




# VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
05/27/2020

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

<b>PRODUCER</b>  Mary Beth Rittiner State Farm 152 Wall Blvd Gretna LA 70056	<b>CONTACT NAME:</b> Mary Beth Rittiner <b>PHONE (A/C, No, Ext):</b> 504-392-5808 <b>FAX (A/C, No):</b> 504-392-6728 <b>E-MAIL ADDRESS:</b> mary.b.rittiner.b20f@statefarm.com <b>PRODUCER CUSTOMER ID #:</b>
<b>INSURED</b> Paramount Homes LLC 6221 S Claiborne Ave #618 New Orleans LA 70125	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b>
	<b>NAIC #</b> 25178

## DESCRIPTION OF VEHICLE OR EQUIPMENT

<b>YEAR</b> 2004	<b>MAKE / MANUFACTURER</b> Isuzu	<b>MODEL</b> NPR-HD	<b>BODY TYPE</b> Box Truck	<b>VEHICLE IDENTIFICATION NUMBER</b> JALC4B14247011608
<b>DESCRIPTION</b>			<b>VEHICLE/EQUIPMENT VALUE</b> \$	<b>SERIAL NUMBER</b>

## COVERAGES

### CERTIFICATE NUMBER:

### REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	Y	<input checked="" type="checkbox"/> VEHICLE LIABILITY	363 6395-B12-18B	02/12/2020	08/12/2020	COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$ 1,000,000
						BODILY INJURY (Per accident)	\$ 1,000,000
						PROPERTY DAMAGE	\$ 1,000,000
		<input type="checkbox"/> GENERAL LIABILITY				EACH OCCURENCE	\$
		<input type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$
		<input type="checkbox"/> CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		<input type="checkbox"/> VEH COLLISION LOSS				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> EQUIPMENT				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL				<input type="checkbox"/>	\$
A	Y	<input checked="" type="checkbox"/> Uninsured Motorist	363 6395-B12-18B	02/12/2020	08/12/2020		\$1MM/\$1MM/25

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## ADDITIONAL INTEREST CANCELLATION

<b>Select one of the following:</b> <input checked="" type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
<b>VEHICLE / EQUIPMENT INTEREST:</b> <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED	<b>DESCRIPTION OF THE ADDITIONAL INTEREST</b>
<b>NAME AND ADDRESS OF ADDITIONAL INTEREST</b> Jefferson Parish its Districts Department and Agencies under the direction of Parish President and the Parish Council 200 Derbigny Street Gretna LA 70053	<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE <b>LOAN / LEASE NUMBER</b> <b>AUTHORIZED REPRESENTATIVE</b> Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.

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