



Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

✂

NOLA BUILD CONTRACTING INC	
	
Form A022 LA (03/11)	
IF YOU'RE IN AN ACCIDENT 1. Remain at the scene. Don't admit fault. 2. Find a safe location, call the police, and exchange driver information. 3. Call Progressive right away.	
TO REPORT A CLAIM Call 1-800-274-4499 or go to claims.progressive.com .	
	
KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.	

Louisiana Auto Insurance Identification Card		
Policy Number: 987162455	NAIC Number: 44695	
Effective Date: 09/23/2024	Expiration Date: 03/23/2025	
Policy Type: Commercial		
Insurer: Progressive Paloverde Insurance Co 1-800-444-4487 PO Box 94739 Cleveland, OH 44101		
Named Insured(s): NOLA BUILD CONTRACTING INC		
Your Agent: FOTO INSURANCE CO, LLC 5044789611 1101 WEST JUDGE PEREZ CHALMETTE, LA 70043		
Year	Make	Model
2013	FORD	TRANSIT CONNECT
		VIN
		NM0LS6BN0DT169309

An insurer authorized to transact business in Louisiana has issued the Motor Vehicle Policy identified hereon. The coverage provided by this policy meets the minimum liability insurance limits prescribed by law.

This card must be carried in the vehicle at all times as evidence of liability insurance.

IMPORTANT NOTICE: LA: R.S. 32:863.1 requires that an operator of a motor vehicle produce upon demand by a law enforcement officer documentation of motor vehicle security which is required to be maintained within the vehicle at all times. Failure to comply may result in fines, revocation of registration privileges and block against the renewal or issuance of a driver's license.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/23/2024

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.

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PRODUCER

A Foto Ins Agency
1101 WEST JUDGE PEREZ, CHALMETTE, LA 70043

CONTACT

NAME: Progressive Commercial Lines Customer and Agent Servicing

PHONE

(A/C, No, Ext): 1-800-444-4487

FAX

(A/C, No):

E-MAIL

ADDRESS: progressivecommercial@email.progressive.com

INSURER(S) AFFORDING COVERAGE**NAIC #**

INSURER A : Progressive Paloverde Insurance Company

44695

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

NOLA BUILD CONTRACTING INC
117 W Genie St
Chalmette, LA 70043

COVERAGES

CERTIFICATE NUMBER: 267949654079612308D092324T161245

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	987162455	09/23/2024	03/23/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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

NOLA BUILD CONTRACTING INC
117 W Genie St
Chalmette, LA 70043

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/23/2024

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PRODUCER A Foto Ins Agency 1101 WEST JUDGE PEREZ, CHALMETTE, LA 70043		CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com		
INSURED NOLA BUILD CONTRACTING INC 117 W Genie St Chalmette, LA 70043		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Progressive Paloverde Insurance Company		44695
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 267949654079612308D092324T161428

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	987162455	09/23/2024	03/23/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	Y	Y	987162455	09/23/2024	03/23/2025	\$

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

CERTIFICATE HOLDER

CANCELLATION

CITY OF KENNER
2226 WILLIAMS BLVD
KENNER, LA 70062

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

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY A Foto Ins Agency		NAMED INSURED NOLA BUILD CONTRACTING INC 117 W Genie St Chalmette, LA 70043	
POLICY NUMBER 987162455			
CARRIER Progressive Paloverde Insurance Company	NAIC CODE 44695	EFFECTIVE DATE: 09/23/2024	

ADDITIONAL REMARKS

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

Liability coverage may not apply to all scheduled vehicles.

Additional Information

Blanket Waiver of Subrogation in favor of certificate holder, but only if party to a written waiver agreement executed by the named insured, as required by contract, prior to the occurrence of any loss.

Certificate holder is listed as an Additional Insured.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/23/2024

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PRODUCER A Foto Ins Agency 1101 WEST JUDGE PEREZ, CHALMETTE, LA 70043		CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Progressive Paloverde Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 267949654079612308D092324T161502

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	987162455	09/23/2024	03/23/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	Y	Y	987162455	09/23/2024	03/23/2025	\$

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

CERTIFICATE HOLDER

ARCHDIOCESE OF NEW ORLEANS
1401 ERATO ST
NEW ORLEANS, LA 70130

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

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 1 of 1

AGENCY A Foto Ins Agency		NAMED INSURED NOLA BUILD CONTRACTING INC 117 W Genie St Chalmette, LA 70043	
POLICY NUMBER 987162455			
CARRIER Progressive Paloverde Insurance Company	NAIC CODE 44695	EFFECTIVE DATE: 09/23/2024	

ADDITIONAL REMARKS

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

Liability coverage may not apply to all scheduled vehicles.

