

# State of Louisiana



## State Licensing Board for Contractors

This is to Certify that:

ADVANCE WATERPROOFING CO., INC.  
P. O. Box 1188  
Gretna, LA 70054

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; LIMITED SPECIALTY SERVICES; ROOFING AND SHEET METAL, SIDING



Witness our hand and seal of the Board dated,  
Baton Rouge, LA 20th day of November 2023

Director

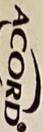
Chairman

Treasurer

Expiration Date: April 10, 2024

License No: 18364

This License Is Not Transferrable



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/11/2023

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).



Cliff Robichaux  
1750 Stumpf Blvd  
Gretna, LA 70056

Advancia Waterproofing Co Inc  
PO Box 1188  
Gretna, LA 70054-1188

CONTRACT: Cliff Robichaux  
PHONE: [REDACTED] FAX: 504-263-1875  
LIC. No. Exp: 504-263-1959  
E-MAIL: cliff.robichaux@ifix@statefarm.com  
ADDRESS: INSURER(9) AFFORDED COVERAGE  
INSURER A : State Farm Automobile Insurance Company  
INSURER B :  
INSURER C :  
INSURER D :  
INSURER E :  
INSURER F :

### COVERAGES

### CERTIFICATE 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.

### REVISION NUMBER:

TYPE OF INSURANCE	ADD. SUB. INFO	POLICY NUMBER	INSURANCE PERIOD	INSURANCE PERIOD	POLICY EXP	LIMITS
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ DAMAGE TO RENTED \$ PREMISES (Ea. occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
GEN. AGGREGATE LIMIT APPLIES PER POLICY						
OTHER:						
AUTOMOBILE LIABILITY		199 3727-D30-18K	10/30/2023	04/30/2024		EACH OCCURRENCE \$ AGGREGATE \$ PER \$ STATUTE \$ OTH-ER \$ EL. EACH ACCIDENT \$ EL. DISEASE - EA EMPLOYEE \$ EL. DISEASE - POLICY LIMIT \$
ANY AUTO OWNED ONLY	<input checked="" type="checkbox"/>	SCHEDULED				
NON-OWNED AUTOS ONLY	<input type="checkbox"/>	NON-OWNED				
UNBETWEEN LIABILITY	<input type="checkbox"/>	AUTOS ONLY				
EXCESS LIABILITY						
DED. RETENTION \$						
WORKERS COMPENSATION AND EMPLOYERS LIABILITY						
ANY PROFESSIONAL/NEGLIGENCE OFFICER/EMPLOYEE EXCLUDED?						Y/N N/A
(Mandatory in LA for all policies) DESCRIPTION OF OPERATIONS BELOW						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
BID # 50-00144005  
A1 - Jefferson Parish, Its Districts, Departments, and Agencies under the direction of the Parish President and the Parish Council

CERTIFICATE HOLDER: Joseph S. Yerni Building, 1221 Elmwood Park Blvd, Jefferson, LA 70123  
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: Cliff Robichaux  
© 1988-2015 ACORD CORPORATION. All rights reserved.

Terrebonne Insurance Agency, Inc.  
210 Mystic Blvd

CONTACT NAME: Customer Service  
PHONE (985) 851-3080  
FAX (985) 851-0304  
E-MAIL service@terrebonneinsurance.com  
ADDRESS:

NAIC #

Hourna LA 70360  
INSURED

Advance Waterproofing, Inc.  
P.O. Box 1188  
Gretna LA 70054

INSURER A : KinSale Insurance Company  
INSURER B : LWCC  
INSURER C :  
INSURER D :  
INSURER E :  
INSURER F :  
INSURER(S) A/FORING COVERAGE

COVERAGES CERTIFICATE NUMBER: CL2322845597

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	ADDITIONAL SUBR INSD LWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	AGGREGATE
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		01000817253	02/28/2023	02/28/2024	\$ 1,000,000	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PERO <input type="checkbox"/> LOC OTHER: <input type="checkbox"/> LCC						
A	AUTOMOBILE LIABILITY						
	ANY AUTO						
	OWNED AUTOS ONLY						
	HIRE AUTOS ONLY						
	NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB		0100081728-3	02/28/2023	02/28/2024	\$ 2,000,000	\$ 2,000,000
	EXCESS LIAB						
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		155108	03/01/2023	03/01/2024	\$ 1,000,000	\$ 1,000,000
	DESCRIPTION OF OPERATIONS below						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Bid #: 50-00144005  
Additional insured as required by written contract- Jefferson Parish, Its Districts, Departments, and Agencies under the direction of the Parish President and the Parish Council

CERTIFICATE HOLDER

Joseph S. Yennl Building  
1221 Elmwood Park Blvd

Jefferson

LA 70123

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

*Joseph S. Yennl*

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD. © 1988-2015 ACORD CORPORATION. All rights reserved.

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

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

**GENERAL LIABILITY POLICY INCLUDES, BUT NOT LIMITED TO:**

- Blanket Additional Insured as required by written contract
- Blanket Waiver of Subrogation as required by written contract
- Primary and Non-Contributory as required by written contract
- Per Project Aggregate as required by written contract

**EXCESS LIABILITY POLICY INCLUDES, BUT NOT LIMITED TO:**

- Excess over the underlying General Liability policy

**WORKERS COMPENSATION POLICY INCLUDES, BUT NOT LIMITED TO:**

- Blanket Waiver of Subrogation as required by written contract

IMPORTANT - IDENTIFICATION STATEMENT



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/15/2023

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 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).

