



Bid Number 50-00145066

**LABOR AND MATERIALS NEEDED TO SUPPLY, REMOVE AND REPLACE
EXIT DOOR AT THE JEFFERSON PARISH FIRE STATION NO. 16**

BID DUE: May 10, 2024 AT 11:00 AM

ATTENTION VENDORS!!!

Please review all pages and respond accordingly, complying with all provisions in the technical specifications and Jefferson Parish Instructions for Bidders and General Terms and Conditions. All bids must be received on the Purchasing Department's eProcurement site, www.jeffparishbids.net, by the bid due date and time. Late bids will not be accepted.

**Jefferson Parish Purchasing Department
200 Derbigny Street
General Government Building, Suite 4400
Gretna, LA 70053
Purchasing Specialist: Ruby Tran
Email: ruby.tran@jeffparish.net
Phone: 504-364-2687**

DATE: 4/26/2024

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00145066

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETNA, LA. 70054-0009
504-364-2678

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:
RTRAN

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	21
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	1
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	2

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: _____
NUMBER: _____
NUMBER: _____
NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 75714

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: Wodehouse Construction LLC	
SIGNATURE: (Must be signed here)	TITLE: Owner
PRINT OR TYPE NAME: Craig Wodehouse	
ADDRESS: 333 Coconut Palm Drive	
CITY, STATE: Madisonville, LA	ZIP: 70447
TELEPHONE: (504) 952-8288	FAX: ()
EMAIL ADDRESS: wodehouseconstructionllc@gmail.com	

TOTAL PRICE OF ALL BID ITEMS: \$ **10,714.61**

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145066

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR AND MATERIALS NEEDED TO SUPPLY, REMOVE AND REPLACE EXIT DOOR AT THE JEFFERSON PARISH FIRE STATION NO. 16</p> <p>0001 MATERIALS, LABOR, AND FREIGHT TO INSTALL NEW FRAME, DOORS, & HARDWARE AT FIRE STATION NO. 16</p> <p>DESCRIPTION OF JOB: REPLACE ONE (1) DOOR AND FRAME AT THE KENT STREET EXTERIOR EXIT AND ONE (1) DOOR AT THE FIRST FLOOR STAIRWELL EXIT TO THE HALL.</p> <p>MATERIALS TO INCLUDE: * KENT STREET EXTERIOR EXIT - ONE (1) CUSTOM FRAME - 16 GAUGE, MASONRY, WELDED, GALVANIZED, PRIMED - ONE (1) CUSTOM HEADER - 16 GAUGE, MASONRY, GALVANIZED, PRIMED - ONE (1) STEEL DOOR - 18 GAUGE, SOLID POLY CORE, GALVANIZED, PRIMED - ONE (1) EXIT DEVICE - DORMA DH1000R, RIM, HEAVY DUTY, GRADE A, STAINLESS STEEL - ONE (1) EXIT TRIM - KABBA L1000, KEY OVERRIDE, LEVER HANDLE, HOUSING I/C - REUSE EXISTING SFIC CORE - ONE (1) CONTINUOUS HINGE - ABH #A570HD, FULL SURFACE, ALUMINUM, GEARED, CLEAR - ONE (1) CLOSER - DORMA DH416, HEAVY DUTY, ADJUSTABLE/BACK CHECK, 689 - ONE (1) KICK PLATE - DHK050, 8"H, STAINLESS STEEL - ONE (1) WEATHER STRIPPING - DH PSV, ALUMINUM CASING/VINYL BULB, CLEAR - ONE (1) THRESHOLD - DH TH5, ADA - ONE (1) SWEEP - DH DCSWV, DRIP ALUMINUM CASING/VINYL FIN, CLEAR</p> <p>* FIRST FLOOR STAIRWELL EXIT TO HALL - ONE (1) STEEL DOOR - 18 GAUGE, SOLID POLY CORE, FIRE RATED, GALVANIZED, PRIMED - ONE (1) VISION - NGP LFRA100 WITH WIRE GLASS - ONE (1) EXIT DEVICE - DORMA DH1000R, RIM, HEAVY DUTY, GRADE 1, STAINLESS STEEL - ONE (1) EXIT TRIM - DORMA DHLE08, ENTRY, LEVER HANDLE, STAINLESS STEEL - ONE (1) CONTINUOUS HINGE - ABH #A570HD, FULL SURFACE, ALUMINUM, GEARED, CLEAR - ONE (1) CLOSER - DORMA DH416, HEAVY DUTY, ADJUSTABLE/BACK CHECK, 689 - ONE (1) KICK PLATE - DHK050, 8"H,</p>	\$10,714.61	\$10,714.61

