



MIGUFUE-02

EMH

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/19/2021

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> <b>Dwight Andrus Insurance</b> <b>500 Dover Blvd. Ste. 110</b> <b>Lafayette, LA 70503</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (337) 981-7300</b>		<b>FAX (A/C, No): (337) 984-2166</b>
	<b>E-MAIL ADDRESS: customerservice@andrus.com</b>		
<b>INSURED</b>  <b>Miguez Fuel, LLC</b> <b>109 Hwy 90 West</b> <b>New Iberia, LA 70560</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : Houston Specialty Ins Co</b>		<b>12936</b>
	<b>INSURER B : Certain Underwriters at Lloyds</b>		
	<b>INSURER C : Louisiana Workers' Comp. Corp.</b>		<b>22350</b>
	<b>INSURER D : Crum &amp; Forster Specialty Insurance Company</b>		<b>44520</b>
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

## 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
<b>A</b>	<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 type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			<b>HSLR18-07967-00</b>	<b>2/28/2021</b>	<b>2/28/2022</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> <b>EMPLOYEE BENEFIT</b> \$ <b>1,000,000</b>
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			<b>HSLR18-07967-00</b>	<b>2/28/2021</b>	<b>2/28/2022</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			<b>SCT1165021</b>	<b>2/28/2021</b>	<b>2/28/2022</b>	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N / A</b>	<b>169321</b>	<b>3/5/2021</b>	<b>3/5/2022</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
<b>B</b>	<b>Umbrella \$4M x \$1M</b>			<b>21*RENMA2100055-90022*00</b>	<b>2/28/2021</b>	<b>2/28/2022</b>	<b>Limit</b> <b>4,000,000</b>
<b>D</b>	<b>Pollution</b>			<b>CPL-112295</b>	<b>2/28/2021</b>	<b>2/28/2022</b>	<b>SEE PAGE 2</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 ACTUAL POLICY FORMS & ENDORSEMENTS ARE AVAILABLE UPON REQUEST FOR REVIEW

SEE ATTACHED ACORD 101

## CERTIFICATE HOLDER

## CANCELLATION

<b>Jefferson Parish, it Districts Departments and Agencies</b> <b>under the discretion of the Parish President and the</b> <b>Parish Council</b> <b>910 3rd Street</b> <b>Gretna, LA 70053</b>	<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>
	<b>AUTHORIZED REPRESENTATIVE</b> 



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Dwight Andrus Insurance</b>		NAMED INSURED <b>Miguez Fuel, LLC</b> 109 Hwy 90 West New Iberia, LA 70560	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

**ADDENDUM TO CERTIFICATE OF INSURANCE:** Any information contained in this Addendum is general and descriptive only. The Certificate of Insurance and this Addendum may not contain descriptions of any or all operations, locations, vehicles or exclusions. Please see policy forms and endorsements for specific coverages and exclusions.

## General Liability Policy Includes:

- Additional Insured - Owners, Lessee or Contractors - Scheduled Person or Organization - CG 20 10 12 19 - Blanket
- Waiver of Transfer of Rights of Recovery Against Others To Us (Waiver of Subrogation) - CG 24 04 12 19 - Blanket
- Primary and Noncontributory - Other Insurance Condition - CG 20 01 12 19
- Total Pollution Exclusion Endorsement - CG 21 49 09 99
- Misdelivery of Liquid Products Coverage - CG 22 66 11 85
- Contractual liability coverage per policy terms & conditions. CG 00 01 04 13

## Automobile Policy Includes:

- Additional Insured - Auto - AI CA 00 01 03 01 - Blanket
- Form MCS-90 - MC 16 22w 03 20
- Waiver of Transfer of Rights of Recovery Against Others To Us (Waiver of Subrogation) - CA 04 44 10 13 - Blanket
- Primary and Noncontributory - Other Insurance Condition - CA 04 49 11 16
- Wrong Delivery of Liquid Products - CA 23 05 10 13

## Workers Compensation Policy Includes:

- Waiver of Our Right to Recover From Others WC 00 03 13
- Alternate Employer Endorsement WC 00 03 01
- Longshore and Harbor Workers Compensation Act Coverage Endorsement WC 00 01 06A
- Gulf of Mexico Extension LWCC 6
- Outer Continental Shelf Lands Act Coverage Endorsement WC000109C

## \*\*\$5,000,000 Total Umbrella Limit\*\*

## Lead Umbrella Policy (\$1,000,000 Limit) Includes:

- Underlying policies include General Liability, Auto Liability and Workers Compensation
- CX 00 01 04 13 Commercial Excess Liability Coverage Form: The insurance provided under this Coverage Part will follow the same provisions, exclusions and limitations that are contained in the applicable "controlling underlying insurance", unless otherwise directed by this insurance.

## Umbrella Policy (\$4,000,000 Limit) Includes:

- Underlying policies include: General Liability, Auto Liability, Workers Compensation and Lead Umbrella policies
- Commercial Excess Liability Coverage Form CX 00 01 (09/08)

## Pollution Policy Includes:

- General Aggregate Limit(Other than Products/Completed Operations): \$5,000,000
- Contractor's Pollution Liability Each Pollution Condition Limit: \$5,000,000
- Contractors Pollution Liability Deductible - \$5,000 Per Pollution Condition
- Amended Waiver of Transfer of Rights of Recovery Against Others To Us EN0109
- Additional Insured – Designated Person Or Organization EN0112
- Primary and Non-Contributory Additional Insured with Waiver of Subrogation EN0118
- Transportation Pollution Liability Blanket Endorsement EN0405

Bid No. 50-00134464