



1000 Westbank expy. - Gretna, La 70053 Ph: (504) 368-8826 Fax: (504) 367-5802 (estimating@starglassllc.com)

Today's Date: 11/13/18

Job Name: Jefferson Parish Bid 50-00124618 Glass Replacement

No. of Pages: 1

From: John Rushing

"Scope of Work"

QUOTE VALID FOR 30 DAYS

Provide Labor Equipment and Materials to Remove the Broken Glass and Install the Following:

- (1) New 1" Green Tinted Insulated Glass Unit 57" X 28-1/2"
- (1/4" Clear Heat Strengthened / 1/2" Air Space / 1/4" Green Tinted Heat Strengthened)

EXCLUSIONS:

CLEANING AND PROTECTION OF INSTALLED MATERIALS
REPAIR AND/OR REPLACEMENT OF MATERIALS DAMAGED BY OTHERS

ADDENDA ACKNOWLEDGED:

1

BREAKDOWN:

BASE PRICE - FURNISH AND INSTALL STOREFRONT

\$2,434.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/26/2018

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 Tee & Gee Underwriting Managers, LP
8131 LBJ Freeway, Suite 750
Dallas, TX 75251

CONTACT NAME: Don Mayeux
PHONE (A/C, No, Ext): (504) 837-8680 FAX (A/C, No):
E-MAIL ADDRESS: donm@canalhr.com

INSURED Star Auto Glass Inc
1000 Westbank Expwy
Gretna LA 70053

INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: State National Insurance Company 12831
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES CERTIFICATE NUMBER: 45084079 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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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 type="checkbox"/> N/A	TGW900019802	4/1/2018	4/1/2019	PER STATUTE 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)
THIS CERTIFICATE CONFERS NO ADDITIONAL INSURED RIGHTS UPON THE CERTIFICATE HOLDER.
Star Auto Glass Inc is provided workers compensation coverage only for those employees of co-employer Canal HR, Inc. pursuant to the client services agreement between Star Auto Glass Inc and Canal HR, Inc.

CERTIFICATE HOLDER
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Jefferson Parish Purchasing Department
ITS DISTRICTS, DEPARTMENTS & AGENCIES
P.O. BOX 9
Gretna LA 70054-0009

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
Adam Goldberg

