



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/13/2018

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> The Juban Insurance Group LLC 4319 Bluebonnet Blvd  Baton Rouge LA 70809		<b>CONTACT NAME:</b> Marilyn Hagler <b>PHONE (A/C, No, Ext):</b> (225) 291-0405 <b>FAX (A/C, No):</b> (225) 291-0420 <b>E-MAIL ADDRESS:</b> marilyn@jubaninsurance.com																						
<b>INSURED</b> EMR Services, LLC 668 Time Saver Avenue  Harahan LA 70123		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Great American Ins Co</td><td>26832</td></tr><tr><td>INSURER B:</td><td>West American Ins Co</td><td>44393</td></tr><tr><td>INSURER C:</td><td>National Union Fire Ins Co PA</td><td>19445</td></tr><tr><td>INSURER D:</td><td>Louisiana Workers Compensation Corp</td><td>22350</td></tr><tr><td>INSURER E:</td><td>CNA</td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Great American Ins Co	26832	INSURER B:	West American Ins Co	44393	INSURER C:	National Union Fire Ins Co PA	19445	INSURER D:	Louisiana Workers Compensation Corp	22350	INSURER E:	CNA		INSURER F:		
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## COVERAGES

CERTIFICATE NUMBER: 18/19 - Master 1

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 checked="" type="checkbox"/> \$10,000,000 Annual Aggregate  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLP130314103	09/13/2018	09/13/2019	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAW55183661	04/04/2018	04/04/2019	GENERAL AGGREGATE \$ 4,000,000
			PRODUCTS - COMP/OP AGG \$ 4,000,000				
			Employee Benefits \$ \$1,000,000				
			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000				
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			BE067936598	09/13/2018	09/13/2019	BODILY INJURY (Per person) \$
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
			Uninsured motorist \$ 1,000,000				
D	<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/A	148801	09/13/2018	09/13/2019	Uninsured motorist \$ 1,000,000
			AGGREGATE \$ 1,000,000				
			\$				
			PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>				
E	Professional Liability Claims Made			5096724141	09/13/2018	09/13/2020	E.L. EACH ACCIDENT \$ 500,000
			E.L. DISEASE - EA EMPLOYEE \$ 500,000				
			E.L. DISEASE - POLICY LIMIT \$ 500,000				
			Each Claim \$1,000,000				
							Aggregate \$1,000,000
							Deductible \$2,500

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

In regards to General Liability, Auto & Umbrella the certificate holder is shown as additional insured with a waiver of subrogation under the Blanket Additional Insured & Blanket Waiver of Subrogation endorsement when required by written contract; 30 Day Notice of Cancellation except 10 Days for Non-Payment; Blanket Waiver of Subrogation applies in regards to workers compensation. Maximum Annual Aggregate. Blanket Primary & Non-contributory wording for General Liability, Auto & Umbrella when required by written agreement.

## CERTIFICATE HOLDER

## CANCELLATION

"Specimen"	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 