

4-3-2020

Bid for: Renovations of Emergency
Equipment; Operations Bldg.
Phase 2

Bidder: 45475

Cuzan Services, LLC

PO Box 481

Belle Chasse La 70037

504-723-9791

Cuzanservices@gmail.com

LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: St. Bernard Port Harbor and Terminal District
100 Port Blvd., Ste. 300
Chalmette, LA 70043

BID FOR: Renovation of Emergency Equip. & Operations
-Phase 2

The undersigned bidder hereby declares and represents that she/he; a) has carefully examined and understands the Bidding Documents, b) has not received, relied on, or based his bid on any verbal instructions contrary to the Bidding Documents or any addenda, c) has personally inspected and is familiar with the project site, and hereby proposes to provide all labor, materials, tools, appliances and facilities as required to perform, in a workmanlike manner, all work and services for the construction and completion of the referenced project, all in strict accordance with the Bidding Documents prepared by: **Ray Lauga Inc.** and dated: **February 21, 2020.**

Bidders must acknowledge all addenda. The Bidder acknowledges receipt of the following **ADDENDA:** (Enter the number the Designer has assigned to each of the addenda that the Bidder is acknowledging) 1, 2, 3.

TOTAL BASE BID: For all work required by the Bidding Documents (including any and all unit prices designated "Base Bid" * but not alternates) the sum of: Seven hundred thousand dollars ^{00/100} Dollars (\$ 700,000.00)

ALTERNATES: For any and all work required by the Bidding Documents for Alternates, including any and all unit prices designated as alternates in the unit price description.

Alternate No. 1 - Electrical power and lighting scope, the lump sum of: two hundred and sixty-five thousand dollars ^{00/100} Dollars (\$ 265,000.00)

Alternate No. 2 - Mechanical Ventilation scope, the lump sum of: fifty thousand dollars ^{00/100} Dollars (\$ 50,000.00)

Alternate No. 3 - Concrete cast in place floor, the lump sum of: one hundred and twenty-five thousand dollars ^{00/100} Dollars (\$ 125,000.00)

NAME OF BIDDER: Cuzan Services, LLC

ADDRESS OF BIDDER: PO Box 481
Belle Chasse La 70037

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 45475

NAME OF AUTHORIZED SIGNATORY OF BIDDER: John Hynes

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: Manager

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER **: [Signature]

DATE: 4-3-2020

THE FOLLOWING ITEMS ARE TO BE INCLUDED WITH THE SUBMISSION OF THIS LOUISIANA UNIFORM PUBLIC WORK BID FORM:

* The Unit Price Form shall be used if the contract includes unit prices. Otherwise it is not required and need not be included with the form. The number of unit prices that may be included is not limited and additional sheets may be included if needed.

** A **CORPORATE RESOLUTION OR WRITTEN EVIDENCE** of the authority of the person signing the bid for public work as prescribed by La. R.S. 38:2212(B)(5).

BID SECURITY in the form of a bid bond, certified check or cashier's check as prescribed by LA RS 38:2218(A) is attached to and made a part of this bid.

UNIT PRICE FORM

TO: St. Bernard Port Harbor and Terminal District
 100 Port Blvd.
 Suite 300
 Chalmette, LA 70043

BID FOR: Renovation of Emergency Equip. & Operations Building - Phase 2

UNIT PRICES: This form shall be used for any and all work required by the Bidding Documents and described as unit prices. Amounts shall be stated in figures and only in figures.

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
N/A				

DESCRIPTION: <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)
N/A				

DESCRIPTION: <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)

DESCRIPTION: <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)

DESCRIPTION: <input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#				
REF. NO.	QUANTITY:	UNIT OF MEASURE:	UNIT PRICE	UNIT PRICE EXTENSION (<i>Quantity times Unit Price</i>)

- END OF UNIT PRICE FORM -

Wording for "DESCRIPTION" is to be provided by the Port.
 All quantities are estimated. The contractor will be paid based upon actual quantities as verified by the Port.

