and exclusions of this policy remain the same.

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

## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

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

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

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

## **NON-OWNED VESSEL COVERAGE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

#### **Description of Watercraft:**

**Any Vessel to which you are contractually obligated to defend and indemnify under a written contract for "bodily injury" claims asserted by "your" employees against the vessels on which "your" employees are working on or from at the time of the "occurrence".**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

1.Exclusion g. of COVERAGE A (Section I) does not apply to any watercraft shown in the Schedule not owned by you.

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

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

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
ELECTRONIC DATA LIABILITY COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES  
POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART  
UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

### **SCHEDULE**

<b>Name Of Person(s) Or Organization(s):</b>
Any person, organization or company when required by written contract.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

**CERTIFICATE HOLDER WRITTEN NOTICE OF CANCELLATION ENDORSEMENT**

In the event of cancellation by the Company **30** days written notice will be given to the scheduled certificate holders. This notice in no way changes the notice of cancellation that is required to be given to the insured by any state law:

**Schedule**

**Any person, organization or company as required by written contract.**



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

**ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

BUSINESS AUTOMOBILE COVERAGE

**SCHEDULE**

**NAME OF PERSON OR ORGANIZATION:**

When required by written contract, any person, firm or organization.

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations of "autos".

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

## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

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.

- A.** The following is added to the **Other Insurance Condition** in the Business Auto Coverage Form and the **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form and supersedes any provision to the contrary:

This Coverage Form's Covered Autos Liability Coverage is primary to and will not seek contribution from any other insurance available to an "insured" under your policy provided that:

1. Such "insured" is a Named Insured under such other insurance; and
2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to such "insured".

- B.** The following is added to the **Other Insurance Condition** in the Auto Dealers Coverage Form and supersedes any provision to the contrary:

This Coverage Form's Covered Autos Liability Coverage and General Liability Coverages are primary to and will not seek contribution from any other insurance available to an "insured" under your policy provided that:

1. Such "insured" is a Named Insured under such other insurance; and
2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to such "insured".

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

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

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:**

**Endorsement Effective Date:**

### **SCHEDULE**

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

Any person, organization or company when required by written contract.

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.

Endorsement Effective:

Policy No.:

Endorsement No.:  
Premium: N/A

Countersigned by: \_\_\_\_\_

**CERTIFICATE HOLDER WRITTEN NOTICE OF CANCELLATION ENDORSEMENT**

In the event of cancellation by the Company **30** days written notice will be given to the scheduled certificate holders. This notice in no way changes the notice of cancellation that is required to be given to the insured by any state law:

**Schedule**

**Any person, organization or company as required by written contract.**

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

Person or Organization	Manual Premium
If required by written contract, any person, firm or organization	

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Insured	Policy No.	Endorsement No. Premium
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**ALTERNATE EMPLOYER ENDORSEMENT**

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

**Schedule**

- | <b>1. Alternate Employer</b>                             | <b>Address</b> |
|--|----------------|
| If required by written contract, any Alternate Employer. |                |
| <b>2. State of Special or Temporary Employment</b>       |                |
| Any state listed in item 3a of the Information page      |                |
| <b>3. Contract or Project</b>                            |                |
| Any contract or project                                  |                |

**This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.**

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective  
Insured

Policy No.

Endorsement No.  
Premium

Insurance Company

Countersigned by \_\_\_\_\_

**CERTIFICATE HOLDER WRITTEN NOTICE OF CANCELLATION ENDORSEMENT**

In the event of cancellation by the Company **30** days written notice will be given to the scheduled certificate holders. This notice in no way changes the notice of cancellation that is required to be given to the insured by any state law:

**Schedule**

**Any person, organization or company as required by written contract.**