DATE: 4/26/2024

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145066

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			<p>STAINLESS STEEL</p> <p>- ONE (1) WEATHER STRIPPING - DH PSV, ALUMINUM CASING/VINYL BULB, CLEAR</p> <p>- ONE (1) SWEEP - DH DCSWV, DRIP, ALUMINUM CASING/VINYL FIN, CLEAR</p> <p>SERVICE LOCATION: FIRE STATION NO. 16 5200 LAFRENIERE ST METAIRIE, LA 70001</p> <p>SITE VISIT CONTACT: CHARLES HUDSON (504)736-6204</p>		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/06/2023

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Gator Insured, LLC One Galleria Blvd. Suite 1900 Metairie LA 70001		CONTACT NAME: MJ Baghdadi PHONE (A/C, No, Ext): (504) 533-9395 E-MAIL ADDRESS: mj@gatorinsured.com FAX (A/C, No):	
INSURED Wodehouse Construction, LLC 333 Coconut Palm Dr. Madisonville LA 70447		INSURER(S) AFFORDING COVERAGE INSURER A: KINSALE INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 38920	

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 INSD	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 Ded - \$5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			01002479740	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ Excluded				
			PERSONAL & ADV INJURY \$ 1,000,000				
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
							\$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$
							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 \$

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

CERTIFICATE HOLDER**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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/01/2024

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 ENGLADE BOUDREAUX WAGUESPACK INSURANCE AGENCY 1891 Cabanose Ave. Lutcher LA 70071	CONTACT NAME: Heidi Bourgeois PHONE (A/C, No, Ext): (225) 869-5364 E-MAIL: heidi@ebwins.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Louisiana Workers' Comp. INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	FAX (A/C, No): (225) 869-3524 NAIC #
INSURED Wodehouse Construction LLC 333 Coconut Palm Drive Madisonville LA 70447		

COVERAGES CERTIFICATE NUMBER: CL244101703 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 \$ \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$ \$
A	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 <input checked="" type="checkbox"/> Y	N/A	180193	03/07/2024	03/07/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 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)

CERTIFICATE HOLDER Sample	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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Tel: 1-800-841-3000

GEICO Secure Insurance Company
One GEICO Center
Macon, GA 31295-0001

Declarations Page

This is a description of your coverage.
Please retain for your records.

Policy Number: 6155-68-71-29
Coverage Period:

03-13-24 through 09-13-24

Based on local time at the address of the named insured,
your coverage began at the later of 12:01am on 03-13-24, or
when initial payment was received, and will expire at
12:01am on 09-13-24.

Date Issued: March 14, 2024

CRAIG A WODEHOUSE AND PAIGE F
WODEHOUSE
333 COCONUT PALM DR
MADISONVILLE LA 70447-3517

Email Address: craigwodehouse@gmail.com

Named Insured

Craig Alan Wodehouse
Paige Fricke Wodehouse

Additional Drivers

None

<u>Vehicles</u>	<u>VIN</u>	<u>Vehicle Location</u>	<u>Finance Company/ Lienholder</u>
1 2023 GMC Yukon	1GKS2JKL3PR364424	MADISONVILLE LA 70447-3517	CHASE AUTO FINANCE
2 2021 Ford F-150	1FTFW1ED7MFA88266	MADISONVILLE LA 70447-3517	FORD MOTOR CREDIT COMPANY

<u>Coverages*</u>	<u>Limits and/or Deductibles</u>	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Bodily Injury Liability Each Person/Each Occurrence	\$100,000/\$300,000	\$383.42	\$387.90
Property Damage Liability	\$50,000	\$180.41	\$188.54
Medical Payments	\$10,000	\$49.47	\$50.68
Economic-Only UMBI Uninsured Motorists - Bodily Injury Each Person/Each Occurrence	\$25,000/\$50,000	\$135.68	\$153.90
Comprehensive (Excluding Collision)	\$1,000 Ded	\$370.76	\$352.92
Collision	\$1,000 Ded	\$355.04	\$274.08
Emergency Road Service	ERS FULL	\$3.83	\$5.05
Rental Reimbursement	\$30 Per Day \$900 Max	\$21.91	\$21.91
Six Month Premium Per Vehicle		\$1,500.52	\$1,434.98

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DEC_PAGE (03-14) (Page 1 of 4)

Continued on Back

New Business Page 9 of 54

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1113036890 00000407 00000005 / 00000027 00008893 / 00011219



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/23/2024

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PRODUCER Esplanade Insurance Agency 3445 N Causeway Blvd Suite 204 Metairie LA 70002		CONTACT NAME: Michael Couvillon PHONE (A/C, No, Ext): (504) 273-1500 E-MAIL ADDRESS: esplanadeinsurance@gmail.com FAX (A/C, No): (504) 300-8188	
INSURED Craig Wodehouse 333 Coconut Palm Dr. Madisonville LA 70447		INSURER(S) AFFORDING COVERAGE INSURER A: RLI Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 13056	

COVERAGES**CERTIFICATE NUMBER:****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"/> 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 \$ \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			20124809	04/23/2024	04/24/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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**CANCELLATION**

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AUTHORIZED REPRESENTATIVE

Rachel E. Langkopp

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