Cuzan

BID BOND

BID FOR: Renovation of Emergency Equip. & Operations Building- Phase 2

Date: April 3, 2020

KNOW ALL MEN BY THESE PRESENTS:

That Cuzan Services, LLC of Belle Chasse, LA, as Principal, and Hudson Insurance Company, as Surety, are held and firmly bound unto the St. Bernard Port, Harbor and Terminal District (Obligee), in the full and just sum of five (5%) percent of the cost of the contract price of work to be done for the Base Bid plus all additive Alternate Bid prices, lawful money of the United States, for payment of which sum, well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents.

Surety represents that it is listed on the current U. S. Department of the Treasury Financial Management Service list of approved bonding companies as approved for an amount equal to or greater than the amount for which it obligates itself in this instrument or that it is a Louisiana domiciled insurance company with at least an A - rating in the latest printing of the A. M. Best's Key Rating Guide. If surety qualifies by virtue of its Best's listing, the Bond amount may not exceed ten percent of policyholders' surplus as shown in the latest A. M. Best's Key Rating Guide.

Surety further represents that it is licensed to do business in the State of Louisiana and that this Bond is signed by surety's agent or attorney-in-fact. This Bid Bond is accompanied by appropriate power of attorney.

THE CONDITION OF THIS OBLIGATION IS SUCH that, whereas said Principal is herewith submitting its proposal to the Obligee on a Contract for:

Renovation of Emergency Equipment and Operations Building - Phase 2

NOW, THEREFORE, if the said Contract be awarded to the Principal and the Principal shall, within such time as may be specified, enter into the Contract in writing and give a good and sufficient bond to secure the performance of the terms and conditions of the Contract with surety acceptable to the Obligee, then this obligation shall be void; otherwise this obligation shall become due and payable.

Cuzan Services, LLC

PRINCIPAL (BIDDER)

BY:

AUTHORIZED OFFICER-OWNER-PARTNER

Hudson Insurance Company

SURETY

BY:

AGENT OR ATTORNEY-IN-FACT (SEAL)
Amber Jones, Attorney-in-Fact





POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That HUDSON INSURANCE COMPANY, a corporation of the State of Delaware, with offices at 100 William Street, New York, New York, 10038, has made, constituted and appointed, and by these presents, does make, constitute and appoint

Amber Jones

of the state of Texas

its true and lawful Attorney(s)-in-Fact, at New York, New York, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as Surety, bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking shall obligate said Company for any portion of the penal sum thereof in excess of the sum of Ten Million Dollars (\$10,000,000.00).

Such bonds and undertakings when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary.

In Witness Whereof, HUDSON INSURANCE COMPANY has caused these presents to be of its Senior Vice President thereunto duly authorized, on this 30th day of October, 20 17 at New York, New York.



HUDSON INSURANCE COMPANY

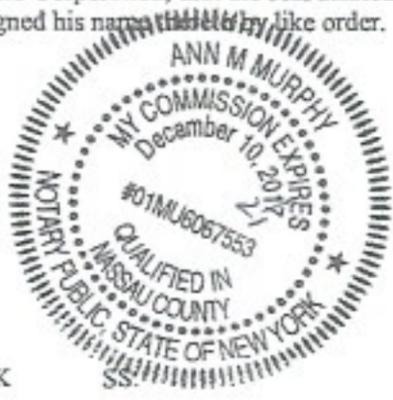
Attest: Dina Daskalakis
Dina Daskalakis
Corporate Secretary

By: Michael P. Cifone
Michael P. Cifone
Senior Vice President

STATE OF NEW YORK
COUNTY OF NEW YORK. SS.

On the 30th day of October, 20 17 before me personally came Michael P. Cifone to me known, who being by me duly sworn did depose and say that he is a Senior Vice President of HUDSON INSURANCE COMPANY, the corporation described herein and which executed the above instrument, that he knows the seal of said Corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the Board of Directors of said Corporation, and that he signed his name in like order.

