

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Philip S. Ray
Signature of Affiant

Philip S. Ray
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 26th DAY OF January, 2022

Bonnie J. Morel
Notary Public

Bonnie J. Morel
Printed Name of Notary

87283
Notary/Bar Roll Number

My commission expires @ death.



BONNIE J. MOREL
NOTARY PUBLIC
Notary ID No. 87283
Commission Expires at Death



RAYMO-1

OP ID: MA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/28/2021

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 Howard Risk Advisors, LLC 4906 Ambassador Caffery Pkwy Bldg B Lafayette, LA 70508 Judi Louviere	337-704-0616	CONTACT NAME: Marie Angelle PHONE (A/C, No, Ext): 337-704-0616 E-MAIL ADDRESS: mangel@howardrisk.com	FAX (A/C, No): 337-704-0417
INSURED Industrial Welding Supply Co. of Harvey, Inc. dba Gas & Supply 111 & 107 Buras Dr. Belle Chasse, LA 70037-3175		INSURER(S) AFFORDING COVERAGE	
		INSURER A: The Gray Insurance Co., Inc.	NAIC # 36307
		INSURER B: Starr Indemnity/RSUI/Endurance	38318
		INSURER C: Allied World Surplus Lines	24319
		INSURER D: Travelers Lloyd's Insurance Co	41262
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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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 type="checkbox"/> LOC OTHER:	X	X	XSGL-074467	01/01/2020	01/01/2023	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
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	X	X	XSAL-075471	01/01/2020	01/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	1000095303201	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000
A	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	XSWC-071199	01/01/2020	01/01/2023	<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	AUTO PHYS DAM			03093648-21	01/01/2021	01/01/2022	COMP/COLL 5,000
D	EQUIPMENT FLOATER			QT660-1E919721TIL21	01/01/2021	01/01/2022	RENTED 500,000

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

The Cert Holder is an Add'l Insured on all policies except Work Comp & is provided a Waiver of Subrogation, all if required by written contract. All policies are primary & non-contributory if required by written contract.

(SEE REVERSE SIDE OR ATTACHED FOR COVERAGE EXTENSIONS)

CERTIFICATE HOLDER

CANCELLATION

SEWAG01 Sewage & Water Board of New Orleans and the City of New Orleans 625 Joseph Street New Orleans, LA 70165	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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CERTIFICATE OF INSURANCE - PAGE 2

Excess Liability Policy Includes:

Coverage is excess of the Auto Liability, General Liability, Employers Liability, & Maritime Employers Liability policies.
Blanket Waiver of Subrogation when required by written contract
Blanket Additional Insured when required by written contract

THE GRAY INSURANCE COMPANY

The below coverages apply if the corresponding policy number is indicated on the previous page.

A. Commercial General Liability
General Liability Policy includes:

Blanket Waiver of Subrogation when required by written contract.
Blanket Additional Insured (CGL Form# CG20101185) when required by written contract.

Primary Insurance Wording Included when required by written contract.
Broad Form Property Damage Liability including Explosion, Collapse and Underground (XCU).
Premises/Operations
Products/Completed Operations
Contractual Liability
Sudden and Accidental Pollution Liability
Occurrence Form
Personal Injury
"In Rem" Endorsement
Cross Liability
Severability of Interests Provision
"Action Over" Claims
Independent Contractors coverage for work sublet
Vessel Liability - Watercraft exclusion has been modified by the vessels endorsement on scheduled equipment.
General Aggregate applies per project or equivalent.

B. Automobile Liability Policy includes:

Blanket Waiver of Subrogation when required by written contract
Blanket Additional Insured when required by written contract

C. Workers Compensation Policy includes:

Blanket Waiver of Subrogation when required by written contract,
U.S. Longshoremen's and Harbor Workers Compensation Act Coverage,
Outer Continental Shelf Land Act,
Jones Act (including Transportation, Wages, Maintenance, and Cure),
Death on the High Seas Act & General Maritime Law,
Maritime Employers Liability Limit: \$1,000,000,
Voluntary Compensation Endorsement,
Other States Insurance,
Alternate Employer/Borrowed Servant Endorsement,
"In Rem" Endorsement
Gulf of Mexico Territorial Extension



RAYMO-1

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		PHONE (A/C, No, Ext): 337-704-0616	FAX (A/C, No): 337-704-0417
		E-MAIL ADDRESS: mangelle@howardrisk.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
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		INSURER B: Starr Indem/RSUI/Westchester	38318
		INSURER C: Travelers Property Casualty	25674
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
Industrial Welding Supply
111 & 107 Buras Dr.
Belle Chasse, LA 70037-3175

COVERAGES

CERTIFICATE NUMBER:

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CERTIFICATE HOLDER

SEWAG01

Sewage & Water Board of
New Orleans and the City of
New Orleans
625 Joseph Street
New Orleans, LA 70165

CANCELLATION

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AUTHORIZED REPRESENTATIVE

CERTIFICATE OF INSURANCE - PAGE 2

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Cross Liability
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Death on the High Seas Act & General Maritime Law,
Maritime Employers Liability Limit: \$1,000,000,
Voluntary Compensation Endorsement,
Other States Insurance,
Alternate Employer/Borrowed Servant Endorsement,
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Gulf of Mexico Territorial Extension