CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/11/2025

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 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
SUSAN PRICE GEOGHEGAN
6601 VETERANS MEMORIAL BLVD.
SUITE 17
METAIRIE, LA 70003

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INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : STATE FARM INSURANCE COMPANIES	25143
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
EHS CORP DBA SOUTHEAST SAFETY
SUPPLY TAGS & SIGNS
1501 RIVER OAKS RD WEST
HARAHAN, LA 70123

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	GENERAL LIABILITY	Y	Y	98-BM-9629-3	02/08/2024	02/08/2026	EACH OCCURRENCE	$	1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	300,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$	5,000
							PERSONAL & ADV INJURY	$	500,000
							GENERAL AGGREGATE	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$	2,000,000
	[X] POLICY [ ] PRO-JECT [ ] LOC							$	
A	AUTOMOBILE LIABILITY	Y	Y	202 7325-F28-18	06/28/2024	06/28/2026	COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
	[ ] ANY AUTO			700 9014-C10-18I	03/10/2024	03/10/2026	BODILY INJURY (Per person)	$	1,000,000
	[ ] ALL OWNED AUTOS [X] SCHEDULED AUTOS			566 6444-A03-18M	01/03/2024	01/03/2026	BODILY INJURY (Per accident)	$	1,000,000
	[X] HIRED AUTOS [X] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$	1,000,000
								$	
A	[X] UMBRELLA LIAB [X] OCCUR	Y	Y	98-BJ-0499-0	03/21/2024	03/21/2026	EACH OCCURRENCE	$	1,000,000
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$	1,000,000
	[ ] DED [ ] RETENTION $							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			98-CH-T934-3	04/20/2024	04/20/2026	[X] WC STATU-TORY LIMITS [X] OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? [Y]	N / A	Y				E.L. EACH ACCIDENT	$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000

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

CERTIFICATE HOLDER

EHS CORP DBA SOUTHEAST SAFETY
SUPPLY TAGS & SIGNS
1501 RIVER OAKS RD WEST
HARAHAN, LA 70123

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

Susan Price Geoghegan

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