



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2022

**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> TWFG INSURANCE SERVICES 3003 JEAN LAFTITTE PKWY CHALMETTE, LA 70043	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> ERROLYN MANINO</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> 504-332-5919</td> <td><b>FAX (A/C, No):</b> 504-272-0131</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> EMANINO@TWFG.COM</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td colspan="2"><b>INSURER A:</b> Nautilus Insurance Company</td> </tr> <tr> <td colspan="2"><b>INSURER B:</b></td> </tr> <tr> <td colspan="2"><b>INSURER C:</b></td> </tr> <tr> <td colspan="2"><b>INSURER D:</b> LWCC</td> </tr> <tr> <td colspan="2"><b>INSURER E:</b></td> </tr> <tr> <td colspan="2"><b>INSURER F:</b></td> </tr> </table>	<b>CONTACT NAME:</b> ERROLYN MANINO		<b>PHONE (A/C, No, Ext):</b> 504-332-5919	<b>FAX (A/C, No):</b> 504-272-0131	<b>E-MAIL ADDRESS:</b> EMANINO@TWFG.COM		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A:</b> Nautilus Insurance Company		<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b> LWCC		<b>INSURER E:</b>		<b>INSURER F:</b>	
<b>CONTACT NAME:</b> ERROLYN MANINO																					
<b>PHONE (A/C, No, Ext):</b> 504-332-5919	<b>FAX (A/C, No):</b> 504-272-0131																				
<b>E-MAIL ADDRESS:</b> EMANINO@TWFG.COM																					
<b>INSURER(S) AFFORDING COVERAGE</b>																					
<b>INSURER A:</b> Nautilus Insurance Company																					
<b>INSURER B:</b>																					
<b>INSURER C:</b>																					
<b>INSURER D:</b> LWCC																					
<b>INSURER E:</b>																					
<b>INSURER F:</b>																					
<b>INSURED</b>  Imagine Signs & Graphics LLC 68467 Hwy 59 Suite 6 Mandeville LA 70471																					

**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 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>			NN1483407	12/20/2022	12/20/2023	EACH OCCURRENCE		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person)	\$ 5000	
	OTHER:						PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							Deductible	\$ 500	
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$	
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$	
	DED <input type="checkbox"/> RETENTION \$							\$	
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			179334	12/20/2022	12/20/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input checked="" type="checkbox"/> Y	N/A				Y	E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
								E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

5000140681-Labor, Materials, Freight and Necessary Essentials to Provide and Install Two (2) New Polystyrene Monument Style Signs for the Jefferson Parish Parkways Department  
 Buyer: Shanna Folse

Jefferson Parish, Its Districts, departments and Agencies under direction of the Parish President and the Parish Council listed as Additional Insured  
 Blanket Waiver of Subrogation is added in respects to the Workers Compensation policy  
 Additional Insured blanket applies per written contract.

**CERTIFICATE HOLDER****CANCELLATION**

Jefferson Parish Parkways Department 1901 Ames Blvd  Marrero LA 70072	<p><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></p> <p><b>AUTHORIZED REPRESENTATIVE by:</b></p> <div style="text-align: center;">         7825CFE205A24BB...     </div>
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.