



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/8/2023

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 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><br>Arthur J. Gallagher Risk Management Services, LLC<br>Six Desta Drive<br>Suite 5900<br>Midland TX 79705 | <b>CONTACT NAME:</b><br>_____         |                                |
|   | <b>PHONE (A/C, No. Ext):</b><br>_____ | <b>FAX (A/C, No):</b><br>_____ |
| <b>E-MAIL ADDRESS:</b><br>_____   |                                       |                                |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |                                       | <b>NAIC #</b>                  |
| <b>INSURER A:</b> Liberty Insurance Corporation   |                                       | 42404                          |
| <b>INSURER B:</b> Liberty Mutual Fire Insurance Company   |                                       | 23035                          |
| <b>INSURER C:</b> LM Insurance Corporation  |                                       | 33600                          |
| <b>INSURER D:</b>   |                                       |                                |
| <b>INSURER E:</b>   |                                       |                                |
| <b>INSURER F:</b>   |                                       |                                |

**COVERAGES** **CERTIFICATE NUMBER:** 2062006589 **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   |
|----------|---|-----------|----------|--------------------|-------------------------|-------------------------|--|
| C        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Contractual Liab<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: _____ |           |          | TB5-Z91-473418-032 | 9/8/2022                | 9/8/2023                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| B        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | AS2Z91473418022    | 9/8/2022                | 9/8/2023                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED _____ RETENTION \$ _____   |           |          | TH7-Z91-473418-052 | 9/8/2022                | 9/8/2023                | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000<br>\$   |
| B        | <input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          | WC2-Z91-473418-012 | 9/8/2022                | 9/8/2023                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                      |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Additional Named Insured Schedule: Transline Industries, Inc.; Transline Payroll, Inc.; Jesse St. Holdings, LP; Jesse St. Management, LLC; Florida Transcor, Inc.; Trantex Transportation Products Of Texas, Inc.; Centerline Supply, Inc.

Endorsements available, if applicable:  
 General Liability -  
 -Commercial General Liability Additional Insured Enhancement for Manufacturers LC 20 61 01 17  
 See Attached...

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br><br>The Jefferson Parish, Its Districts Departments and Agencies under the direction of the Parish President and the Parish Council<br>200 Derbigny Street, Suite 4400<br>Gretna LA 70053 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|

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THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE



**ADDITIONAL REMARKS SCHEDULE**

|  |                  |   |  |
|--|------------------|---|--|
| <b>AGENCY</b><br>Arthur J. Gallagher Risk Management Services, LLC |                  | <b>NAMED INSURED</b><br>TranTex Transportation Products of Texas, Inc.<br>3310 Frick Rd.<br>Bldg. D<br>Houston TX 77086 |  |
| <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

- Commercial General Liability Enhancement for Manufacturers LC 32 345 01 17
- Designated Construction Project Or Designated Location Combined Aggregate Limits - With Total Aggregate Limit For All Projects And Locations LC 25 19 01 15
- Primary And Noncontributory -Other Insurance Condition -CG 20 01 12 19
- Commercial General Liability Coverage Form- 8. Transfer Of Rights Of Recovery Against Others To Us - CG00 01 04 13
  
- Automobile -
- Auto Enhancement Endorsement AC 84 07 07/13
- Auto Enhancement Endorsement AC 84 07 11/17
- Primary and Noncontributory -Other Insurance Condition- CA 04 49 11 16
- Common Policy Conditions - Transfer Of Your Rights And Duties Under This Policy - IL 00 17 11 98
  
- Workers Compensation -
- Texas Waiver of Our Right to Recover from Others WC 42 03 04 B
- Waiver of Our Right to Recover from Others Endorsement WC 00 03 11 A