

CUSTOMER NUMBER: 3029857

RUN DATE: 12-19-22

THOMSON SMITH & LEACH INS GRP INC  
809 W SUMMERS DR  
ABBEVILLE, LA 70510-2733

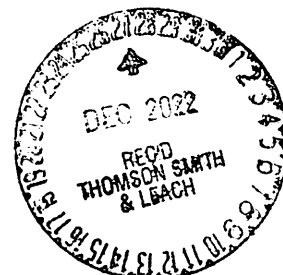
IRON DESIGN, LLC  
521 N 19TH ST  
BATON ROUGE, LA 70802-3739

# Go green. Go paperless.

Switch to **Paperless Delivery\*** and help reduce your carbon footprint. View your policy and billing documents, notifications and confirmations of payments online.

Register now through **Commercial My Account**  
on Allstate.com

\*State exceptions may apply





## IMPORTANT NOTICE ABOUT YOUR RENEWAL OFFER

ALLSTATE INSURANCE COMPANY  
2775 SANDERS ROAD, SUITE D2W  
NORTHBROOK, IL 60062

DATE: 12/19/2022

IRON DESIGN, LLC  
521 N 19TH ST  
BATON ROUGE LA 708023739

POLICY NUMBER: 648952495  
EFFECTIVE DATE OF RENEWAL: 02/28/2023

Dear Policyholder,

Thank you for being a valued Allstate Insurance Company customer. We hope you are completely satisfied with everything Allstate has to offer.

We want to let you know about a change related to your policy. Please note that with this renewal offer, your current annual premium will be increasing. Please see the **Notice of Policy Conditional Renewal** accompanying this letter.

While we know this isn't welcome news, we also want you to know that there are ways you can help manage your insurance costs without sacrificing quality Allstate Insurance Company coverage. For example, some of the ways you may be able to maintain or even reduce your premium include:

- Reviewing your coverages and determining whether or not any changes are needed
- Adjusting your deductible

So we encourage you to contact your Allstate Insurance Company representative to discuss whether any of these suggestions will work for you.

We know that insurance costs are extremely important to you, and it's one of our goals to help you manage those costs while always keeping you in Good Hands®. Thank you for choosing Allstate Insurance Company.

Sincerely,

Customer Service

cc:

THOMSON SMITH & LEACH INS GRP INC  
809 W SUMMERS DR  
ABBEVILLE LA 70510-2733  
(337)893-2883





ALLSTATE INSURANCE COMPANY  
2775 SANDERS ROAD  
BUILDING D2W  
NORTHBROOK IL 60062

## NOTICE OF POLICY CONDITIONAL RENEWAL

Named Insured & Mailing Address:

Producer: 57436

IRON DESIGN, LLC  
521 N 19TH ST  
BATON ROUGE LA 70802-3739

THOMSON SMITH & LEACH INS GRP INC  
809 W SUMMERS DR  
ABBEVILLE LA 70510-2733

Policy No.: 648952495  
Type of Policy: EXCESS LIABILITY OCCURRENCE  
Date of Expiration: 02/28/2023; 12:01 A.M. Local Time at the mailing address of the Named Insured.

This notice is to advise that we are agreeable to renewing this policy subject to the following: **YOU MAY SEE AN INCREASE IN YOUR PREMIUM.**

Named Insured

IRON DESIGN, LLC  
521 N 19TH ST  
BATON ROUGE LA 70802-3739

Date Mailed:  
20th day of January, 2023

AUTHORIZED REPRESENTATIVE



**Thank you for being a loyal Allstate Insurance Company customer – we're delighted to have you with us!**

Dear Valued Customer,

**Here's Your Allstate Business Insurance Renewal Offer**

We're pleased to offer to continue your Allstate policy for another twelve months, so you can keep getting:

- Quality coverage at competitive prices
- Access to our knowledgeable, helpful agent network
- The peace of mind of knowing your insurance provider is one of the most experienced in the industry

**What's In This Package?**

This package contains your insurance documents, including your Renewal Declarations Page—which lists your coverages, coverage limits, premiums and any discounts you're receiving. You'll want to review the Declarations Page to make sure you're comfortable with the coverage choices you've made. Keep in mind that policy documents may change, so you should carefully review them at each renewal.

**Your Billing And Renewing**

We will send you a payment notice in a separate mailing, which will list several convenient payment options. Please mail your payment to us by the due date indicated to ensure that you're protected.

