



CORRDOO-01

DEBI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/17/2019

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.

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 Eustis Insurance, Inc. 110 Veterans Memorial Boulevard Suite 200 Metairie, LA 70005 | CONTACT NAME: | | |
| | PHONE (A/C, No, Ext): (504) 586-0440 | FAX (A/C, No): (504) 565-5219 | |
| | E-MAIL ADDRESS: info@eustis.com | | |
| INSURED Correct Door, Inc. Attn: Mr. Danny Lewis 2 Sussex St Kenner, LA 70062 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Axis Insurance Company | | 37273 |
| | INSURER B: Nat'l Union Fire Ins Co of PA | | 19445 |
| | INSURER C: Travelers Casualty & Surety Co | | 19038 |
| | 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.

| 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"/> COMMERCIAL GENERAL LIABILITY <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 checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER: | | | AXSP-00298-01 | 06/19/2018 | 06/19/2019 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | AXSA-00298-01 | 06/19/2018 | 06/19/2019 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | EBU069966255 | 06/19/2018 | 06/19/2019 | EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 |
| C | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | UB-1J565331-18-42-E | 06/26/2018 | 06/26/2019 | <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)
Bid# 50-125302

Blanket coverage with a written contract in place subject to the conditions, exclusions, and definitions of the policies. Written contracts must be in place prior to a loss- See Form Information Below:

General Liability form # CG2010 10/01- Additional Insured- Owners, Lessees or Contractors- Scheduled Person or Organization

General Liability form # CG2037 10/01- Additional Insured- Owners, Lessees, or Contractors- Completed Operations
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| Jefferson Parish Purchasing Dept. 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 |



ADDITIONAL REMARKS SCHEDULE

| | | | |
|---|-----------------------------|--|--|
| AGENCY Eustis Insurance, Inc. | | NAMED INSURED Correct Door, Inc. Attn: Mr. Danny Lewis 2 Sussex St Kenner, LA 70062 | |
| POLICY NUMBER SEE PAGE 1 | | EFFECTIVE DATE: SEE PAGE 1 | |
| CARRIER SEE PAGE 1 | NAIC CODE SEE P 1 | | |

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:

General Liability form # KDCXP-0015 (01-17)- Additional Insured- Primary and Non-Contributory

General Liability form # KDCXP-0003 (01-17)- includes Waiver of Transfer of Rights of Recovery

Automobile form # KDCXA-0003 (01-17)- includes Any person or organization to whom you become obligated to include as additional insured under this policy

Automobile form # KDCXA-0003 (01-17)- includes Blanket Waiver of Transfer of Rights of Recovery

Automobile form # KDCXA- 0005 Additional Insured- Primary and Noncontributory

Worker's Comp. form # WC 00 03 13 00 - 001- Waiver of Our Right to Recover From Others Endorsement- Any person or organization for which the insured has agreed by written contract

Umbrella form 80517 (11/09)

With respects to the above General Liability policy, The Parish of Jefferson, its Districts, Departments and Agencies under the direction of the Parish President and Parish Council will be considered as an additional insured if and/or/when/where required by written contract subject to form # CG2010 10/01 terms and conditions