Additional Information

The Certificate holder is an additional insured if required by written contract executed by the named insured prior to the occurrence of any loss, per blanket AI endorsement.

Certificate holder is listed as a Waiver of Subrogation Holder.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/23/2024

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PRODUCER A Foto Ins Agency 1101 WEST JUDGE PEREZ, CHALMETTE, LA 70043		CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Progressive Paloverde Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 287949654079612308D092324T161556

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	987162455	09/23/2024	03/23/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	Y	Y	987162455	09/23/2024	03/23/2025	\$

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

CERTIFICATE HOLDER

CANCELLATION

LOUISIANA MILITARY DEPARTMENT 718 E ST. PINEVILLE, LA 71360	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 

AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY A Foto Ins Agency		NAMED INSURED NOLA BUILD CONTRACTING INC 117 W Genie St Chalmette, LA 70049	
POLICY NUMBER 987162455			
CARRIER Progressive Paloverde Insurance Company	NAIC CODE 44695	EFFECTIVE DATE: 09/23/2024	

ADDITIONAL REMARKS

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

Liability coverage may not apply to all scheduled vehicles.

Additional Information

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DATE (MM/DD/YYYY)
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PRODUCER A Foto Ins Agency 1101 WEST JUDGE PEREZ, CHALMETTE, LA 70043		CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL: progressivecommercial@email.progressive.com ADDRESS: progressivecommercial@email.progressive.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Progressive Paloverde Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 267949654079612308D092324T161704

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	987162455	09/23/2024	03/23/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below See ACORD 101 for additional coverage details.	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		Y	Y	987162455	09/23/2024	03/23/2025	\$

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

CERTIFICATE HOLDER

CANCELLATION

ST BERNARD PORT HARBOR AND TERMINAL DISTRICT PO BOX 1331 CHALMETTE, LA 70044	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 

AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY A Foto Ins Agency		NAMED INSURED NOLA BUILD CONTRACTING INC 117 W Genie St Chalmette, LA 70043
POLICY NUMBER 987162455		
CARRIER Progressive Paloverde Insurance Company	NAIC CODE 44695	EFFECTIVE DATE: 09/23/2024

ADDITIONAL REMARKS

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FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Liability coverage may not apply to all scheduled vehicles.

Additional Information

The Certificate holder is an additional insured if required by written contract executed by the named insured prior to the occurrence of any loss, per blanket AI endorsement.

Certificate holder is listed as a Waiver of Subrogation Holder.

Application for Insurance

Please review, sign where indicated, and return

Policy number: 987162455Named Insured:
NOLA BUILD CONTRACTING INC
September 23, 2024
Page 1 of 6**Policy and premium information for policy number 987162455**

Insurance company:	Progressive Paloverde Insurance Co PO Box 94739 Cleveland, OH 44101
Agent:	MICHAEL A GIBSON FOTO INSURANCE AGCY 1101 WEST JUDGE PEREZ CHALMETTE, LA 70043 11061 1-504-279-6411
Named Insured:	NOLA BUILD CONTRACTING INC 117 W Genie St Chalmette, LA 70043 Primary e-mail address: nolabuild@yahoo.com Primary Phone Number: 1-504-339-2480
Financial responsibility vendor:	Experian 1-888-397-3742
Policy period:	Sep 23, 2024 - Mar 23, 2025
Effective date and time:	Sep 23, 2024 at 12:10PM ET
Total policy premium:	\$3,228.00
Initial payment required:	\$1,136.40
Initial payment received:	\$1,136.40
Payment plan:	5 Pay, 30% DP, Mthly

Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of birth	Driver's License number	State	Points	Additional information
MARCUS CAMPO	03/25/1979	*****0109	LA	0	
HEATHER HUTTON	06/24/1978	*****7293	LA	0	

Driving history

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

Driver and Description	Date	Source/Consumer reporting agency
MARCUS CAMPO		
Personal Comprehensive Claim Under \$1,000	07/05/2022	CLUE/LexisNexis

