



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 POLICES 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 Robicheaux
1750 Stumpf Blvd
Gretna, LA 70056

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

Contract	Cliff Robicheaux	FAX	504-263-1875
NAME	Cliff Robicheaux	LOC. No.	
PHONE No. Ext.	504-263-1959		
E-MAIL	cliff.robicheaux_jr@statefarm.com	NAIC #	
ADDRESS	INSURER(S) AFFORDING COVERAGE		
INSURER A:	State Farm Mutual Automobile Insurance Company		25178
INSURER B:			
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

THIS IS TO CERTIFY THAT THE POLICES 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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

REVISION NUMBER:

TYPE OF INSURANCE	ADD. SUBS.	POLICY NUMBER	INSURANCE PERIOD	POLICY EXPIRATION	LIMITS
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (All Occurrences) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
CLAIMS-MADE					
OCCUR					
GEN. AGGREGATE LIMIT APPLIES PER					
POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC					
OTHER					
AUTOMOBILE LIABILITY		199 3727-D36-18K	10/30/2023	04/30/2024	COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
ANY AUTO OWNED	<input checked="" type="checkbox"/>	SCHEDULED			
OWNED	<input type="checkbox"/>	OTHER			
NON-OWNED	<input type="checkbox"/>	OTHER			
HIRING	<input type="checkbox"/>	OTHER			
AUTOS ONLY	<input type="checkbox"/>	OTHER			
UNRETRAIL LABS		OCCUR			
EXCESS LAB		CLAIMS-MADE			
DED		RETENTION \$			
WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/OWNER/EXECUTIVE OFFICER/EMBER EXCLUDED?		Y/N			PER \$ STATUTE \$ EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
(Mandatory in LA for all employers with 10 or more employees)		N/A			
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

At - Jefferson Parish, Its Districts, Departments, and Agencies under the direction of the Parish President and the Parish Council

CERTIFICATE HOLDER

Joseph S. Vanni 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 Robicheaux

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ACORD 25 (2016/03)

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1001448 12/29/24 14 04-13-2022

Terrebonne Insurance Agency, Inc.
210 Mystic Blvd

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

Hourma

LA 70360

INSURER(S) AFFORDING COVERAGE

NAIC #

Advance Waterproofing, Inc.
P.O. Box 1188

Gretna

LA 70054

INSURER F:

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.

INSURER	TYPE OF INSURANCE	ADDITIONAL SUBS	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	INSR LTR	01000817253	02/28/2023	02/28/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO <input type="checkbox"/> LOC OTHER:					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY					EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	UMBRELLA LIAB EXCESS LIAB		0100081728-3	02/28/2023	02/28/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	DED RETENTION \$					PER STATUTE OTH-ER \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED (Mandatory in NH) DESCRIPTION OF OPERATIONS below	Y/N N/A	155108	03/01/2023	03/01/2024	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)

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

CANCELLATION

Joseph S. Yennl Building
1221 Elmwood Park Blvd

Jefferson

LA 70123

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)

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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:

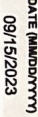
- Blanket Additional Insured as required by written contract
- Blanket Waiver of Subrogation as required by written contract
- Primary and Non-Contributory as required by written contract
- Per Project Aggregate as required by written contract

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



CERTIFICATE OF LIABILITY INSURANCE

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

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

CONTACT NAME:	Cliff Robicheaux
----------------------	-------------------------

PHONE (A/C No. Ext.): 504-263-1959

PHONE
(A/C, No., Ext): 504-263-1959

PHONE 504-263-1959
(A/C, No. Ext):
E-MAIL cliff.robicheaux,jr
ADDRESS:

PHONE	504-263-1959
(A/C, No, Ext):	
E-MAIL ADDRESS:	cliff.robicheaux.1959@gmail.com

LA 700563923

INSURER A: State Farm Mutual Automobile Insurance Company

25178

LA 700541188

INSURER F:

CERTIFICATE NUMBER:

REVISION NUMBER:

INSURER F :

INSURER F :

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

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.

Jefferson Parish - Metairie Senior Center
265 N. Causeway Blvd

Metainie

LA 70001

AUTHORIZED REPRESENTATIVE

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

ACORD 25 (2016/03)

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1001486 2005 155279 205 01-19-2023

INSURER B :	LWCC
INSURER C :	
INSURER D :	

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

REVISION NUMBER:

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					Med Exp (Any one person) \$ Excluded
A			01000817253	02/28/2023	02/28/2024	PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
	OTHER:					
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
						\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		0100081728-3	02/28/2023	02/28/2024	EACH OCCURRENCE \$ 2,000,000
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 2,000,000
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	155108	03/01/2023	03/01/2024	EL EACH ACCIDENT \$ 1,000,000
						EL DISEASE - EA EMPLOYEE \$ 1,000,000
						EL DISEASE - POLICY LIMIT \$ 1,000,000

Bid #50-00143444

CANCELLATION

AUTHORIZED REPRESENTATIVE

Alpha Steel

ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Terrebonne 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