





# VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
07/05/2019

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

<b>PRODUCER</b> <b>State Farm</b> Mel Malone State Farm 1401 East Judge Perez Dr. Chalmette, LA 70043	<b>CONTACT NAME:</b> Ehren Malone <b>PHONE (A/C, No, Ext):</b> 504-279-3276 <b>E-MAIL ADDRESS:</b> ehren@melmalone.com <b>PRODUCER CUSTOMER ID #:</b>		<b>FAX (A/C, No):</b> 504-279-7468
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> R SEIBERT CONSTRUCTION LLC 208 SAINT BERNARD PKWY SAINT BERNARD LA 70085-5427	<b>INSURER A:</b> State Farm Mutual Automobile Insurance Company		<b>NAIC #</b> 25178
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

### DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
2017	Ram	2500	Pick Up	3C6UR5JJ7HG710670
DESCRIPTION			VEHICLE/EQUIPMENT VALUE	SERIAL NUMBER
			\$	

### COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS			
	X	<input checked="" type="checkbox"/> VEHICLE LIABILITY	263 9174-F11-18G	06/11/2019	12/11/2019	COMBINED SINGLE LIMIT	\$		
	X					BODILY INJURY (Per person)	\$ 1,000,000		
	X					BODILY INJURY (Per accident)	\$ 1,000,000		
	X					PROPERTY DAMAGE	\$ 1,000,000		
		<input type="checkbox"/> GENERAL LIABILITY				EACH OCCURENCE	\$		
		<input type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$		
		<input type="checkbox"/> CLAIMS MADE					\$		
							\$		
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE			
		<input checked="" type="checkbox"/> VEH COLLISION LOSS	263 9174-F11-18G	06/11/2019	12/11/2019	<input checked="" type="checkbox"/> ACV	<input type="checkbox"/> AGREED AMT	\$	LIMIT
						<input type="checkbox"/> STATED AMT	\$ 250	DED	
		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC	263 9174-F11-18G	06/11/2019	12/11/2019	<input checked="" type="checkbox"/> ACV	<input type="checkbox"/> AGREED AMT	\$	LIMIT
						<input type="checkbox"/> STATED AMT	\$ 100	DED	
		<b>EQUIPMENT</b>				<input type="checkbox"/> ACV	<input type="checkbox"/> AGREED AMT	\$	LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC	<input type="checkbox"/> STATED AMT	\$	DED
		<input type="checkbox"/> SPECIAL							

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

### ADDITIONAL INTEREST

### CANCELLATION

Select one of the following:

- The additional interest described below has been added to the policy(ies) listed herein by policy number(s).  
 A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

VEHICLE / EQUIPMENT INTEREST:  LEASED  FINANCED

DESCRIPTION OF THE ADDITIONAL INTEREST

NAME AND ADDRESS OF ADDITIONAL INTEREST

 ADDITIONAL INSURED  LOSS PAYEE  
 LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE

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