



HAHNENT-01

DEBI

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/10/2018

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).

PRODUCER Eustis Insurance, Inc. 110 Veterans Memorial Boulevard Suite 200 Metairie, LA 70005	CONTACT NAME:		
	PHONE (A/C, No, Ext): (504) 586-0440	FAX (A/C, No): (504) 565-5219	
	E-MAIL ADDRESS: info@eustis.com		
INSURED  Hahn Enterprises, Inc. P. O. Box 19495 New Orleans, LA 70179	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : State National Insurance Company		12831
	INSURER B : Republic Fire & Casualty Insurance Company		10810
	INSURER C : Burlington Ins. Company		23620
	INSURER D : LUBA Casualty Insurance Company		12472
	INSURER E :		
	INSURER F :		

## 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 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 <input type="checkbox"/> OTHER:			XNDP2-02395-00	02/16/2018	02/16/2019	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 - COM/OP AGG \$ 2,000,000
B	<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			FCA1000726	02/16/2018	02/16/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" 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 \$			HFF0006413	02/16/2018	02/16/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
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 <input checked="" type="checkbox"/> N	N/A	028000016578118	02/16/2018	02/16/2019	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Bid # 5000124804 East Bank Park & Recreation

Additional Insured forms with form titles for General Liability blanket if required by written contract subject to terms, conditions and exclusions of the forms:

G2010 10/01 edition date- Additional Insured-Owners, Lessees or Contractors

G2037 10/01 edition date- Additional Insured Owners, Lessees or Contractors-Completed Operations

SEE ATTACHED ACORD 101

## CERTIFICATE HOLDER

## CANCELLATION

Jefferson Parish Department of Parks and Recreation 6925 Saints Drive Metairie, LA 70003	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 

ACORD 25 (2016/03)

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ADDITIONAL REMARKS SCHEDULE

AGENCY Eustis Insurance, Inc.		NAMED INSURED Hahn Enterprises, Inc. P. O. Box 19495 New Orleans, LA 70179 Orleans	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:  
IL 12 03 04 06 edition date- Primary & Non-Contributory- Other Insurance Condition

CG2404 05/09 edition date-Waiver of Transfer of Rights of Recovery Against Others to Us

Additional Insured form for with coverage titles for Automobile Liability blanket if required by written contract subject to terms conditions, and exclusions of the form:

CA990187 07/15 edition date- Business Auto Coverage Expansion Endorsement - includes Blanket Additional Insured Status for Certain Entities- Section A Item #1 letter F; Waiver of Subrogation For Auto Liability Losses Assumed Under Insured Contract -Section P; Insurance is Primary and Non-Contributory- Section Q

Waiver of Subrogation form with form title for Worker's Comp. blanket if required by written contract subject to terms, conditions, and exclusions of the form:

Worker's Comp. form WC00 03 13 4184 edition date - Waiver of Our Right to Recover From Others Endorsement

With respects to the above general liability policy, The Parish of Jefferson, its Districts, Departments and Agencies under the direction of the Parish President and Parish Council will be considered as additional insureds if required by written contract subject to form CG2010 10/01 terms and conditions.