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$2,762
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured/Underinsured Motorist	Rejected		--
Uninsured Motorist Property Damage	Rejected		--
Medical Payments	\$5,000 each person		30
Comprehensive			83
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			113
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$2,988
Waiver of Subrogation Fee			75
Additional Insured Fee			15
Blanket Waiver of Subrogation Fee			75
Blanket Additional Insured Fee			75
Total 6 month policy premium and fees			\$3,228

Auto coverage schedule

- 2013 FORD TRANSIT CONNECT** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
 VIN: NM0LS6BN0DT169309 Garaging Zip Code: 70043 Radius: 50 miles
 Personal use: N Body type: Cargo Van

Liability Premium	Liability Premium	Med Pay Premium			
	\$2762	\$30			
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500	\$83	\$2,500	\$113	\$2,988

Vehicle questions

Is this vehicle used for business, personal or both? Business

Financial responsibility information

Name	Age	Date of birth
MARCUS CAMPO	45	03/25/1979
117 W Genie St Chalmette, LA 70043		
Is MARCUS CAMPO involved in the daily operation of the business? Yes		

Business information

Business	Other Business
Contractor	
Business Structure	Employer ID Number (EIN)
Corporation	46-4059065
Do you have a USDOT Number? No	
If a USDOT Number is obtained in the future, it must be provided to Progressive.	

Additional policy questions

Do you currently have other coverages for your business? General Liability
Failure to provide (fax) proof of current General Liability or Business Owners Policy Insurance may result in change in premium.

Premium discounts

Policy	
987162455	Electronic Funds Transfer and Multi-Product

Additional Insured information

Blanket Additional Insured applies.

1. Additional Insured	CITY OF KENNER 2226 WILLIAMS BLVD KENNER, LA 70062
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Waiver of Subrogation information

Blanket Waiver of Subrogation applies.

1. Waiver of Subrogation	ARCHDIOCESE OF NEW ORLEANS 1401 ERATO ST NEW ORLEANS, LA 70130
2. Waiver of Subrogation	LOUISIANA MILITARY DEPARTMENT 718 E ST. PINEVILLE, LA 71360
3. Waiver of Subrogation	ST BERNARD PORT HARBOR AND TERMINAL DISTRICT PO BOX 1331 CHALMETTE, LA 70044

Insurance history

Are you currently insured with Progressive commercial auto? No
Prior insurance: Yes
For the past year or more, have you had continuous insurance coverage? Yes
Current limits of Bodily Injury Liability coverage: 1,000,000 combined single limit
What is the expiration date of your current auto policy? Sep 27, 2024

Underwriting questions

Is your business required to provide a state or federal agency proof of insurance/filings? No
Federal Liability Filing: No

Application agreement

Verification of content

The insured declares that the statements contained herein are true to the best of their knowledge and belief. The insured also agrees to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application. The insured understands that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented. If a federal or state endorsement is attached to this policy that subjects the Company to public liability for negligence in the insured's operation, maintenance or use of motor vehicles, the insured: (1) declares that all commercially owned or operated vehicles have been disclosed to us and are listed on this Application; (2) will promptly notify us of any additional commercially owned or operated vehicles put into service in the future; and (3) understands that failure to promptly inform us of, and list, all current and future commercially owned or operated vehicles may result in the cancellation or nonrenewal of this policy, or in a premium increase.

Louisiana law requires the Company to notify you that: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and imprisonment.

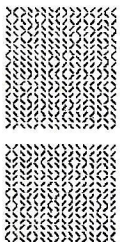
Notice of information practices

The insured understands that to calculate an accurate price for their insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims, insurance and credit histories. Information may also be obtained from the Federal Motor Carrier Safety Administration. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate the renewal premium or service the insurance. The insured may access information about them and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, or agent in connection with the insurance being applied for hereunder. The insured agrees to submit to loss control inspections as often as the Company may reasonably require. The insured agrees that refusal to submit to an inspection is grounds for cancellation of this policy.

The insured affirms that

If the initial payment is made by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, I agree that coverage will be canceled effective 12:01 a.m. on the date the premium payment was due.

If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be canceled effective 12:01 a.m. on the date the premium payment was due. The insured also understands that if a credit card transaction is authorized for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when the insured reaches the credit limit on the credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes the credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.



