



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
05/28/2020

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).

|   |  |  |               |
|---|--|--|---------------|
| <b>PRODUCER</b><br>Aon Risk Services South, Inc.<br>Atlanta GA Office<br>3550 Lenox Road NE<br>Suite 1700<br>Atlanta GA 30326 USA | <b>CONTACT NAME:</b><br>PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105 |  |               |
|   | <b>E-MAIL ADDRESS:</b>   |  |               |
| <b>INSURED</b><br>Vulcan, Inc.<br>410 East Berry Ave<br>P.O Box 1850<br>Foley AL 36535-1850 USA                                   | <b>INSURER(S) AFFORDING COVERAGE</b>   |  | <b>NAIC #</b> |
|   | INSURER A: Sentry Insurance A Mutual Company   |  | 24988         |
|   | INSURER B: Midwest Employers Casualty Company  |  | 23612         |
|   | INSURER C: The Phoenix Insurance Company   |  | 25623         |
|   | INSURER D: Travelers Property Cas Co of America  |  | 25674         |
|   | INSURER E:   |  |               |
| INSURER F:  |  |  |               |

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER:** 570081907222      **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   |
|----------|--|-----------|----------|--|--------------------------|--------------------------|--|
| C        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | Y6601J278053PHX20                            | 03/01/2020               | 03/01/2021               | EACH OCCURRENCE      \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000<br>MED EXP (Any one person)      \$5,000<br>PERSONAL & ADV INJURY      \$1,000,000<br>GENERAL AGGREGATE      \$2,000,000<br>PRODUCTS - COMP/OP AGG      \$2,000,000 |
| C        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          | BA-8L594097-20-14-G                          | 03/01/2020               | 03/01/2021               | COMBINED SINGLE LIMIT (Ea accident)      \$1,000,000<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)   |
| D        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$10,000  |           |          | CUP1J3944082014                              | 03/01/2020               | 03/01/2021               | EACH OCCURRENCE      \$10,000,000<br>AGGREGATE      \$10,000,000   |
| B<br>A   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br>N  | N/A      | PQAL129001<br>AL<br>9054672001<br>IL, MI, NC | 01/01/2020<br>01/01/2020 | 01/01/2021<br>01/01/2021 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH<br>E.L. EACH ACCIDENT      \$1,000,000<br>E.L. DISEASE-EA EMPLOYEE      \$1,000,000<br>E.L. DISEASE-POLICY LIMIT      \$1,000,000   |

570081907222

Certificate No :

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 RE: 50-130715 Reflective Sheeting. Jefferson Parish is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| Jefferson Parish, LA<br>Attn: Donna Reamey<br>200 Derbigny Street<br>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<br><br>  |

