

**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

N/A

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

35350**THIS SECTION MUST BE COMPLETED BY BIDDER:**FIRM NAME: Beacon Air Conditioning, Heating & Refrigeration, Inc.ADDRESS: 315 E. 3rd StreetCITY, STATE: Kenner, LA ZIP: 70062TELEPHONE: (504) 467-8698 FAX: (504) 466-4996EMAIL ADDRESS: Wendy@beaconac.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 8/27/21 (wc)

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$ 11,635.00AUTHORIZED SIGNATURE: Wendy ChatelainWendy Chatelain

Printed Name

TITLE: Owner/Secretary-Treasurer

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.

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00135289

SEALED BID

| ITEM<br>NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES   | UNIT PRICE<br>QUOTED | TOTALS    |
|----------------|----------|-----|---|----------------------|-----------|
| 1              | 1.00     | JOB | <p>TWO YEAR SPRING &amp; FALL HVAC MAINTENANCE CONTRACT FOR THE WESTBANK DEPARTMENT OF JEFFERSON PROTECTION &amp; ANIMAL WELFARE SERVICES</p> <p>0010 COST FOR SPRING MAINTENANCE OF THE TRANE AIR HANDLERS LOCATED AT THE:</p> <p>WESTBANK ANIMAL SHELTER<br/>2701 LAPALCO BLVD<br/>HARVEY, LA 70058</p> <p>CONTRACTOR MUST BE FACTORY TRAINED TO PERFORM WORK ON (TRANE SPLIT SYSTEMS) (DAIKIN EQUIPMENT) (100% OUT DOOR UNIT)</p> <p>*** PLEASE SEE ATTACHED SPECIFICATIONS WHICH INCLUDE ALL AIR HANDLERS ***</p> | 5,695.00             | 5,695.00  |
| 2              | 1.00     | JOB | <p>0020 COST FOR FALL MAINTENANCE OF THE TRANE AIR HANDLERS LOCATED AT THE:</p> <p>WESTBANK ANIMAL SHELTER<br/>2701 LAPALCO BLVD<br/>HARVEY, LA 70058</p>   | 5,695.00             | 5,695.00  |
| 3              | 1.00     | HR  | 0030 SERVICE REPAIR LABOR   | 120.00               | 120.00    |
| 4              | 1.00     | HR  | 0040 SERVICE REPAIR LABOR HELPER  | 50.00                | 50.00     |
| 5              | 1.00     | LB  | 0050 REFRIGERANT R-22   | 40.00                | 40.00     |
| 6              | 1.00     | LB  | 0060 REFRIGERANT R410A  | 35.00                | 35.00     |
| 7              | 1.00     | EA  | <p>0070 PARTS<br/>(THIS IS A NON-BIDDABLE ITEM)</p>   | XXXXXXXXXXXXXXXXXXXX |           |
|                |          |     |   | 11,635.00            | 11,635.00 |



# JEFFERSON PARISH

## DEPARTMENT OF PURCHASING

CYNTHIA LEE SHENG  
PARISH PRESIDENT

RENNY SIMNO  
DIRECTOR

August 29, 2021

**ADDENDUM # 1**

Bid Number: 50-00135289

Receipt Date: September 1, 2021  
Postponed to Date: September 16, 2021

Description of Bid **TWO (2) YEAR SPRING & FALL HVAC MAINTENANCE CONTRACT FOR THE WESTBANK  
DEPARTMENT OF JEFFERSON PROTECTION & ANIMAL WELFARE SERVICES**

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**REVISIONS**

DUE TO HURRICANE IDA

\*\*\*\*\*THIS BID HAS BEEN POSTPONED UNTIL SEPTEMBER 16 \*\*\*\*\*

Sincerely,

***Shanna Folse***

Shanna Folse, Buyer II  
Jefferson Parish Purchasing Department

**Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of this addendum on the bid form by indicating the addendum number listed above. Failure to list each addenda number on the bid form will result in bid rejection.**

**This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.**

GENERAL GOVERNMENT BLDG. — 200 DERBIGNY ST., SUITE 4400, GRETN, LA 70053  
OFFICE 504.364.2678

JOSEPH S. YENNI BLDG. — 1221 ELMWOOD PARK BLVD., SUITE 404, JEFFERSON, LA 70123  
OFFICE 504.364.2678

EMAIL: PURCHASING@JEFFPARISH.NET WEBSITE: WWW.JEFFPARISH.NET



## CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
Beacon Air Conditioning, Heating & Refrigeration, Inc.  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Beacon A/C, Htg & Refrig., Inc.  
INCORPORATED, DULY NOTICED AND HELD ON August 2, 2021,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT Wendy Chatelain, 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.

Wendy Chatelain

SECRETARY-TREASURER

8/2/2021

DATE

**Non-Public Works Bid**

**AFFIDAVIT**

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: \_\_\_\_\_  
Wendy Chatelain, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized Owner/officer of Beacon A/C (Entity),  
the party who submitted a bid in response to Bid Number 5D-00135289, 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.]*

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Wendy Chatelain  
Signature of Affiant

Wendy Chatelain  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 9 DAY OF AUGUST, 2021.

[Signature]  
Notary Public

Kim J. Lord  
Printed Name of Notary

58462  
Notary/Bar Roll Number

My commission expires AT MY DEATH.







August 4, 2021

To Whom It May Concern:

Below is a listing of Beacon Air Conditioning's contributions for Jefferson Parish campaigns:

| <u>Campaign For</u>   | <u>Check No.</u> | <u>Check Dated</u> | <u>Amount</u> |
|-----------------------|------------------|--------------------|---------------|
| Dominick Impastato    | 32363            | 7/05/2017          | \$300.00      |
| Dominick Impastato    | 34304            | 9/04/2019          | \$200.00      |
| Jennifer Van Vrancken | 34301            | 8/30/2019          | \$200.00      |

Should you have any questions or require additional information, please do not hesitate to contact the undersigned.

