




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/14/2022

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>  <b>JAMES WEBB</b> 527 W ESPLANADE AVE STE 100 KENNER LA 70065	<b>CONTACT</b> <b>NAME:</b> JAMES WEBB <b>PHONE</b> (A/C, No, Ext): 504-466-5812 <b>FAX</b> (A/C, No): 504-469-2244 <b>E-MAIL</b> <b>ADDRESS:</b> james.h.webb.w332@statefarm.com
<b>INSURED</b>  TASCH, LLC 4321 RIVER ROAD  BRIDGE CITY LA 70094	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> State Farm Fire and Casualty Company <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>

**COVERAGES****CERTIFICATE NUMBER:****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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			SEE LISTING BELOW 414-8661-E10-18 (hired auto)	10/28/2022 11/10/2022	04/28/2023 05/10/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

SEE LISTING BELOW REFERENCE

412 8907-D28-18 -001; 412 8908-D28-18 -001; 412 8912-D28-18 -001; 412 8915-D28-18 -001; 412 8921-D28-18 -001; 412 8916-D28-18 -001;  
412 8919-D28-18 -001; 412 8920-D28-18 -001; 412 8924-D28-18 -001; 413 0600-D28-18 -001; 413 0601-D28-18 -001; 413 0605-D28-18 -001;  
413 0606-D28-18 -001; 418 4196-F17-18 -001; 418 4992-F20-18 -001

**CERTIFICATE HOLDER****CANCELLATION**

Jefferson Parish Purchasing Department  
P.O. Box 9  
Gretna  
LA 70054-0009

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

*Allison Bush*

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TASCH-1

OP ID: GA

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<b>PRODUCER</b> GAYNELL J. MARTIN INSURANCE 1933 Hickory Avenue P.O. Box 23685 New Orleans, LA 70183-0685 Michael L. Martin, CPCU	<b>504-737-8182</b>	<b>CONTACT NAME:</b> Michael L. Martin, CPCU <b>PHONE (A/C, No, Ext):</b> 504-737-8182 <b>FAX (A/C, No):</b> 504-738-3535 <b>E-MAIL ADDRESS:</b> mmartin@gjmit.com																					
<b>INSURED</b> Tasch, LLC 4321 River Road Bridge City, LA 70094	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td colspan="2">INSURER A: Colony Insurance Company</td><td>39993</td></tr><tr><td colspan="2">INSURER B: Evanston Insurance Company</td><td>35378</td></tr><tr><td colspan="2">INSURER C: American International Group</td><td></td></tr><tr><td colspan="2">INSURER D:</td><td></td></tr><tr><td colspan="2">INSURER E:</td><td></td></tr><tr><td colspan="2">INSURER F:</td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Colony Insurance Company		39993	INSURER B: Evanston Insurance Company		35378	INSURER C: American International Group			INSURER D:			INSURER E:			INSURER F:		
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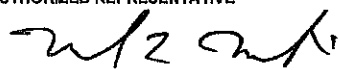
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
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Gen.Liab. policy include Blanket Add'l Ins. & Blanket Waiver of Subrogation, as required by written contract. Workers Comp. Policy includes Blanket Waiver of Subrogation. Excess Policy follows form.

## CERTIFICATE HOLDER

## CANCELLATION

<b>JEFFELM</b>  Jefferson Parish Purchasing Department - 200 Derbigny St. General Government Bldg., #400 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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