



RAYMO-1

OP ID: MA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/05/2023

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 Howard Risk Advisors, LLC 4906 Ambassador Caffery Pkwy Bldg B Lafayette, LA 70508 Judi Louviere		337-704-0616		CONTACT NAME: Marie Angelle PHONE (A/C, No, Ext): 337-704-0616 FAX (A/C, No): 337-704-0417 E-MAIL ADDRESS: mangelles@howardrisk.com	
INSURED Industrial Welding Supply Co. of Harvey, Inc. dba Gas & Supply 111 & 107 Buras Dr. Belle Chasse, LA 70037-3175				INSURER(S) AFFORDING COVERAGE	
				INSURER A: The Gray Insurance Co., Inc.	
				INSURER B: Starr Indem/RSUI/Westchester	
				INSURER C: Travelers Property Casualty	
				INSURER D:	
				INSURER E:	
				INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 11005

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 <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	X	XSGL100118	01/01/2023	01/01/2026	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> COMP/COLL <input checked="" type="checkbox"/> \$5K DED	X	X	XSAL100135	01/01/2023	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X	X	SEE PAGE 2	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$
A	<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 N	N/A	XSWC100124 (LA) GWC100217/GWC100218 (OS)	01/01/2023 01/01/2023	01/01/2026 01/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	EQUIPMENT FLOATER			QT660-1E919721TIL23	01/01/2023	01/01/2024	RENTED 500,000

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

The Cert Holder is an Add'l Insured on all policies except Work Comp & is provided a Waiver of Subrogation, all if required by written contract. All policies are primary & non-contributory if required by written contract. (SEE REVERSE SIDE OR ATTACHED FOR COVERAGE EXTENSIONS) (SEE ATTACHED NOTEPAD FOR SPECIFIC WORDING)

CERTIFICATE HOLDER

CANCELLATION

JEFFE02 The Parish of Jefferson 1221 Elmwood Park Blvd Ste 909 Jefferson, LA 70123	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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Excess Liability Policy Includes:

Policy Nos. respectively: 100095303231 / NHA100109 / G71773632004

Coverage is excess of the Auto Liability, General Liability,
Employers Liability, & Maritime Employers Liability policies.

Blanket Waiver of Subrogation when required by written contract

Blanket Additional Insured when required by written contract

THE GRAY INSURANCE COMPANY

The below coverages apply if the corresponding policy number is indicated
on the previous page.

A. Commercial General Liability Policy includes:

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.

Primary Insurance Wording Included when required by written contract.
Broad Form Property Damage Liability including Explosion, Collapse and
Underground (XCU).

Premises/Operations

Products/Completed Operations

Contractual Liability

Sudden and Accidental Pollution Liability

Occurrence Form

Personal Injury

"In Rem" Endorsement

Cross Liability

Severability of Interests Provision

"Action Over" Claims

Independent Contractors coverage for work sublet

Vessel Liability - Watercraft exclusion has been modified by the

vessels endorsement on scheduled equipment.

General Aggregate applies per project or equivalent.

B. Automobile Policy includes:

Blanket Waiver of Subrogation when required by written contract

Blanket Additional Insured when required by written contract

C. Workers Compensation Policy includes:

Blanket Waiver of Subrogation when required by written contract,
U.S. Longshoremen's and Harbor Workers Compensation Act Coverage,
Outer Continental Shelf Land Act,
Jones Act (including Transportation, Wages, Maintenance, and Cure),
Death on the High Seas Act & General Maritime Law,
Maritime Employers Liability Limit: \$1,000,000,
Voluntary Compensation Endorsement,
Other States Insurance,
Alternate Employer/Borrowed Servant Endorsement,
"In Rem" Endorsement
Gulf of Mexico Territorial Extension

NOTEPAD:

HOLDER CODE **JEFFE02**
INSURED'S NAME **Industrial Welding Supply Co.**

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ADDENDUM TO CERTIFICATE #11005:

Certificate Holder fully reads as follows:

The Parish of Jefferson, its Districts, Departments and Agencies under the direction of the Parish President and the Parish Council.

The Parish of Jefferson, its Districts, Departments and Agencies under the direction of the Parish President and Parish Council are Additional Insured for both the commercial liability and automobile liability policies if required by written contract.

Proposal No. 50-00142312