



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/22/2024

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).

PRODUCER AssuredPartners of MO LLC 12645 Olive Blvd, Suite 300 St Louis MO 63141	CONTACT NAME: Emma McGinley PHONE (A/C No. Ext): 314-594-2324 E-MAIL ADDRESS: EveronCOI@assuredpartners.com		FAX (A/C, No): 314-453-7555
	INSURER(S) AFFORDING COVERAGE		
INSURED Everon, LLC 1501 Yamato Road Boca Raton, FL 33431	ADTCOMM	INSURER A : Old Republic Insurance Company NAIC # 24147	
		INSURER B : Gemini Insurance Company NAIC # 10833	
		INSURER C : ACE Property & Casualty Insurance Co NAIC # 20699	
		INSURER D : HDI Specialty Insurance Company NAIC # 16131	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 222421123

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
A D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Ded: 1M GL/2M PL <input checked="" type="checkbox"/> Prof Liab-2M AGG GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MWZY31801723 XLXD6212300S	10/2/2023 10/2/2023	10/2/2024 10/2/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 Excess GL \$ 3,000,000 Agg
A B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			MWTB31801623 GVE100322101	10/2/2023 10/2/2023	10/2/2024 10/2/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Excess Auto \$ 2,000,000 Agg
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			XOOG47427927001	10/2/2023	10/2/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	MWC31801523	10/2/2023	10/2/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

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

Certificate holder, Owner and any other parties as required by written contract are included as Additional Insured. See attached page for automatically included coverage extensions.

Re: Jefferson Parish Bid #50-00145481 - Labor, Materials and Equipment Necessary to Replace Fire Pump and Service Controller for the Jefferson Parish Department of General Services Jefferson Parish Government

THE JEFFERSON PARISH, ITS DISTRICTS DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL IS/ARE INCLUDED AS ADDITIONAL INSURED WHERE REQUIRED BY WRITTEN CONTRACT WITH RESPECT TO GENERAL LIABILITY AND AUTO LIABILITY.

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish Purchasing Dept P.O. Box 9 Gretna LA 70054	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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ADDITIONAL REMARKS SCHEDULE

AGENCY AssuredPartners of Missouri, LLC		NAMED INSURED See Page 1	
POLICY NUMBER See Page 1			
CARRIER See Page 1	NAIC CODE See Page 1		
		EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

General Liability

- Designated Construction Project(s) General Aggregate Limit per form No. CG2503 (05/09)
- Additional Insured – Owners, Lessees or Contractors, where required by written contract per form No. CG2010 (12/19)
- Additional Insured – Owners, Lessees or Contractors – Completed Operations, where required by written contract per form No. CG2037 (12/19)
- Additional Insured – Managers or Lessors of Premises, where required by written contract per form No. CG2011 (12/19)
- Additional Insured – Vendor, where required by written contract per form No. CG2044 (12/19)
- Additional Insured – Designated Person or Organization, where required by written contract per form No. CG2026 (12/19)
- Additional Insured – Lessor of Leased Equipment, where required by written contract per form No. CG2034 (12/19)
- Waiver of Subrogation, where required by written contract per form No. CG2453 (12/19)
- Primary & Non-Contributory, where required by written contract per form No. CG2001 (12/19)
- 30 Day Notice of Cancellation, where required by written contract per form No. PIL029 (10/10)

Auto Liability

- Additional Insured, where required by written contract per form No. PCA048 (09/19)
- Lessor - Additional Insured and Loss Payee, where required by written contract per form No. CA2001 (11/20)
- Waiver of Subrogation, where required by written contract per form No. CA0443 (11/20)
- Primary & Non-Contributory, where required by written contract per form No. PCA048 (09/19)
- 30 Day Notice of Cancellation, where required by written contract per form No. PIL029 (10/10)

Workers Compensation / Employers Liability

- Employers Liability is included for OH and WA
- Waiver of Subrogation, where required by written contract per form No. WC000313, except
 - California - WC040306 (04/84)
 - Texas - WC420304B (06/14)
 - Utah - WC430305
- 30 Day Notice of Cancellation, where required by written contract

\$2M Excess Auto Liability

- Subject to the policy terms & conditions, coverage is follow form and in addition to the scheduled underlying policy:
 - Auto Liability

\$3M Excess General Liability

- Subject to the policy terms & conditions, coverage is follow form and in addition to the scheduled underlying policy:
 - General Liability

Umbrella Liability

- Primary & Non-Contributory, where required by written contract per form No. XS-38039 (05/13)
- Subject to the policy terms & conditions, coverage is follow form and in addition to the scheduled underlying policies:
 - General Liability
 - Auto Liability
 - Employers Liability
 - \$2M Excess Auto Liability
 - \$3M Excess General Liability