

DATE: 12/04/2024

Page: 6

BID NO.: 50-00146970

BID FORM

Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES ☒ NO ☐

MAXIMUM ESCALATION PERCENTAGE REQUESTED 3% %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 11/1/2024

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

As Requested

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

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME:

Optimal Water Technologies, LLC

ADDRESS:

22215 Prats Daicry Rd

CITY, STATE:

Abita Springs, LA

ZIP:

70420

TELEPHONE:

(225) 939-6902

FAX: ()

EMAIL ADDRESS:

ADuplechin@optimalwater-tech.com

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:

No Addendas Noted As of 12/18/24

NUMBER:

NUMBER:

NUMBER:

TOTAL PRICE OF ALL BID ITEMS: \$

\$76,561.20

AUTHORIZED

SIGNATURE:

Alex Duplechin

Alex Duplechin

Printed Name

TITLE:

CFO

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

BID NO.: 50-00146970

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	216.00	DRUM	<p>TWO (2) YEAR CONTRACT TO PROVIDE LIQUID AMMONIUM SULFATE ON AN AS NEEDED BASIS FOR THE JEFFERSON PARISH DEPARTMENT OF WATER</p> <p>0010 LIQUID AMMONIUM SULFATE (LAS) (40 PERCENT SOLUTION IN 55 GALLON DRUMS)</p> <p>DELIVER TO: WB WATER PLANT 171 BIRCH LANE GRAND ISLE, LA 70358</p> <p>**AND**</p> <p>WB WATER PLANT 509 HIGHWAY 1 GEAND ISLE, LA 70358</p>	\$ <u>354.45</u>	\$ <u>76,561.20</u>

Louisiana Preference:

Optimal Water Technologies is certified by the Louisiana Department of Economic Development in the Hudson Initiative, and chooses to exercise this preference if applicable (See attached).

Notwithstanding any other provision of La. R.S. 38:2251 to the contrary, the following preferences shall apply only to bidders whose Louisiana business workforce is comprised of a minimum of fifty percent (50%) Louisiana residents.

- 1) Do you have a Louisiana Business workforce? X yes _____ no
- 2) If so, do you certify that at least fifty percent (50%) of your Louisiana business workforce is comprised of Louisiana residents? X yes _____ no

A. In accordance with the provisions of La. R.S. 38:2251, each procurement officer, purchasing agent, or similar official who procures or purchases materials, supplies, products, provisions, or equipment under the provisions of Title 38 of the Louisiana Revised Statutes may purchase such materials, supplies, products, provisions, or equipment which are produced, manufactured, or assembled in Louisiana, as defined in La. R.S. 38:2251(A), and which are equal in quality to other materials, supplies, products, provisions, or equipment, provided that all of the following conditions are met:

- (1) The cost of such items does not exceed the cost of other items which are manufactured, processed, produced, or assembled outside the State by more than ten percent (10%).
- (2) The vendor of such Louisiana items agrees to sell the items at the same price as the lowest bid offered on such items.
- (3) In cases where more than one (1) bidder offers Louisiana items that are within ten percent (10%) of the lowest bid, the bidder offering the lowest bid on Louisiana items is entitled to accept the price of the lowest bid made on such items.

Do you claim this preference? X yes _____ no

Specify the location within Louisiana where the product is produced, manufactured, or assembled: Abita Springs, LA (NOTE: if more space is required, include it on a separate sheet.) Failure to specify the above information may cause elimination from preferences.



DIVISION OF SMALL BUSINESS SERVICES

This certification acknowledges that

Optimal Water Technologies

is Certified-Active as a Small Entrepreneurship with
Louisiana Economic Development's Hudson Initiative.

This certification is valid from 4/29/2024 to 4/29/2025.

Certification No. 23279

A handwritten signature in black ink, appearing to read "Stephanie Hartman", written over a horizontal line.

Stephanie Hartman,
Director, Small Business Services

**JOINT UNANIMOUS WRITTEN CONSENT RESOLUTIONS
OPTIMAL WATER TECHNOLOGIES, LLC**

The undersigned, being all the managers of Optimal Water Technologies, LLC, hereby take the following action by unanimous written consent in lieu of a meeting as permitted by law and by the company's governing documents. The undersigned also hereby waive any and all notices required for this action, including any and all notices required by the governance documents of Optimal Water Technologies, LLC.

The following resolutions are hereby adopted:

RESOLVED, that Alex Duplechin is hereby authorized to submit and execute the Louisiana Uniform Public Work Bid Package for **Liquid Ammonium Sulfate Delivery, Bid No.: 50-00146970** due December 19th, 2024 on behalf of Optimal Water Technologies, LLC.


RESOLVED, that all parties to this resolution shall execute such document, and take such other actions, as deemed necessary to effect the foregoing resolution.

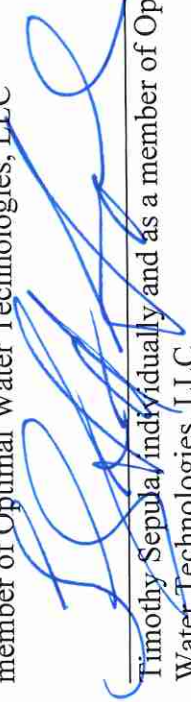
This Unanimous Written Consent may be signed in counterparts, and may be signed by facsimile or electronic mail signature, each of which shall be deemed to be an original, and all of which together shall constitute one and the same document, effective as of the 17th Day of December, 2024.

[Signatures on following page]

IN WITNESS WHEREOF, the undersigned managers and members have executed this Written Consent as of the date written above.


