



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/30/2015

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 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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 111 Veterans Blvd., Suite 1130 Metairie LA 70005	<b>CONTACT NAME:</b> William Hughs		
	<b>PHONE (A/C, No, Ext):</b> 504-888-1100	<b>FAX (A/C, No):</b> 504-888-1299	
	<b>E-MAIL ADDRESS:</b> William_Hugh@ajg.com		
<b>INSURED</b> Walter J Barnes Electric Co. Inc P. O. Box 10458 Jefferson LA 70181-0458	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> National Union Fire Ins Co Pittsbur		19445
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:** 1394707071**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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b>							EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR							MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
								GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								\$
	<b>AUTOMOBILE LIABILITY</b>							COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS							BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS								\$
	<input type="checkbox"/> NON-OWNED AUTOS								\$
A	X	<b>UMBRELLA LIAB</b>	X	OCCUR	BE18255645	1/1/2015	1/1/2016	EACH OCCURRENCE	\$10,000,000
		<b>EXCESS LIAB</b>		CLAIMS-MADE				AGGREGATE	\$10,000,000
		DED <input checked="" type="checkbox"/>		RETENTION \$ 10,000					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>							WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below			N/A				E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$


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

This coverage is excess over The Gray Insurance Company's primary policies. Umbrella Policy is Follow Form Contract # 50-00112685, Project: Emergency Generator East Bank Wastewater Treatment Plant CDBG Project No. 26PARA2303 Project No. D5116

**CERTIFICATE HOLDER****CANCELLATION**

Jefferson Parish Council 200 Derbigny Street 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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CERTIFICATE OF LIABILITY INSURANCE					DATE (MM/DD/YY) 4/30/15		
<b>PRODUCER</b>  Arthur J. Gallagher Risk Management Services, Inc. 111 VETERANS BLVD., SUITE 1130 METAIRIE, LA 70005-3039			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
<b>INSURED</b>  Walter J. Barnes Electric Co., Inc. P. O. Box 10458 Jefferson, LA 70181-0458			<b>COMPANIES AFFORDING COVERAGE</b>				
			COMPANY A THE GRAY INSURANCE COMPANY				
			COMPANY B				
			COMPANY C				
				COMPANY D			
<b>COVERAGES</b> 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.							
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	<b>GENERAL LIABILITY</b>	XSGL-074095	1/1/2014	1/1/2017	GENERAL AGGREGATE		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				Unlimited		
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				PRODUCTS - COMP/OP AGG \$3,000,000.00		
					PERSONAL & ADV INJURY \$1,000,000.00		
					EACH OCCURRENCE \$1,000,000.00		
A	<b>AUTOMOBILE LIABILITY</b>	XSAL-075091	1/1/2014	1/1/2017	FIRE DAMAGE (Any one fire) \$50,000.00		
	<input checked="" type="checkbox"/> ANY AUTO				MED EXP (Any one person) \$5,000.00		
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				COMBINED SINGLE LIMIT \$1,000,000.00		
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)		
	<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident)		
<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE						
	<b>GARAGE LIABILITY</b>				AUTO ONLY -- EA ACCIDENT		
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY		
					EACH ACCIDENT		
	<b>EXCESS LIABILITY</b>				AGGREGATE		
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE		
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE		
A	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>	XSWC-070811	1/1/2014	1/1/2017	EL EACH ACCIDENT \$1,000,000.00		
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:				EL DISEASE - POLICY LIMIT \$1,000,000.00		
	<input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL DISEASE - EA EMPLOYEE \$1,000,000.00		
OTHER							
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS</b> The certificate holder is an additional insured on all policies except Workers' Compensation and is provided a Waiver of Subrogation, all if required by written contract. The above insurance policies shall be primary and noncontributory to any other insurance policies maintained by the certificate holder, if required by written contract.							
Contract # 50-00112685, Project: Emergency Generator East Bank Wastewater Treatment Plant CDBG Project No. 26PARA2303 SCIP Project No. D5116							
<b>CERTIFICATE HOLDER</b>  Jefferson Parish Council 200 Derbigny Street Gretna, LA 70053			<b>CANCELLATION</b> In the event of cancellation by The Gray Insurance Company and if required by written contract, 30 days written notice will be given to the Certificate Holder.				
			AUTHORIZED REPRESENTATIVE				
			 THE GRAY INSURANCE COMPANY				
GCF 00 50 01 01 12							