



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/19/2021

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).

<b>PRODUCER</b> <b>State Farm</b> Beth Anne Naugher State Farm Agency LLC 3535 Holiday Dr Ste A New Orleans LA 70114		<b>CONTACT NAME:</b> Doris Adams <b>PHONE (A/C No. Ext.):</b> 504-367-6660 <b>FAX (A/C No.):</b> 504-367-6663 <b>E-MAIL ADDRESS:</b> doris@teamberthanne.com	
<b>INSURED</b> Danney Exterminating Inc. PO Box 8815 Metairie LA 70011-8815		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**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	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	CLAIMS-MADE					DAMAGE TO RENTED PREMISES (Per occurrence) \$
	OCCUR					MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	FOUQY					PRODUCTS - COMP/OP AGG \$
	OTHER					
X	AUTOMOBILE LIABILITY	X X	248-0639-B29-18	08/29/2020	02/28/2021	COMBINED SINGLE LIMIT (Per accident) \$
	ANY AUTO		248-0640-B29-18	08/29/2020	02/28/2021	BODILY INJURY (Per person) \$ 1,000,000
	OWNED AUTOS ONLY		248-0641-B29-18	08/29/2020	02/28/2021	BODILY INJURY (Per accident) \$ 1,000,000
	LEASED AUTOS ONLY		248-0642-B29-18	08/29/2020	02/28/2021	PROPERTY DAMAGE (Per accident) \$ 1,000,000
	SCHEDULED AUTOS					
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED (Mandatory to RH)	Y/N				PER STATUTE
	DESCRIPTION OF OPERATIONS below					OTL \$
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

Exterminating

BN # 50-00133305

<b>CERTIFICATE HOLDER</b> Jefferson Parish Department of Sewerage 1221 Elmwood Parkway Harahan LA 70123	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> 
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