

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION
 2237 S. ACADIAN THRUWAY
 BATON ROUGE, LA 70808
 Carrier Id: 30120
 A Mutual Company

INFORMATION PAGE
 FOR POLICY NUMBER – 112636-B

Basic Rating Program**1. Policyholder:**

CRESCENT MULTI-MEDIA SOLUTIONS LLC
 800 CENTRAL AVE
 Jefferson, LA 701211305

Agency:

10168
 MARTIN INSURANCE AGENCY, INC.
 P. O. Box 19600
 New Orleans, LA 70179

Federal ID: 571182920
 Entity Type: Limited Liability Company (LLC)
 NCCI Risk Identification Number: 171061318

2. Policy Period:

Effective: 12:01 AM 06/06/2021

Expires: 12:01 AM 06/06/2022

3. Coverage, Limits and Endorsements:

- A. Workers' Compensation Insurance: Part One of the policy applies only to the Workers' Compensation Law of the state of Louisiana.
- B. Employers Liability Insurance: Part Two of this policy applies to work in the state of Louisiana. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$1,000,000	each accident
Bodily Injury by Disease	\$1,000,000	policy limit
Bodily Injury by Disease	\$1,000,000	each employee

- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: NONE

- D. This policy includes these endorsements and schedules:

WC 00 00 01B	Policy Information Page
WC 00 00 00C	Workers Compensation and Employers Liability Insurance Policy
LWCC 4	General Endorsement
LWCC 13A	Limited Other States Endorsement
LWCC 38B	Premium Obligations Endorsement
WC 00 03 08	Partners, Officers, and Others Exclusion Endorsement
WC 00 03 13	Waiver of Our Right to Recover From Others
WC 00 04 14	Notification of Change in Ownership Endorsement
WC 00 04 21E	Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement
WC 00 04 22C	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
LWCC 17 06 01J	Louisiana Amendatory Endorsement
plcy inst sch	Policy Installment Schedule
LWCC 9091	Standard Notice of Compliance

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4. Classifications:

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Premium Period: 06/06/2021 to 06/06/2022

Classification	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
Salespersons or Collectors - Outside	8742	\$143,023.00	.55	\$787.00
Clerical Office Employees NOC	8810	\$79,427.00	.21	\$167.00
Electronic Equipment - Installation, Service, or Repair - Shop and Outside & Drivers	9516	\$416,050.00	5.05	\$21,011.00
Subtotals:		\$638,500.00		\$21,965.00
Class Premium Total:				\$21,965.00

Premium Adjustment Type	Premium Adjustment Factor	Premium Adjustment Amount
Employers Liability Limits: 1M/1M/1M	0.014	\$308.00
Experience Modification Premium From: 06/06/2021 to 06/06/2022	0.92	-\$1,782.00
Schedule Rating Factor	1.00	\$0.00
Waiver of Subrogation Premium (Blanket)	0.02	\$410.00
Expense Constant		\$160.00
Foreign Terrorism	0.02	\$128.00

Total Estimated Annual Premium: \$21,189.00

Minimum Premium \$1,372.00 Deposit Amount \$0.00

Payment Option: 25% down, 9 equal installments

Countersigned By: _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOUISIANA UNINSURED MOTORISTS COVERAGE – BODILY INJURY

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, Louisiana, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided under this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy or as of the date indicated below.

Named Insured: CRESCENT MULTIMEDIA SOLUTIONS LLC

Endorsement Effective Date: 5/4/2021

SCHEDULE

Limit Of Insurance: \$ 1,000,000

Each "Accident"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

1. We will pay all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "uninsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "uninsured motor vehicle".
2. If this insurance provides a limit in excess of the amounts required by the applicable law where a covered "auto" is principally garaged, we will pay only after all liability bonds or policies have been exhausted by payments of judgments or settlements.

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
 - a. The Named Insured and any "family members".
 - b. Anyone else "occupying" with the Named Insured's express or implied permission a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
 - c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/14/2021

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 Martin Insurance Agency Inc 4700 Orleans Avenue P.O. Box 19600 New Orleans LA 70179-0600		CONTACT NAME: Barbara Hogan PHONE (A/C, No, Ext): (504) 486-6133 FAX (A/C, No): (504) 482-3514 E-MAIL ADDRESS:	
INSURED Crescent Multi-Media Solutions, LLC 800 Central Ave Jefferson LA 70121		INSURER(S) AFFORDING COVERAGE INSURER A: Security National Ins Comp INSURER B: Amtrust Insurance Company INSURER C: LWCC INSURER D: INSURER E: INSURER F:	
		NAIC # 19879	

COVERAGES

CERTIFICATE NUMBER: 06-01-2021

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 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:	Y	Y	SPP179732000	03/11/2021	03/11/2022	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			KPP106252900	05/04/2021	05/04/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			KMB105576002	03/11/2021	03/11/2022	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	<input checked="" type="checkbox"/> 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 Y	N/A	112636-B	06/06/2021	06/06/2022	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Certificate holder is listed as additional insured with waiver of subrogation rights as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish Purchasing General Government Building 200 Derbigny Street, Suite 440 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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