

CERTIFICATE OF LIABILITY INSURANCE

(DATE (MM/DD/YYYY))

06/15/2023

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).

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| PRODUCER ABC Insurance Agencies 4670 I 49 N Service Rd Opelousas LA 70570-0882 INSURED Garden Environment 11438 River Road Saint Rose LA 70087 | CONTACT NAME PHONE 1-800-708-0123 FAX E-MAIL ADDRESS PRODUCER CUSTOMER ID 2014-05-20-14-34-16-213 INSURER(S) AFFORDING COV. TAG# INSURER A RPS/First Rate INSURER B WESTERN WORLD INSURANCE COMPANY INSURER C INSURER D INSURER E INSURER F |
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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.

| TYPE OF INSURANCE | ADDITIONAL INSURED | COVERAGE | POLICY NUMBER | POLICY EFF. DATE (MM/DD/YYYY) | POLICY EXP. DATE (MM/DD/YYYY) | LIMITS |
|---|--------------------|----------|---------------|-------------------------------|-------------------------------|---|
| GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GENT. AGGREGATE LIMIT APPLIES PER POLICY PDP+ LOC | | | NPP8941039 | 04/11/23 | 04/11/24 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL AND ADJ. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ |
| AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS RENTED AUTOS NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Per occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per occurrence) \$ \$ \$ |
| UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETARY/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED (Indemnity in full) IF YES, DESCRIBE WORK DESCRIPTION OF OPERATIONS below | Y/N N/A | | | | | WC STAT. TORT/INJ. QTH-EN EL EACH ACCIDENT \$ EL DISEASE - FA \$ EL DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ADDITIONAL Addressed Remarks below, if more space is required)

Additional Insured, Louisiana Cat
 3799 W Airline Hwy
 Reserve, LA 70084
 WY

CERTIFICATE HOLDER

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