Regards,

**Beacon Air Conditioning, Heating & Refrigeration, Inc.**

Wendy Chatelain  
Owner/Secretary-Treasurer



**Bond Number: SLA21170474****Contractor Information****Principal:** Beacon Air Conditioning, Heating & Refrigeration, Inc.**Address:** 315 E 3rd Street Kenner Louisiana 70062 United States**Owner/Obligee Information****Bond Form:** Bid Bond in accordance with Contract Specifications**Owner/Obligee:** Jefferson Parish**Address:** 200 Derbingny Street Gretna Louisiana 70053 United States**Bond Information****Surety:** Western Surety Company**Bid Date:** 8/31/2021**Estimated Contract Price:** 100000**Time For Completion:****Liquidated Damages:****Estimated Work On Hand:****Amount of Bid Security:** 5%**Contract # or IFB #:** 22976**Description of Job:** 50-00135289 Two Year Spring & Fall HVAC Maintenance Contract  
For Westbank Dept of Jefferson Protection & Animal Welfare Serviced**Job Breakdown:****Electronic Bidding Information****Bid Security Percentage:** 5**Bid Security Maximum:****Owner Assigned Contractor Number:**22976**Primary Agency:**

T&amp;T Agency, LLC

Power of Attorney Limited to: unlimited

**Executed****Entered By:** David B. Tidmore - 8/16/2021 1:55:14 PM ET**Approved & Executed By:***David B. Tidmore*

David B. Tidmore (Signed: 16-Aug-2021 01:55 PM EDT (UTC-04:00))

[Signature Information](#)

Know all men by these presents that Western Surety Company, a Corporation duly organized under the laws of the State of South Dakota, are held and firmly bound unto the above owner/obligee by this transmission. The surety agrees to waive the Statute of Fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.



AGENCY CUSTOMER ID: 00029524

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

|  |           |   |  |
|--|-----------|---|--|
| AGENCY<br>Riverlands Insurance Services Inc. |           | NAMED INSURED<br>Beacon Air Conditioning, Heating & Refrigeration, Inc. |  |
| POLICY NUMBER                                |           | EFFECTIVE DATE:   |  |
| CARRIER                                      | NAIC CODE |   |  |

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes

THE JEFFERSON PARISH, ITS DISTRICTS DEPARTMENTS AND AGENCIES  
UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL

Jefferson Protection and Animal Welfare  
Westbank Animal Shelter  
2701 Lapalco Blvd.  
Harvey, LA 70058  
Bid # 50-00135289




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/17/2021

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).

|   |  |  |  |               |
|---|--|--|--|---------------|
| <b>PRODUCER</b><br> Hylton S Petit, Jr<br>2705 Florida Ave<br>Kenner, La 70062 |  | <b>CONTACT NAME:</b> Hylton S Petit, Jr<br><b>PHONE (A/C, No, Ext):</b> 504-461-0171<br><b>E-MAIL ADDRESS:</b> hylton.petit.b27x@statefarm.com<br><b>FAX (A/C, No):</b> 504-461-0289 |  |               |
| <b>INSURED</b><br>Beacon Air Cond Inc<br>317 E 3RD St<br>Kenner, la 70062-7103  |  | <b>INSURER(S) AFFORDING COVERAGE</b>   |  | <b>NAIC #</b> |
|   |  | <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company   |  | 25178         |
|   |  | <b>INSURER B:</b>  |  |               |
|   |  | <b>INSURER C:</b>  |  |               |
|   |  | <b>INSURER D:</b>  |  |               |
|   |  | <b>INSURER E:</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 INSD | SUBR WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|------------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:   |           |          |                  |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMPIOP AGG \$<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY | Y         | Y        | 370 6777-A09-18K | 07/09/2021              | 01/09/2022              | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$ 1,000,000<br>BODILY INJURY (Per accident) \$ 1,000,000<br>PROPERTY DAMAGE (Per accident) \$ 1,000,000<br>\$      |
|          | <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br>DED RETENTION \$   |           |          |                  |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      |                  |                         |                         | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>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**

THE JEFFERSON PARISH, ITS DISTRICTS, DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT & THE PARISH COUNCIL  
200 DERBIGNY ST., GRETN, LA 70053

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

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/17/2021

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|  |   |
|--|---|
| <b>PRODUCER</b><br><br>Hylton S Petit, Jr<br>2705 Florida Ave<br>Kenner, La 70062 | <b>CONTACT NAME:</b> Hylton S Petit, Jr<br><b>PHONE (A/C, No, Ext):</b> 504-461-0171<br><b>E-MAIL ADDRESS:</b> hylton.petit.b27x@statefarm.com<br><b>FAX (A/C, No):</b> 504-461-0289                              |
|  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> State Farm Mutual Automobile Insurance Company<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |
| <b>INSURED</b><br>Beacon Air Cond Inc<br>317 E 3RD St<br>Kenner, la 70062-7103   | <b>NAIC #</b><br>25178  |

**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   |
|----------|--|-----------|----------|------------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:   |           |          |                  |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY | N         | N        | 370 6777-A09-18K | 07/09/2021              | 01/09/2022              | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$ 1,000,000<br>BODILY INJURY (Per accident) \$ 1,000,000<br>PROPERTY DAMAGE (Per accident) \$ 1,000,000<br>\$      |
|          | <b>UMBRELLA LIAB</b><br><b>EXCESS LIAB</b><br>DED RETENTION \$   |           |          |                  |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      |                  |                         |                         | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

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

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AUTHORIZED REPRESENTATIVE

