



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/19/2021

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).

PRODUCER BXS Insurance P O Box 3809 Baton Rouge LA 70821-3809		CONTACT NAME: William McKnight PHONE (A/C, No, Ext): 225-336-3200 FAX (A/C, No): E-MAIL ADDRESS: rebecca.singley@bxsi.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Westchester Surplus Lines Ins.	
		INSURER B: ACE Property & Casualty Insurance Co	
		INSURER C: Colony Insurance Company	
		INSURER D: Louisiana Work Comp Corporation	
		INSURER E: Old Republic Insurance Co.	
		INSURER F: Federal Insurance Company	

COVERAGES **CERTIFICATE NUMBER:** 30154977 **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.

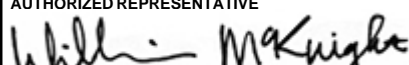
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> POLLUTION <input checked="" type="checkbox"/> PROFESSIONAL GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			G46824945004	10/15/2020	10/15/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <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			H08467110	10/15/2020	10/15/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			EXO307628	10/15/2020	10/15/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
D E	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	76926 WC116364 (OTHER STATES)	10/15/2020 10/15/2020	10/15/2021 10/15/2021	<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
A F	Pollution Professional Equipment Rented/Leased/Borrowed			G46824945004 45467346	10/15/2020 10/15/2020	10/15/2021 10/15/2021	Each Condition/Aggreg Each Claim/Aggregate Limit \$1mm / \$2mm \$1mm / \$2mm 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Subject to policy terms, conditions, and exclusions; certificate holder shall be considered an Additional Insured on the General Liability, Contractors Pollution, Auto Liability and Excess Liability policies, with a Waiver of Subrogation in their favor on the General Liability, Contractors Pollution, and Auto Liability when required by written contract.

Coverage for the additional insured is primary and non-contributory for the Additional Insured on the General Liability, Contractors Pollution, Auto Liability, and Excess Liability, when required by contract.

Workers Compensation:
 See Attached...

CERTIFICATE HOLDER **CANCELLATION** 30 Days

Jefferson Parish Purchasing Department 200 Derbigny Street General Government Bldg., 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**Page 1 of 1

AGENCY BXS Insurance		NAMED INSURED SEMS Inc. 11628 South Choctaw Drive Baton Rouge LA 70815	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Blanket Waiver of Subrogation when required by written contract. Blanket Alternate Employer when required by written contract. Longshore and Harbor Workers Compensation Act Coverage.

Excess Liability is follow form and is Excess of General Liability, Contractors Pollution, Professional Liability, Auto Liability, and Employers Liability.

Equipment Rented/Leased Deductibles - \$1,000 Per Occurrence, \$5,000 Per Occurrence for Cranes/Asphalt Batch Plant Equipment.
Equipment Rented/Leased includes Blanket Loss Payee, when required by contract.

Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council are additional insured's on the General Liability and Auto Liability policies, when required by written contract.