



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/25/2021

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> BancorpSouth Insurance Services, Inc. 4041 Essen Lane, Suite 400 Baton Rouge LA 70809	<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> 225-336-3200 <b>FAX (A/C, No):</b> 225-336-4536 <b>E-MAIL ADDRESS:</b>
<b>INSURED</b> VEC Solutions, LLC 39417 Babin Rd Gonzales LA 70737	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Scottsdale Insurance Co <b>INSURER B:</b> Louisiana Work Comp Corporation <b>INSURER C:</b> Clear Blue Specialty Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:** 852648685**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> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ENS0006536	1/22/2021	1/22/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AQ2YLA000601-02	1/22/2021	1/22/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XNS0006977	1/22/2021	1/22/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	154763D	1/22/2021	1/22/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)**

BLANKET BASIS - SUBJECT TO POLICY TERMS, CONDITIONS AND EXCLUSIONS; TO THE EXTENT OF RISK ASSUMED BY THE NAMED INSURED IN FAVOR OF THE CERTIFICATE HOLDER IN A WRITTEN AGREEMENT, THE CERTIFICATE HOLDER SHALL BE AN ADDITIONAL INSURED (GENERAL LIABILITY, AUTOMOBILE AND EXCESS LIABILITY POLICIES) WITH A WAIVER OF SUBROGATION IN THEIR FAVOR (GENERAL LIABILITY, AUTOMOBILE, EXCESS LIABILITY AND WORKERS COMPENSATION POLICIES) BUT ONLY TO THE EXTENT OF THE NAMED INSURED'S CONTRACTUAL OBLIGATION TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE CERTIFICATE HOLDER.

EQUIPMENT COVERAGE - AGCS MARINE INSURANCE COMPANY, POLICY NO. MXI930798243763 , 1/22/21 - 1/22/22  
See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

The Jefferson Parish  
200 Derbigny Street  
Suite 4400  
Gretna LA 70053

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

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# **ADDITIONAL REMARKS SCHEDULE**

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<b>AGENCY</b> BancorpSouth Insurance Services, Inc.		<b>NAMED INSURED</b> VEC Solutions, LLC 39417 Babin Rd Gonzales LA 70737	
<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

Contractors Scheduled Equipment: \$270,340 Limit of Insurance  
 Rented and Leased Equipment: \$250,000 PER ITEM - \$250,000 PER OCCURRENCE

### **GENERAL LIABILITY:**

Additional Insured - Owners, Lessees Or Contractors - Scheduled Person or Organization - CG2010 1001  
 Additional Insured - Owners, Lessees Or Contractors - Completed Operations - CG2037 1001  
 Additional Insured - Vendors - CG2015 0413  
 Additional Insured - Lessor Of Leased Equipment - Automatic Status When Required in Lease Agreement With You - CG2034 0413  
 Waiver of Transfer Of Rights Of Recovery Against Others To Us - CG2404 0509  
 Primary and Non-Contributory - Other Insurance condition - CG2001 0413  
 Gulf of Mexico In Rem and Territory Endorsement - ENS-7  
 Pollution Exclusion - Limited Exception For A Short-Term Pollution Event - CG0429 1204

### **Workers Compensation:**

Alternate Employer Endorsement - WC0003 01A  
 Waiver of Our Right To Recover From Others Endorsement - WC0003 13  
 Longshore and Harbor Workers' Compensation Act Coverage Endorsement WC0001 06A

### **Commercial Auto:**

Waiver of Subrogation Endorsement - Q WAIVER-B 0814  
 Additional Insured Endorsement - Q ADLIN-B 0814  
 Primary and Non-Contributory - Other Insurance Condition - CA0449 1116

### **Excess Liability:**

Waiver of Transfer Of Rights Of Recovery Against Others To Us - XNS-1  
 Noncontributory - Other Insurance condition - CX2433 1116  
 Excess over General Liability, Workers Compensation, Commercial Auto Liability

Certificate Holder: The Jefferson Parish, its Districts Dept Agencies under the direction of the Parish President and the Parish Council