



MAGEEXC-01

SWRIGHT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/14/2021

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).

PRODUCER Insurance Underwriters, Ltd. P. O. Box 6738 Metairie, LA 70009	CONTACT NAME: Sherri Wright swright@iulins.com PHONE (A/C, No, Ext): (504) 883-2500 FAX (A/C, No): (504) 883-2535 E-MAIL ADDRESS: swright@iulins.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Magee Excavation & Development LLC 78236 Hwy 25, Folsom, LA 70437	INSURER A: Travelers Property Casualty	
	INSURER B: Bridgefield Employers Ins. Co.	
	INSURER C: AGCS Marine Insurance Company	
	INSURER D: RSUI Indemnity Company	
	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 <input checked="" type="checkbox"/> Per Project/Loc Agg GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CO3P953730	12/12/2021	12/12/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA3P954289	12/12/2021	12/12/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<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			CUP8S694538	12/12/2021	12/12/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Prod Comp Ops \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N	N / A	0830-57057	12/12/2021	12/12/2022	<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
C	Equipment			MXI930798241141	12/12/2021	12/12/2022	Leased/Rented Each 300,000
D	Excess Liability			NHA096335	12/12/2021	12/12/2022	Occurrence 4,000,000

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

This certificate does not affirmatively or negatively amend extend alter coverage afforded by the actual policies. This certificate does not constitute a contract between the certificate holder.

Policy forms included but not limited to holders when required by written contract subject to policy terms, conditions, and exclusions prior to any incident that could result in a claim:

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

Sample Certificate*

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

Anthony E. Kopp



ADDITIONAL REMARKS SCHEDULE

AGENCY Insurance Underwriters, Ltd.		NAMED INSURED Magee Excavation & Development LLC 78236 Hwy 25, Folsom, LA 70437	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		
		EFFECTIVE DATE: SEE PAGE 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:
Certificate Forms -

General Liability:

Designated Project(s) General Aggregate Limit per form CG D2 11 01 04

Blanket Additional Insured per form CG D2 46 04 19 (Includes Products-Completed Operations If Required By Contract) Blanket Waiver of Subrogation per form CG D3 16 02 19 XTend Endorsement for Contractors, Blanket Primary and Non-Contributory Insurance if Required by Written Contract per form CG T1 00 02 19, 30 day notice of cancellation per written contract on file with company.

Auto Liability:

Blanket Additional Insured per form CA F1 06 02 15 Business Auto Extension Endorsement - Louisiana Blanket Waiver of Subrogation per form CA F1 06 02 15 Business Auto Extension Endorsement - Louisiana Blanket Additional Insured-Primary and Non-Contributory per form CA T4 99 02 16 & CA T8 02 04 21. Loss Payable Clause per form CA T4 45 04 09 (Loss payee on file for loss to a covered auto, as interest may appear)

Umbrella over GL, AL, EBL, EL - Follow Form; Excess Follow-Form, Total Limit of Liability Per Occurrence is 10,000,000:

General Liability Per Occurrence \$1,000,000 Travelers

Umbrella Liability Per Occurrence \$5,000,000 Travelers

Excess Liability Per Occurrence \$4,000,000 RSUI