

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

6/17/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Louisiana Companies</b> <b>801 North Blvd.</b> <b>Baton Rouge, LA 70802</b> <b>225 383-4761</b>		<b>CONTACT NAME:</b> <b>Jennifer DuBois, CIC</b> <b>PHONE (A/C, No, Ext):</b> <b>225 383-4761</b> <b>FAX (A/C, No):</b> <b>225-387-4336</b> <b>E-MAIL ADDRESS:</b> <b>Jennifer.DuBois@MarshMMA.com</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A : Phoenix Insurance Co.</b>	<b>25623</b>
		<b>INSURER B : Travelers Property Casualty Co of Amer</b>	<b>25674</b>
		<b>INSURER C : LUBA Indemnity Insurance Company</b>	<b>16001</b>
		<b>INSURER D : Markel American Insurance Co</b>	<b>28932</b>
		<b>INSURER E : AXIS Surplus Insurance Company</b>	<b>26620</b>
		<b>INSURER F :</b>	

**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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>PD Ded:5,000</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>4TCO3R688704PHX24</b>	<b>11/25/2024</b>	<b>11/25/2025</b>	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$300,000</b> MED EXP (Any one person) <b>\$5,000</b> PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$2,000,000</b> PRODUCTS - COMP/OP AGG <b>\$2,000,000</b> \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <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"/> Drive Oth Car			<b>BA3R690607242SG</b>	<b>11/25/2024</b>	<b>11/25/2025</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION <b>\$10000</b>			<b>CUP3R692188242S</b>	<b>11/25/2024</b>	<b>11/25/2025</b>	EACH OCCURRENCE <b>\$6,000,000</b> AGGREGATE <b>\$6,000,000</b> \$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>	<b>027000300740124</b>	<b>11/25/2024</b>	<b>11/25/2025</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT <b>\$1,000,000</b> E.L. DISEASE - EA EMPLOYEE <b>\$1,000,000</b> E.L. DISEASE - POLICY LIMIT <b>\$1,000,000</b>
<b>D</b>	<b>Rented/Leased EQ</b>			<b>MKLM2IM0002887</b>	<b>11/25/2024</b>	<b>11/25/2025</b>	<b>\$150,000/ \$150,000</b>
<b>E</b>	<b>Professional Liab</b>			<b>CP005266032024</b>	<b>11/25/2024</b>	<b>11/25/2025</b>	<b>\$2,000,000/ \$2,000,000</b>

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

Certificate holder is additional insured with respect to the general liability and auto liability policies as required by written contract when executed prior to a loss, subject to policy terms, conditions and exclusions.

Waiver of subrogation is provided with respect to the workers compensation, general liability and auto (See Attached Descriptions)

**CERTIFICATE HOLDER****CANCELLATION**

**Jefferson Parish**  
**Purchasing Department**  
**PO BOX 9**  
**Gretna, LA 70054**

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

*Jennifer DuBois*

## DESCRIPTIONS (Continued from Page 1)

liability policies as required by written contract when executed prior to a loss, subject to policy terms, conditions and exclusions.

Thirty day notice of cancellation, except ten days for nonpayment of premium as required by written contract executed prior to a loss, subject to policy terms, conditions and exclusions.

Additional insured provision on the general liability and commercial auto policies are primary and non contributory as required by written contract executed prior to a loss, subject to policy terms, conditions and exclusions.

Certificate holder is loss payee with respect to lease/rented equipment coverage as required by written contract executed prior to a loss, subject to policy terms, conditions and exclusions.

Umbrella policy follows form over primary lines of coverage - general liability, commercial auto, employers liability.

Certificate Holder More Fully Known As: Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council

RE: 50-00147698