

DATE: 3/22/2023

Page: 6

BID NO.: 50-00141534

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO ✓

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF _____.

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

up to 45 days

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable)

68713

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Bellande + Sons Electric Inc dba Bellande Inc.

ADDRESS: 3409 Stony Park Blvd

CITY, STATE: Meraux LA ZIP: 70075

TELEPHONE: (504) 621-9593 FAX: ()

EMAIL ADDRESS: bellande inc @ yahoo.com

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: 1

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 128,000.⁰⁰

AUTHORIZED SIGNATURE: Christy Bellande

Christy Bellande
Printed Name

TITLE: President

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>FURNISH LABOR, MATERIALS AND EQUIPMENT NECESSARY TO REPLACE THREE (3) FLAT ROOFS AT THE WEST BANK HEALTH UNIT AT 1855 AMES BLVD- MARRERO, LA. 70072 FOR THE JEFFERSON PAR DEPT OF GENERAL SVCS</p> <p>ROOF REPLACEMENT - WESTBANK HEALTH UNIT DEPARTMENT OF GENERAL SERVICES</p> <p>0010 - LABOR, MATERIALS AND EQUIPMENT NECESSARY TO REPLACE THREE (3) FLAT ROOFS AT THE FOLLOWING LOCATION:</p> <p>WESTBANK HEALTH UNIT 1855 AMES BOULEVARD MARRERO, LA 70072</p> <p>***** SEND ALL QUESTIONS AND EMAILS TO CHRISTY CALMETTE AT CCOMEAX@JEFFPARISH.NET *****</p>	\$ 128,000 ⁰⁰	\$ 128,000 ⁰⁰

SUPPLY AND INSTALL THREE (3) NEW FLAT ROOFS

Section 1.0 – Pre-Bid Conference:

A Non-Mandatory Pre-Bid Conference and inspection shall be held:

Location WESTBANK HEALTH UNIT- 1855 AMES BLVD MARRERO, LA

Date: 04/06/2023

Time: 9:00 AM

All prospective bidders are invited to attend the non-mandatory pre-bid conference, which will be held; the date and location to be determined. Failure to attend the non-mandatory pre-bid conference shall not relieve the bidder of responsibility for information discussed at the conference and does not relieve the successful bidder from the necessity of furnishing materials or performing and completing any work in accordance with the specification with no additional cost to the owner. This conference is held to allow questions to be answered and to inspect the site with the owner's representative.

Section 2.0 – Scope:

We extend this proposal to cover the furnishing of labor, materials, and equipment necessary to replace three (3) Flat Roofs at the West Bank Health Unit at 1855 Ames Blvd. Marrero LA. 70072.

Section 3.0 – License:

A Louisiana State Contractor's License will be required in accordance with LSA R.S. 37-2150 et. seq., and such license number will be shown on the outside of the bid electronic envelope. Failure to comply will cause the bid to be rejected. When submitting the bid electronically, the license number must be entered in the appropriate field in the electronic procurement system. Failure to comply will cause the bid to be rejected." A copy of the license is not required by law; however, they are required to specify their license number on their bid envelope.

3.1 License(s) issued by the Louisiana State Licensing Board for Contractors:

- Building Construction

And/Or

- Specialty License in Roofing and sheet metal siding

Section 4.0 – Bonds:

- **Surety Bond:** An Electronic bid bond will be required with bid submission in the amount of 5% of the total bid. The vendor shall indicate the electronic bid bond number in the location specified on the electronic bid envelope. No scanned paper copies of any bid bond will be accepted as part of the electronic bid submission.
- **Performance Bond:** A Performance Bond in the amount of 50% of the total contract price will be required. The performance bond shall be produced upon contract execution.
- **Payment Bond:** A payment bond of 50% of the total contract price will be required. The payment bond shall be produced upon contract execution.

Section 5.0 – Quantities/Inspections:

Bidders must inspect the site and perform their measurements to determine the proper quantity of labor and materials, and equipment required to complete this project.

Section 6.0 Submittals:

If the bidder intends to provide materials equal to or better than owner-specified materials, the following shall be provided with their bid:

Provide the requested information to ensure the bid is deemed responsive.

- Manufacturer's catalog data
- Detail sheets
- Specifications of product
- Warranty information

Section 7.0 - Bid Specifications:

- All materials shall be as specified new.
- All materials shall be installed as per all manufacturer recommendations and guidelines.
- Any concealed damage must be reported immediately to the owner.
- No work outside these specifications shall be performed without approval from a Department of General Services employee.

7.1 Before work begins:

- Successful bidder and an owner's representative shall inspect, document, and take photos of existing building conditions.
- Remove and properly dispose of the existing roofs and all associated materials.