(Notarial Seal)



ANN M. MURPHY
Notary Public, State of New York
No. 01MU6067553
Qualified in Nassau County
Commission Expires December 10, 2021

CERTIFICATION

STATE OF NEW YORK
COUNTY OF NEW YORK

The undersigned Dina Daskalakis hereby certifies:

That the original resolution, of which the following is a true and correct copy, was duly adopted by unanimous written consent of the Board of Directors of Hudson Insurance Company dated July 27th, 2007, and has not since been revoked, amended or modified:

"RESOLVED, that the President, the Executive Vice Presidents, the Senior Vice Presidents and the Vice Presidents shall have the authority and discretion, to appoint such agent or agents, or attorney or attorneys-in-fact, for the purpose of carrying on this Company's surety business, and to empower such agent or agents, or attorney or attorneys-in-fact, to execute and deliver, under this Company's seal or otherwise, bonds obligations, and recognizances, whether made by this Company as surety thereon or otherwise, indemnity contracts, contracts and certificates, and any and all other contracts and undertakings made in the course of this Company's surety business, and renewals, extensions, agreements, waivers, consents or stipulations regarding undertakings so made; and

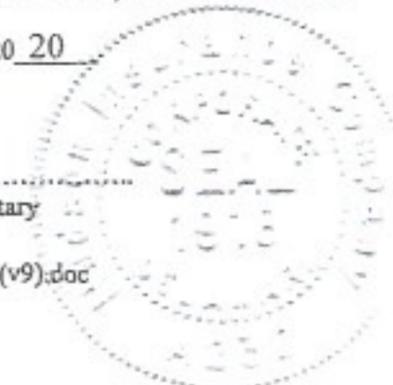
FURTHER RESOVLED, that the signature of any such Officer of the Company and the Company's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seal when so used whether heretofore or hereafter, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed."

THAT the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth in the said Power of Attorney is now in force.



Witness the hand of the undersigned and the seal of said Corporation this 3rd day of April, 20 20

By: Dina Daskalakis
Dina Daskalakis, Corporate Secretary



Secretary of State



ARTICLES OF ORGANIZATION

(R.S. 12:1301)

Domestic Limited Liability Company
Enclose \$75.00 filing fee
Make remittance payable to
Secretary of State
Do not send cash

Return to: Commercial Division
P. O. Box 94125
Baton Rouge, LA 70804-9125
Phone (225) 925-4704
Web Site: www.sos.louisiana.gov

STATE OF Louisiana

Check one: Business () Nonprofit

PARISH/COUNTY OF East Baton Rouge

1. The name of this limited liability company is : Cuzan Services, L.L.C.

2. This company is formed for the purpose of: (check one)

Engaging in any lawful activity for which limited liability companies may be formed.

(use for limiting activity)

3. The duration of this limited liability company is : (may be perpetual) perpetual

4. Other provisions: _____

Signatures:

[Signature]
John L. Hynes, manager

On this 17th day of October, 2005 before me, personally appeared _____

John L. Hynes to me known to be the person described in and who

executed the foregoing instrument, and acknowledged that he/she executed it as his/her free act and deed.
NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #

Janice Reese
Notary Signature, # 9081
Janice Reese Commission Expires at Death

(See instructions on back)

Secretary of State



LIMITED LIABILITY COMPANY INITIAL REPORT
(R.S. 12:1305 (E))

- The name of this limited liability company is: Cuzan Services, L.L.C.
- The location and municipal address, not a post office box only, of this limited liability company's registered office:
153 Bradish St., Port Sulphur, LA 70083
- The full name and municipal address, not a post office box only, of each of this limited liability company's registered agent(s) is/are:
John L. Hymes
153 Bradish St., Port Sulphur, LA 70083
- The names and municipal addresses, not a post office box only, of the first managers, or the members:
John L. Hymes
153 Bradish St., Port Sulphur, LA 70083

To be signed by each person who signed the articles of organization:

[Signature]
John L. Hymes, Manager

AGENT'S AFFIDAVIT AND ACKNOWLEDGEMENT OF ACCEPTANCE

I hereby acknowledge and accept the appointment of registered agent for and on behalf of the above named limited liability company.