If the insured has an outstanding unpaid balance from a prior Progressive commercial lines policy, payment of that balance is required. Nonpayment of a prior unpaid balance may result in the denial, cancellation, or nonrenewal of this policy.

Other charges

The insured agrees to pay the installment fees shown on the billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan they have selected. The insured understands that the amount of these fees may change upon policy renewal or if they change their payment plan. Any change in the amount of installment fees will be reflected on the payment schedule.

The insured understands that a service charge of \$20.00 will be assessed to the balance due on the policy if any check offered in payment is not honored by the bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

The insured agrees to pay a late fee of \$0.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 0 days after the premium due date. The amount of this fee may change upon policy renewal.

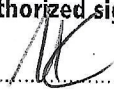
Signature of first named insured or

Authorized signatory of the named insured entity

Date

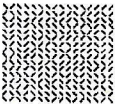
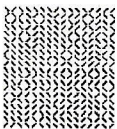
Title

X



9/28/24

CEO



Electronic Funds Transfer Authorization

I authorize Progressive Paloverde Insurance Co and its corporate and mutual company affiliates ("Progressive") to initiate an electronic transfer of funds for scheduled deductions from the bank account listed below for payment on the policy and any renewals of the policy. In addition, I authorize the financial institution identified by the routing number below to accept and post entries to this account. I understand that this includes my permission to credit this account if there is an incorrect deduction or to provide a refund if necessary. I also understand that I can only do this because I am the owner and/or authorized signer on the account.

I recognize that this authorization allows Progressive to adjust my scheduled deductions to reflect any premium changes. Progressive agrees to notify me at least ten days prior to making any deduction that will be greater than the previous deduction or less than the previous deduction by more than \$1,000.

I understand that Progressive **will not** send me a bill before scheduled deductions are made and that it is my responsibility to make sure that there are sufficient funds in this account at the time of each deduction. I also understand that the policy may cancel or expire if there are insufficient funds in the account.

Lastly, I acknowledge that the origination of the Automated Clearing House transaction to this account must comply with the provisions of U.S. law.


Bank Information

Name on the Account: NOLA BUILD CONTRACTING

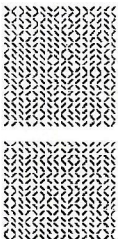
Routing Number: ****0435

Account Number: ****9970

This authorization will remain in effect until you notify Progressive that you wish to end it -- either in writing, electronically or by calling a customer service representative -- and allow us a reasonable amount of time to act on it.

Signature	Date	Title
X <u></u>	<u>9/28/24</u>	<u>CEO</u>

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account number than the one shown on your check. You may wish to verify your account number through your local office to make sure you have the correct setup for withdrawals.



Confirmation of Initial Payment Authorization

This notice is to confirm that you authorized an electronic transfer of funds from the account listed below for your initial payment. This authorization **only** applies to your initial payment.

Name on the Account: NOLA BUILD CONTRACTING

Account Number: *****9970

Payment Amount Authorized: \$1,136.40

Authorization Date: September 23, 2024

Confirmation of First Installment Payment Authorization

This notice is to confirm that you authorized an electronic transfer of funds from the account listed below for your first installment payment. This authorization **only** applies to your first installment. Please know that after this first installment payment, we will **not withdraw funds** from this account for any future payments unless you provide us with another authorization.

An authorization form is included in this package for your convenience. The owner of the account or an authorized signer on the account must sign this form and mail or fax it to Progressive.

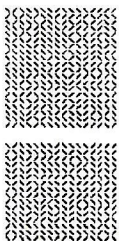
Name on the Account: NOLA BUILD CONTRACTING

Account Number: *****9970

Payment Amount Authorized: \$525.90

Authorization Date: September 23, 2024

Form 2586 (05/16)



Electronic Funds Transfer Authorization for a Single Deduction

I authorize Progressive Paloverde Insurance Co and its corporate and mutual company affiliates ("Progressive") to initiate an electronic deduction from the bank account listed below for **one payment** on this insurance policy. I also authorize the financial institution identified by the routing number below to accept and post this entry to the account listed below. I understand that I can only do this because I am the owner and/or an authorized signer on the account.

In addition, I recognize that it's my responsibility to make sure that there are sufficient funds in this account at the time of the deduction and that this policy may cancel or expire if there are insufficient funds in the account.

Lastly, I acknowledge that the origination of the Automated Clearing House transaction to this account must comply with the provisions of U.S. law.