PRODUCER  
**State Farm**  
Cjiff Robichaux  
1750 Stump Blvd  
Gretna

CONTACT: Cjiff Robichaux  
PHONE: (504) 263-1959  
FAX: (504) 263-1959  
EMAIL: cjiff.robichaux.jfr@statefarm.com  
ADDRESS: 1750 Stump Blvd  
Gretna, LA 70054-1188

INSURED  
ADVANCE WATERPROOFING CO INC  
PO BOX 1188  
GRETTNA  
LA 70054-1188

INSURER(S) AFFORDING COVERAGE  
INSURER A: State Farm Mutual Automobile Insurance Company  
NAIC # 25178

INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:  
INSURER F:

### 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.

LTR	TYPE OF INSURANCE	COMMERCIAL GENERAL LIABILITY	CLAIMS-MADE	OCCUR	ADD'L SUBR	INSR WVD	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
										EACH OCCURRENCE	AGGREGATE
A	ANY AUTO	<input type="checkbox"/>	<input type="checkbox"/>				199 3727-D30-181	04/30/2023	10/30/2023	COMBINED SINGLE LIMIT (Per accident)	\$ 1,000,000
	OWNED ONLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SCHEDULED						BODILY INJURY (Per accident)	\$ 1,000,000
	HIRING	<input type="checkbox"/>	<input type="checkbox"/>	AUTOS OWNED						BODILY INJURY (Per accident)	\$ 1,000,000
	OTHER	<input type="checkbox"/>	<input type="checkbox"/>	AUTOS OWNED						PER PERSONAL & ADV INJURY (Per accident)	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$
	POLICY	<input type="checkbox"/>	<input type="checkbox"/>	PRO-						PRODUCTS - COMP/PROP AGG	\$
	JECT	<input type="checkbox"/>	<input type="checkbox"/>	LOC						COMBINED SINGLE LIMIT (Per accident)	\$
	OTHER:									BODILY INJURY (Per person)	\$ 1,000,000
	AUTOMOBILE LIABILITY									BODILY INJURY (Per person)	\$ 1,000,000
	UMBRELLA LIAB			OCCUR						BODILY INJURY (Per accident)	\$ 1,000,000
	EXCESS LIAB			CLAIMS-MADE						PER PERSONAL & ADV INJURY (Per accident)	\$
	DED									AGGREGATE	\$
	RETENTION \$									PER STATUTE	\$
	WORKERS COMPENSATION									OTHER	\$
	ANY PROPRIETOR/PARTNER/									EL EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED?									EL DISEASE - EA EMPLOYEE	\$
	(Main activity in NH)									EL DISEASE - POLICY LIMIT	\$
	If yes, describe under										
	DESCRIPTION OF OPERATIONS below										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Bid #50-00143444

### CERTIFICATE HOLDER

Jefferson Parish - Metairie Senior Center  
265 N. Causeway Blvd

LA 70001

Metairie

### 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

This form was system-generated on 09/15/2023

Advance Waterproofing, Inc.  
P.O. Box 1188

Gretna

LA 70054

INSURER B : LWCU  
INSURER C :  
INSURER D :  
INSURER E :  
INSURER F :

**COVERAGES**

**CERTIFICATE NUMBER:** CL2322845897

**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	ADDRESS/INSUR (NSD WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		01000817253	02/28/2023	02/28/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE (OR RENTED PREMISES) (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					MED EXP (Any one person) \$ Excluded
	AUTOMOBILE LIABILITY					PERSONAL & ADV INJURY \$ 1,000,000
	ANY AUTO					GENERAL AGGREGATE \$ 2,000,000
	OWNED AUTOS ONLY					PRODUCTS - COMP/PROP AGG \$ 2,000,000
	HIRE AUTOS ONLY					COMBINED SINGLE LIMIT \$
	SCHEDULED AUTOS ONLY					(Ea accident)
	UMBRELLA LIAB					BODILY INJURY (Per person) \$
A	EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR	0100081728-3	02/28/2023	02/28/2024	BODILY INJURY (Per accident) \$
	DED	RETENTION \$				PROPERTY DAMAGE (Per accident) \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					EACH OCCURRENCE \$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					AGGREGATE \$ 2,000,000
						PER STATUTE
						OTHR
						EL EACH ACCIDENT \$ 1,000,000
						EL DISEASE - EA EMPLOYEE \$ 1,000,000
						EL DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Bid #50-00143444

**CERTIFICATE HOLDER**

Jefferson Parish - Metairie Senior Center  
265 N. Causeway Blvd.  
Metairie  
LA 70001

**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.

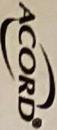
AUTHORIZED REPRESENTATIVE

*Allyssa Steer*

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD



# ADDITIONAL REMARKS SCHEDULE

AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_

AGENCY Terbome Insurance Agency, Inc.	NAMED INSURED Advance Waterproofing, Inc.
POLICY NUMBER	
CARRIER	NAC CODE
	EFFECTIVE DATE:

### ADDITIONAL REMARKS

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

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

#### GENERAL LIABILITY POLICY INCLUDES, BUT NOT LIMITED TO:

- Blanket Additional Insured as required by written contract
- Blanket Waiver of Subrogation as required by written contract
- Primary and Non-Contribution as required by written contract
- Per Project Aggregate as required by written contract

#### EXCESS LIABILITY POLICY INCLUDES, BUT NOT LIMITED TO:

- Excess over the underlying General Liability policy

#### WORKERS COMPENSATION POLICY INCLUDES, BUT NOT LIMITED TO:

- Blanket Waiver of Subrogation as required by written contract