



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
08/01/2019

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).

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|---|--|---------------|
| PRODUCER Aon Risk Services South, Inc. Atlanta GA Office 3550 Lenox Road NE Suite 1700 Atlanta GA 30326 USA | CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 | |
| | E-MAIL ADDRESS: | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED HD Supply, Inc. and its subsidiaries 3400 Cumberland Blvd Atlanta GA 30339 USA | INSURER A: National Union Fire Ins Co of Pittsburgh 19445 | |
| | INSURER B: American Home Assurance Co. 19380 | |
| | INSURER C: New Hampshire Insurance Company 23841 | |
| | INSURER D: Illinois National Insurance Co 23817 | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES **CERTIFICATE NUMBER: 570077743700** **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. **Limits shown are as requested**

| 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 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | GL4786842 | 08/30/2018 | 08/30/2019 | EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 |
| A | AUTOMOBILE LIABILITY | Y | | CA 9581301 AOS | 08/30/2018 | 08/30/2019 | COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 |
| A | <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | Y | | CA 9581300 MA | 08/30/2018 | 08/30/2019 | BODILY INJURY (Per person) |
| A | | Y | | CA 9581302 VA | 08/30/2018 | 08/30/2019 | BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION | | | | | | EACH OCCURRENCE AGGREGATE |
| C | 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/A | WC031467789 AOS | 08/30/2018 | 08/30/2019 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000 |
| C | | | | WC031467792 AK, AZ, VA | 08/30/2018 | 08/30/2019 | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Bid No. 50-00127317, Dated on 08/08/2019. Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council are included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies.

CERTIFICATE HOLDER

CANCELLATION

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| Jefferson Parish Purchasing Department 200 Derbigny Street, Suite 4400 Gretna LA 70053 USA | 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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Holder Identifier :

Certificate No : 570077743700





ADDITIONAL REMARKS SCHEDULE

| | | | |
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| AGENCY Aon Risk Services South, Inc. | | NAMED INSURED HD Supply, Inc. and its subsidiaries | |
| POLICY NUMBER See Certificate Number: 570077743700 | | | |
| CARRIER See Certificate Number: 570077743700 | NAIC CODE | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|-------------------------------|--------|
| INSURER | |
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ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|----------|----------------------|-----------|----------|---------------------------------------|------------------------------------|-------------------------------------|--------|
| | WORKERS COMPENSATION | | | | | | |
| B | | N/A | | WC031467790 CA | 08/30/2018 | 08/30/2019 | |
| D | | N/A | | WC031467791 FL | 08/30/2018 | 08/30/2019 | |
| C | | N/A | | WC031467793 IL, KY, NC, NH, UT | 08/30/2018 | 08/30/2019 | |
| C | | N/A | | WC031467794 MA, ND, OH, WA, WI, WY | 08/30/2018 | 08/30/2019 | |
| C | | N/A | | WC031467795 NJ, PA | 08/30/2018 | 08/30/2019 | |
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ADDITIONAL REMARKS SCHEDULE

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| AGENCY Aon Risk Services South, Inc. | | NAMED INSURED HD Supply, Inc. and its subsidiaries | |
| POLICY NUMBER See Certificate Number: 570077743700 | | | |
| CARRIER See Certificate Number: 570077743700 | NAIC CODE | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Insured Continued:

HD Supply Holdings, Inc. (f/k/a HDS Investment Holding, Inc.; name changed)
 HDS Holding Corporation
 HD Supply, Inc.
 HD Supply Holdings, LLC
 HD Supply GP & Management, Inc.
 HD Supply Management, Inc.
 HD Supply Support Services, Inc.
 HD Supply Construction Supply Group, Inc
 White Cap Construction Supply, Inc.
 HD Supply Construction Supply, Ltd.
 HD Supply Facilities Maintenance, Ltd.
 HD Supply FM Services, LLC (organized)
 HD Supply Repair & Remodel, LLC
 HDS IP Holding, LLC
 HD Supply International Holdings, Inc.
 HD Supply International Holdings II, LLC
 HDS Canada Inc.
 HDS Canada Holdings, ULC
 AH Harris Acquisition, LLC. (Effective 3/5/2018)
 Kenseal Construction Products of Maryland, LLC (Effective 3/5/2018)
 Kenseal Construction Products, LLC (Effective 3/5/2018)
 Kenseal Construction Products of New Jersey, LLC (Effective 3/5/2018)
 Kenseal Construction Products of Carolinas, L.L.C. (Effective 3/5/2018)
 A.H. Harris & Sons, LLC (Effective 3/5/2018)
 HarMac Rebar & Steel LLC (Effective 3/5/2018)
 AH Harris Intermediate Acquisition, Inc. (Effective 3/5/2018)