Bank Information

Name on the Account: NOLA BUILD CONTRACTING

Routing Number: *****0435

Account Number: *****9970

Signature (must be a person authorized to sign on this account)

Date

Title

X

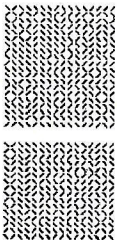


9/28/24

CEO

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account number than the one shown on your check. You may wish to verify your account number through your local office to make sure you have the correct setup for this withdrawal.

Form 4933 (05/16)





Policy number: 987162455

Policyholder:

NOLA BUILD CONTRACTING INC

September 23, 2024

Policy period: Sep 23, 2024 - Mar 23, 2025

Page 1 of 1

Electronic Funds Transfer (EFT) payment schedule

Date of withdrawal	Amount
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Oct 23, 2024	\$525.90
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Nov 23, 2024	\$525.90
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Dec 23, 2024	\$525.90
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Jan 23, 2025	\$525.90
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Total Premium: \$3,228.00

Payment Option: 5 Pay, 30% DP, Mthly

An installment fee of \$3.00 has been included in each payment. You may avoid paying installment fees by paying your policy premium in full.

Form Z159 (05/06)

FOTO INSURANCE AGCY
1101 WEST JUDGE PEREZ
CHALMETTE, LA 70043



NOLA BUILD CONTRACTING INC
117 W GENIE ST
CHALMETTE, LA 70043

Policy number: 987162455

Underwritten by:
Progressive Paloverde Insurance Co
September 23, 2024
Policy Period: Sep 23, 2024 - Mar 23, 2025
Online Service
agent.progressive.com
Customer Service
1-800-444-4487

Payment Receipt

for commercial auto insurance initial payment

Payment information

Receipt for your initial payment

Amount: \$1,136.40
Payment Method: Check
Confirmation number:
Transaction date and time: Sep 23, 2024 12:10:27PM
Merchant ID: Progressive Paloverde Insurance Co
Form Payrec (08/09)

STATE OF LOUISIANA

This form may not be altered or modified

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE FORM

Uninsured/Underinsured Motorists Bodily Injury Coverage, referred to as "UMBI" in this form, is insurance that pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased, UMBI Coverage can provide compensation for both economic and non-economic losses.

Economic losses are those that can be measured in specific monetary terms including but not limited to medical costs, funeral expenses, lost wages, and out of pocket expenses.

Non-economic losses are losses other than economic losses and include but are not limited to pain, suffering, inconvenience, mental anguish and other non-economic damages otherwise recoverable under the laws of this state.

By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company. (Economic-Only UMBI Coverage may not be available from your insurance company. In this case, your company will have marked options 2 and 3 below as "Not Available" or "NA.")

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE

You may select one of the following UMBI Coverage options (initial only one option):

1. _____ **I select UMBI Coverage** which provides compensation for economic and non-economic
Initials losses **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:
\$ _____ each person **OR** \$ _____ each accident/occurrence
\$ _____ each accident/occurrence
2. ^{Not} Available _____ **I select Economic-Only UMBI Coverage**, which provides compensation for economic
Initials losses **with the same limits** as the Bodily Injury Liability Coverage indicated on the policy.
3. ^{Not} Available _____ **I select Economic-Only UMBI Coverage**, which provides compensation for economic
Initials losses **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:
\$ _____ each person **OR** \$ _____ each accident/occurrence
\$ _____ each accident/occurrence
4. MC _____ **I do not want UMBI Coverage.** I understand that I **will not be compensated through**
Initials **UMBI coverage** for losses arising from an accident caused by an uninsured/underinsured
motorist

SIGNATURE

The choice indicated and initialed on this form will apply to all persons and/or entities insured under this policy. This choice shall apply to the motor vehicles described in this policy and to any replacement vehicles, to all renewals of this policy, and to all reinstatement, substitute or amended policies until a written request is made for a change to the Bodily Injury Liability Limits, the UMBI limits or UMBI Coverage.

Signature of Named Insured or Legal Representative Title

NOLA BUILD CONTRACTING INC

Print Name

9/28/24

Date

Policy number: 987162455
NOLA BUILD CONTRACTING INC

Progressive Paloverde Insurance Co

PROGRESSIVE
COMMERCIAL

Issued Per LDOI Bulletin 08-02 08/29/08

Form 8089 LA (12/08)