

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

05/17/2023

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).

PRODUCER Louisiana Companies 801 North Blvd. Baton Rouge, LA 70802 225 383-4761		CONTACT NAME: Jennifer DuBois, CIC PHONE (A/C, No, Ext): 225 383-4761 FAX (A/C, No): 225-387-4336 E-MAIL ADDRESS: jdubois@lacompanies.com															
INSURED Jefferson Sprinkler, Inc. P.O. Box 129 Gretna, LA 70054		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Travelers Indemnity Co. of America</td> <td>25666</td> </tr> <tr> <td>INSURER B : Travelers Property Casualty Co of Amer</td> <td>25674</td> </tr> <tr> <td>INSURER C : LUBA Indemnity Insurance Company</td> <td>16001</td> </tr> <tr> <td>INSURER D : Travelers Excess & Surplus Lines Co.</td> <td>29696</td> </tr> <tr> <td>INSURER E : AXIS Surplus Insurance Company</td> <td>26620</td> </tr> <tr> <td>INSURER F : Travelers Indemnity Company</td> <td>25658</td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Travelers Indemnity Co. of America	25666	INSURER B : Travelers Property Casualty Co of Amer	25674	INSURER C : LUBA Indemnity Insurance Company	16001	INSURER D : Travelers Excess & Surplus Lines Co.	29696	INSURER E : AXIS Surplus Insurance Company	26620	INSURER F : Travelers Indemnity Company	25658
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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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	DTCO3R688704TIA22	11/25/2022	11/25/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
F	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Drive Oth Car <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	BA3R6906072226G	11/25/2022	11/25/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$10000	X	X	CUP3R6921882226	11/25/2022	11/25/2023	EACH OCCURRENCE \$6,000,000 AGGREGATE \$6,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	027000701804122	11/25/2022	11/25/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
D	Rented/Leased EQ			6309T506631	11/25/2022	11/25/2023	\$150,000/ \$50,000
E	Professional Liab			CP005266012022	11/25/2022	11/25/2023	\$2,000,000/\$2,000,000

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

Jefferson Parish, its Districts Departments and Agencies under the direction of the Jefferson Parish President and the Parish Council as additional insured under the general liability and commercial auto policies.

Certificate holder is additional insured with respect to the general liability and auto liability policies (See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

JEFFERSON PARISH PURSHING DEPT.
 200 DERBIGNY ST
 GENERAL GOVERNMENT BLDG STE 4400
 Gretna, 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

Jennifer DuBois

DESCRIPTIONS (Continued from Page 1)

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 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 policy is 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.

BID # 5000142121