*Renewing your coverage is simple*—just make sure we receive the required premium payment when it's due.

**Have Questions?**

Feel free to give your Allstate representative a call if you have any questions or if you see something that needs updating—coverages, limits, deductibles. Your Allstate representative will be happy to provide you with any additional information.

**We Appreciate Your Business**

Thank you for choosing Allstate. We appreciate the opportunity to help you protect what you have today and help prepare you for the future.

Sincerely,

Ryan Michel  
President  
Allstate Business Insurance  
Allstate Insurance Company  
Enclosures



XM CW 02 05 22

**Policy Number**  
**648952495**
**COMMON POLICY DECLARATIONS**
**Allstate Insurance Company**

2775 Sanders Road, Northbrook, IL 60062

**A STOCK INSURANCE COMPANY**

<b>Item 1. Named Insured and Mailing Address</b> IRON DESIGN, LLC 521 N 19TH ST BATON ROUGE LA 70802-3739	<b>Agent Name and Address</b> THOMSON SMITH & LEACH INS GRP INC 809 W SUMMERS DR ABBEVILLE LA 70510-2733
<b>Item 2. Policy Period</b> From: 02-28-2023    To: 02-28-2024 at 12:01 A.M., Standard Time at your mailing address shown above.	
<b>Item 3. Business Description:</b> IRON WORK <b>Form of Business:</b> LIMITED LIABILITY COMPANY	
<b>Item 4.</b> In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.	
This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.	
<b>Coverage Part(s)</b>	<b>Premium</b>
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	
Crime and Fidelity Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto (Business or Truckers) Coverage Part	
Commercial Garage Coverage Part	
COMMERCIAL EXCESS LIABILITY COVERAGE PART	\$ 685.00
Terrorism Risk Insurance Act Coverage	INCLUDED
<b>Total Policy Premium</b> \$ 685.00	
<b>Item 5. Forms and Endorsements</b> Form(s) and Endorsement(s) made a part of this policy at time of issue: <b>See Schedule of Forms and Endorsements</b>	

**SEE THE IMPORTANT PAYMENT INFORMATION FORM FOR DETAILS ABOUT PAYMENT OPTIONS**

Countersigned:

Date: 12-19-22

 By: THOMSON SMITH & LEACH INS GRP  
 Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

## Important Payment Information – Please Read Carefully.

### Total Premium for the Policy Period

If you pay in installments*	\$685.00
If you pay in full (includes FullPay® Discount)**	

Choose one of the following types of payment plans that best meets your needs:

\* **Pay in installments.** You will be sent a bill each month. The minimum amount due on each billing statement will include a \$6.00 installment fee. The installment fee may vary by payment method – see below. You can choose to pay more toward your premium, but the monthly installment fee will still apply.

\*\* **Pay your premium in full and receive the FullPay® Discount.** The amount to pay in full is shown above and will appear on your initial invoice for renewals only. To qualify for this discount on a new business policy, the policy must be paid in full at the time the policy was bound/issued. To qualify for this discount on a renewal policy, the policy must be paid in full by the effective date of the policy. This discount is not applicable to Umbrella or Excess policies. Other restrictions may apply.

## Ways to pay

- **Pay using the Allstate® Easy Pay Plan.** You can have the payment automatically deducted from your checking account using the Allstate® Easy Pay Plan. There is a \$1.00 installment fee for each Allstate® Easy Pay Plan payment. (You may be eligible for an Allstate® Easy Pay Plan discount – contact your Allstate representative.)
- **Pay using Recurring Credit Card (RCC).** You can have your payment automatically taken from your credit card each month with recurring credit card payments. There is a \$6.00 installment fee for each Recurring Credit Card payment.
- **Call or Visit your Allstate Agent or Send by Mail.** You may pay your bill by mail or contact your Allstate representative to pay using a one-time electronic check, check, credit or branded debit card.
- **On-Line Banking.** Be sure to enter [account number] as the account number and P.O. BOX 4344, Carol Stream, IL 60197-4344 as the payment address.

**Note:** If you are on Allstate® Easy Pay Plan or Recurring Credit Card your automatic deductions will be scheduled based on the payment plan currently applied to your policy. You must contact your agent to change your payment plan.