Registered agent(s) signature(s):

[Signature]
John L. Hymes

Sworn to and subscribed before me, the undersigned Notary Public, on this date: October 17, 2005
NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #

Janice Reese
Notary Signature #9081
Commission Expires at Death

CERTIFIED RESOLUTION

On this 19th day of April, 2017, John Hymes, the Manager of Urban Services, hereby certify that John Hymes, Manager of said Entity, is hereby authorized and empowered to execute on behalf of the said entity the proposal and/or the contract including amendments(s) which this Entity might enter into in connection

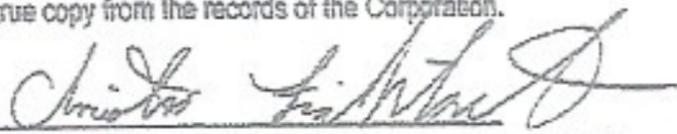


Signature

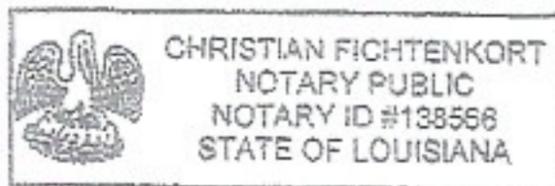

Title

State of Louisiana
Parish/County of Orleans

Personally appeared before me this 19 day of April, 2017, John Hymes
the Manager of Urban Services and made oath that the above is a true copy from the records of the Corporation.



Notary Public
My Commission expires on: Commissioned for Life





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/10/2020

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.

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 State Farm Zachary D. Stokes P.O. Box 645 Grand Bay, AL 36541	CONTACT NAME: Zac Stokes PHONE (A/C, No, Ext): 251-865-4517 FAX (A/C, No): E-MAIL ADDRESS: zachary.d.stokes.y8xo@statefarm.com
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

INSURED	Cuzan Services LLC, or John Hynes P.O. Box 224 Grand Bay, AL 36541
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COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			0132143R57	02/10/2020	08/10/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	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			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)

2006 DODGE RAM 3500 QUAD CAB 4WD TB

VIN:
3D7MX48C88G123543

CERTIFICATE HOLDER	CANCELLATION
N/A	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)

08/26/2019

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 Eagan Insurance Agency, LLC Attn: Wayne, Sherry or Angel D P. O. Box 8590 Metairie LA 70002		CONTACT NAME: Sherry Kellahan Laplace Office PHONE (A/C, No, Ext): (504) 836-9600 FAX (A/C, No): (504) 836-9621 E-MAIL ADDRESS: kellahans@eaganins.com	
INSURED		INSURER(S) AFFORDING COVERAGE	
Cuzan Services, LLC P.O. Box 481 Belle Chasse LA 70037		INSURER A: Admiral Insurance Company INSURER B: LA Work Comp Corp INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 22350	

COVERAGES

CERTIFICATE NUMBER: 19-20 gl wc

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CA00001336912	08/25/2019	08/25/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input checked="" type="checkbox"/> Blanket AI WOS by contract						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Blanket 30DNOC by contract						PERSONAL & ADV INJURY \$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000	
	<input checked="" type="checkbox"/> OTHER: Project agg \$5Mil by contr					\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY		<input type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident) \$
							\$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
							\$
	<input type="checkbox"/> DED						
	<input type="checkbox"/> RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			16324	08/03/2019	08/03/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A					E.L. EACH ACCIDENT \$ 1,000,000
	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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Blanket Additional Insured, Waiver of Subrogation, Primary and Noncontributory, 30 Day Notice of Cancellation when required by written contract with regards General Liability Policy.

CERTIFICATE HOLDER**CANCELLATION**

Proof of Coverage

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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