7.2 Installation of Roofs, Flashing, and Vents:

- Design, engineer, supply, and install Three new Flat Roofs
- Remove the roofs and insulation system on the 3 flat roofs down to the Metal Deck
- Install a 2-inch base layer of ISO with 1/8-inch tapered insulation and ½ cover board.
- Insulation shall be Mechanically attached to the Metal Deck
- Fasteners and hardware shall be 316 stainless steel
- Heat Weld an SBS smooth over the entire roof area.
- Heat Weld a Granulated Fire Cap Sheet over the entire roof area
- Install the same 2-Ply Membrane System at all Base Flashing Curbs and Walls
- Remove and properly dispose of all existing lead plumbing vents
- Install new lead plumbing vents to match existing pipe size.
- Install new retro fit roof drains
- Fabricate and Install new Metal Wall Flashing
- Fabricate and Install new Metal Edge Flashing. Flashing must match the existing Color
- Fabricate and Install new Metal Hoods over all Wall Vents (approx. 34)
- Replace all Metal Roof Vents with new EPDM Pipe Boots with Sealed Clamps
- Fabricate and Replace Boiler Vent
- Repair or Replace One Down Spout at the rear of the building

7.3 FINISHES

- All Finishes must match existing Colors

Section 8.0 – Hours of Work:

The work to be performed shall be scheduled during regular working hours Monday thru Friday, 7:00 a.m. to 5:00 p.m.

Section 9.0 – Material and Workmanship Warranty:

- All workmanship shall have a two (2) year warranty parts and labor from the successful bidder
- Manufacture Shall provide in writing a Twenty (20) year NDL Warranty
- A copy of all warranties shall be provided to the owner after completing the project.
- All warranties shall commence at the competition of the project.

Section 10.0 – Existing Structure

In the event the successful bidder should damage or destroy any part of a building, etc. The successful bidder shall be required to replace and restore said item to its original condition, with the same type of material, finish, and artistry, at no additional cost to the owner.

Section 11.0 – Permits:

Bidder shall obtain any permits required by the Jefferson Parish Department of Inspection and Code Enforcement and any municipality where work is performed.

The bidder shall be responsible for the payment of these permits. All permits must be obtained before the start of any project requiring permits.

Section 12.0 – Liquidated Damages:

Commencing on the thirty-first (31) day following the notice to proceed, liquidated damages will be assessed in the amount of \$300/day.

Section 13.0 – Start of Work Conference and Notice to Proceed:

A "Start of Work Conference" shall be held between the successful bidder and the owner before any work commences.

No work shall be performed until the successful bidder receives a written "Notice to Proceed" to begin work from the Department of General Services.

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
Bellande + Sons Electric Inc. dba Bellande Inc.
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Bellande
INCORPORATED, DULY NOTICED AND HELD ON 4/14/23,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT Chrissy Bellande, BE AND IS HEREBY
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,
CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-
FACT.

I HEREBY CERTIFY THE FOREGOING TO BE
A TRUE AND CORRECT COPY OF AN
EXCERPT OF THE MINUTES OF THE ABOVE
DATED MEETING OF THE BOARD OF
DIRECTORS OF SAID CORPORATION, AND
THE SAME HAS NOT BEEN REVOKED OR
RESCINDED.



SECRETARY-TREASURER

4-14-23

DATE

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF St. Bernard

BEFORE ME, the undersigned authority, personally came and appeared: Christy
Bellande, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized agent of Bellande Inc (Entity),
the party who submitted a bid in response to Bid Number 50-00141534 to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B ✓ there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B ✓ _____ There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

**Insurance Declaration Affidavit
Automotive**

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF St. Bernard

BEFORE ME, the undersigned authority, personally came and appeared,
Christy Bellande, (Affiant) who after being duly sworn, deposed and said that he/she
is the fully authorized agent of Bellande Inc (Entity), the
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 50-00141534, to Jefferson Parish.

Affiant further said:

- (1) That entity does not own automobiles or use automobiles in the furtherance of the services provided under the contract.
- (2) That if the entity obtains automobiles or begins to use automobiles in the furtherance of the services provided under the contract, affiant will notify Jefferson Parish and obtain the proper coverage.

Christy Bellande
Signature of Affiant

Christy Bellande
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 18 DAY OF April, 2023.

[Signature]
Notary Public

Lawrence A. Landry
Printed Name of Notary Notary Public # 67413
Orleans Parish - Louisiana
My Commission is Lifelong

Notary/Bar Roll Number _____

My commission expires _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/05/2023

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 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

Greg P Ruiz Insurance Agency LLC
1519 E Judge Perez Dr Ste 7
Chalmette, La 70043

CONTACT NAME: Dawn Constant

PHONE (A/C, No, Ext): 504-278-4526

FAX (A/C, No): 504-278-4528

E-MAIL ADDRESS: consdcnstnt@aol.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Wesco Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Bellande and Sons Electric Inc
dba Bellande Inc
3409 Story Park Blvd
Meraux LA 70075

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N					E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WWC3612033	09/11/2022	09/11/2023	E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER**CANCELLATION**

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



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
4/10/2023

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.

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PRODUCER GALLODORO INS AGENCIES INC 3100 Ridgelake Drive Ste 310 Metairie, LA 70002		CONTACT NAME: Patsy Knox PHONE (A/C, No, Ext): (504) 828-1908 FAX (A/C, No): (504) 828-1911 Fax E-MAIL ADDRESS: patsy@gallodoroinurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Scottsdale Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED Bellande & Sons Electric Inc Dba Bellende Inc 3409 Story Park Blvd Meraux, LA 70075 504-279-6921	NAIC#
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COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CPS7543316	3/18/2023	3/18/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 2,000,000
<input type="checkbox"/> OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N						E.L. EACH ACCIDENT \$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

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

Patsy Knox