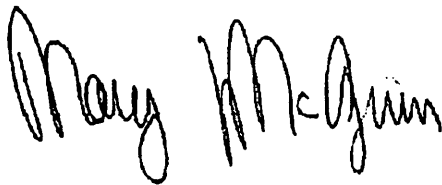


POLICY NUMBER: 648952495

**MULTILINE**  
**AM CW 02 11 09**

**WITNESS CLAUSE**

IN WITNESS WHEREOF, Allstate has caused this policy to be signed by its Secretary and its President at Northbrook, Illinois



Mary Jovita McGinn

Secretary



Thomas J. Wilson

President

Countersigned by : THOMSON SMITH & LEACH INS GRP , Authorized Representative

## **ALLSTATE CLAIM REPORTING**

**To report a claim on your Allstate Business Insurance policy, you may contact your agent for assistance or you may report your claim directly by contacting us at the following phone numbers.**

**To report a claim for:**

**Commercial Property/Casualty policies: 1(800) 359-1000**





**Policy Number**  
**648952495****SCHEDULE OF FORMS AND ENDORSEMENTS****Allstate Insurance Company**

Named Insured IRON DESIGN, LLC

Effective Date: 02-28-23

12:01 A.M., Standard Time

Agent Name THOMSON SMITH &amp; LEACH INS GRP INC

**COMMON POLICY FORMS AND ENDORSEMENTS**

DM CW 02	01-10	COMMON POLICY DECLARATIONS
XM CW 13	02-15	IMPORTANT PAYMENT INFORMATION
AM CW 02	11-09	WITNESS CLAUSE
DM CW 12	01-10	SCHEDULE OF FORMS AND ENDORSEMENTS
IL 09 85	12-20	DISCLOSURE PURSUANT/TERROR RISK INS ACT

**EXCESS POLICY FORMS AND ENDORSEMENTS**

DU CW 50	01-10	COMMERCIAL EXCESS LIABILITY DECLARATION
DU CW 51	01-10	SCHEDULE OF UNDERLYING INS. EXCESS LIAB.
*CX 01 01	03-12	LOUISIANA CHANGES
*CX 21 01	09-08	NUCLEAR ENERGY LIAB EXCL BROAD FM
*CX 21 02	04-13	TOTAL POLLUTION EXCLUSION
*CX 21 16	04-13	EXCLUSION-SILICA OR SILICA-RELATED DUST
*CX 21 19	04-13	EXCLUSION - EMPLOYMENT-RELATED PRACTICES
*CX 21 20	04-13	EXCLUSION - PROFESSIONAL SERVICES
*CX 21 31	01-15	EXCL OTHER ACTS OF TERROR O/S US W/CAP
*CX 21 68	12-19	EXCLUSION - AIRCRAFT OR WATERCRAFT
*CX 21 71	06-15	EXCLUSION - UNMANNED AIRCRAFT
*CX 21 72	12-19	GENETICALLY MODIFIED ORGANISM EXCLUSION
*CX 21 77	12-19	EXCL-ALL HAZARDS ELEC SMOKING DEVICE
*CX 21 78	12-19	EXCL-HEALTH HAZRDS ELEC SMOKNG DEV VAPOR
*CX 21 79	12-19	CANNABIS EXCLUSION
*CX 00 01	04-13	COMM EXCESS LIAB COVG FORM

\* These forms are part of this policy but are not printed

### **Important Notice – Customer-Requested Cancellation**

**When a mid-term cancellation request is made by the customer, an administrative fee may be applied, as allowed by applicable law.**

Allstate Business Insurance follows industry standards for processing early cancellation requests.

Please refer to paragraph A.5. of the Common Policy Conditions (IL 00 17). If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.

Policies cancelled prior to the expiration date, by the first Named Insured, will be subject to an **administrative fee also known as a short-rate fee of 10% of the unearned premium.**

*The following is an **example** of the administrative fee calculation, when the refund is less than pro rata:*

*An annual policy with a premium of \$1,200 is cancelled 30 days after the start of the policy. Allstate will collect on the unearned premium (the premium that corresponds to the time period remaining on the policy).*

*Annual Policy Premium:    \$1,200            30 days of coverage*

*Pro rata: .918 (365 days - 30 days coverage = 335 unearned days, divided by 365 days = .918)*

*Short-rate: .826 (pro rata .918 times .90 (10% short rate fee) = .826)*

*\$1,200 x .826 = \$991.00 Return Premium*





**A. Disclosure Of Premium**

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

**B. Disclosure Of Federal Participation In Payment Of Terrorism Losses**

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

**C. Cap On Insurer Participation In Payment Of Terrorism Losses**

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.



Policy Number: 648952495

**COMMERCIAL EXCESS LIABILITY DECLARATIONS****Allstate Insurance Company**

Northbrook, IL

Named Insured and Mailing Address		Producer Name and Address	
IRON DESIGN, LLC 521 N 19TH ST BATON ROUGE LA 70802-3739		THOMSON SMITH & LEACH INS GRP INC 809 W SUMMERS DR ABBEVILLE LA 70510-2733	
Policy Period      From:    02-28-2023    To:    02-28-2024			
at 12:01 A.M., Standard Time at your mailing address shown above.			
<b>IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.</b>			
<b>DESCRIPTION OF BUSINESS</b>			
FORM OF BUSINESS: LIMITED LIABILITY COMPANY			
BUSINESS DESCRIPTION:    IRON WORK			
<b>LIMITS OF INSURANCE</b>			
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)		\$ 1,000,000	
PERSONAL & ADVERTISING INJURY LIMIT		\$ 1,000,000	Any one person or organization
AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to "covered autos")		\$ 1,000,000	
OTHER:		\$ 1,000,000	
SELF INSURED RETENTION		\$ 0	
Sub-total Premium		\$ 685.00	
STATE TAX OR OTHER (if applicable)			
TERRORISM RISK INSURANCE ACT COVERAGE		INCLUDED	
TOTAL PREMIUM (SUBJECT TO AUDIT) (PAYABLE AT INCEPTION)		\$ 685.00	
AUDIT PERIOD (IF APPLICABLE): WAIVED			
<b>ENDORSEMENTS</b>			
<b>ENDORSEMENTS ATTACHED TO THIS POLICY:      SEE SCHEDULE OF FORMS AND ENDORSEMENTS</b>			

**THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.**

Countersigned:

Date: 12-19-22By: THOMSON SMITH & LEACH INS GRP  
Authorized Representative

Allstate Insurance Company

DU CW 50 01 10

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## COMMERCIAL UMBRELLA/EXCESS LIABILITY SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

### SCHEDULE OF UNDERLYING INSURANCE

(Show insurer, policy number, policy period, coverage, and limits of insurance)

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<b>Commercial Liability Limits:</b>	Each Occurrence	_____
_____ w/Personal Injury	Personal & Advertising Injury Liability	_____
_____ and Advertising Injury	General Aggregate	_____
_____ Liability Coverage	Products/Completed Work Aggregate	_____
_____ w/Broad Form		
_____ Contractual		
_____ Liability Coverage		
_____ w/Non-Owned Auto		
_____ Liability Coverage/		
_____ Hired Auto Liability		
_____ Coverage		
_____ Occurrence Form		
_____ Claims-Made Form		

Retroactive Date: \_\_\_\_\_

Insurer: NOT APPLICABLE

Policy Number: \_\_\_\_\_

Policy Period: \_\_\_\_\_

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<b>Auto Liability Limits:</b>		
_____ Any "Auto"	Combined Single Limit Or	<u>\$ 1,000,000</u>
<u>X</u> _____ Specifically Described "Autos"	Bodily Injury-Each Person	_____
<u>X</u> _____ Hired "Autos"	Bodily Injury-Each Accident	_____
<u>X</u> _____ Non-Owned "Autos"	Property Damage-Each Accident	_____

Insurer: Allstate Insurance Company

Policy Number: 648952494

Policy Period: 02/28/23 - 02/28/24

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**Employers Liability Limits:**  
(Separate Policy)Combined Single Limit Or  
Bodily Injury by Accident-Each Accident  
Bodily Injury by Disease-Policy Limit  
Bodily Injury by Disease-Each Employee

Insurer:

NOT APPLICABLE

Policy Number:

Policy Period:

**Liquor Liability Limits**

Occurrence Form

Claims-Made Form

Retroactive Date:

Insurer

Policy Number:

Policy Period

**Miscellaneous Liability**Type: Employee Benefits  
(Describe)

Each Occurrence

Aggregate

Occurrence Form

Claims-Made Form

Retroactive Date:

Insurer

Policy Number

Policy Period

DU CW 51 01 10

Allstate Insurance Company  
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