Justin Clinton, individually and as a manager of Optimal
Water Technologies, LLC



Alex Duplechin, individually and as a manager and
member of Optimal Water Technologies, LLC


Timothy Sepula, individually and as a member of Optimal
Water Technologies, LLC

CERTIFICATE

I, the undersigned manager, hereby certify that the foregoing Unanimous Written Consent Resolution was adopted by all managers and by all members of Optimal Water Technologies, LLC, and are presently in full force and effect.

IN WITNESS WHEREOF, I have executed this Certificate on December 17, 2024.


Alex Duplechin, manager

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF St. Tammany

BEFORE ME, the undersigned authority, personally came and appeared: _____

Alex Duplechin, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Officer of Optimal Water Technologies, LLC
(Entity),

the party who submitted a bid in response to Bid Number _____, to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____

Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B ✓

there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____

Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B  _____


There are NO debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]


That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.


Signature of Affiant

Alex Duplechin
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

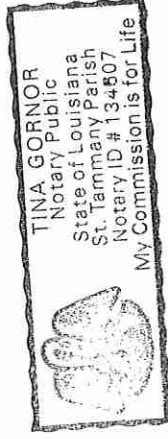
ON THE 19th DAY OF December, 2024


Notary Public

Tina Gornor
Printed Name of Notary

134607
Notary/Bar Roll Number

My commission expires as shown.





OPTIFLU-02

LBLANCHARD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/19/2024

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 Financial Assurance LLC 2450 Severn Avenue STE 215 Metairie, LA 70001	CONTACT NAME: PHONE (A/C, No, Ext): (504) 846-3500 E-MAIL ADDRESS:	FAX (A/C, No): (504) 833-9010
INSURED Optimal Fluid Solutions, LLC Optimal Water Technologies, LLC Optimal Industrial Services LLC 22215 Prats Dairy Rd Abita Springs, LA 70420	INSURER(S) AFFORDING COVERAGE INSURER A : Ironshore Specialty Insurance INSURER B : LA Worker's Comp Corp INSURER C : INSURER D : INSURER E : INSURER F :	NAIC # 22350

COVERAGES

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	ADD'L SUBR INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY	X	X IEPWU0030446700	3/20/2024	3/20/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPIOP AGG \$ 3,000,000 Pollution Liab \$ 1,000,000 (COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	AUTOMOBILE LIABILITY	X	X IEPWU0030446700	3/20/2024	3/20/2025	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	UMBRELLA LIAB	X	X XSCUW0030446800	3/20/2024	3/20/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	X	X 186483	3/20/2024	3/20/2025	X PER STATUTE OTH-ER 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

CANCELLATION

Jefferson Parish, its Districts, Departments and Agencies
under the direction of the Parish
President and Parish Council
200 Derbigny Street
General Govt Building Ste 4400
Gretna, LA 70053

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


ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: OPTIFLU-02

LBLANCHARD

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Financial Assurance LLC	NAMED INSURED Optimal Fluid Solutions, LLC Optimal Water Technologies, LLC Optimal Industrial Services LLC 22215 Prats Dairy Rd Abita Springs, LA 70420	
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

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

Certificate notes

The General Liability policy includes a blanket additional insured on a primary and non contributory basis, and a blanket waiver of subrogation as required by written contract.
Hired and Non Owned Auto coverage is included on General Liability policy.,

The Workers Compensation policy provides a blanket waiver of subrogation as required by written contract.

The Umbrella policy follows form.

30 Day notice of cancellation provided to first named insured (10 days for non payment)

Policy forms available upon request.




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/16/2024

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 	CONTACT NAME: Lonzo Wilson PHONE (A/C No. Ext): 504-392-6935 E-MAIL ADDRESS: lonzo.wilson.r779@statefarm.com FAX (A/C No):
LA 700372242	INSURER(S) AFFORDING COVERAGE INSURER A : State Farm Mutual Automobile Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 25178

INSURED
OPTIMAL WATER TECHNOLOGIES LLC
22215 PRATS DAIRY RD
ABITA SPRINGS LA 704202249

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	ADD SUB INSD 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 <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: 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 \$ COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 EACH OCCURRENCE \$ AGGREGATE \$
A	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	N	630 6261-A08-18 559 7752-A05-18B	07/08/2024 07/05/2024	01/08/2025 01/05/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A				

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.

Jefferson Parish, Department of Sewerage
200 Derbigny Street
Suite 4400
Gretna LA 70053

AUTHORIZED REPRESENTATIVE



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ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/16/2024

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 State Farm Lonzo Wilson 8719 Highway 23 Suite C Belle Chasse LA 700372242 OPTIMAL WATER TECHNOLOGIES LLC 22215 PRATS DAIRY RD ABITA SPRINGS LA 704202249	CONTACT NAME: Lonzo Wilson PHONE (A/C, No, Ext): 504-392-6935 E-MAIL ADDRESS: lonzo.wilson.r779@statefarm.com INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: NAIC # 25178
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COVERAGES

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INSR LTR	TYPE OF INSURANCE	ADD SUB INSD 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					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 EACH OCCURRENCE \$ AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					
A	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	N	417 8809-F17-18 624 2959-B23-18B 517 2973-E02-18B 559 7753-A05-18B	06/17/2024 02/23/2024 05/02/2024 07/05/2024	12/17/2024 08/23/2024 11/02/2024 01/05/2025	
	UMBRELLA LIAB EXCESS LIAB					
	DED <input type="checkbox"/> RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A				PER STATUTE 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)

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CANCELLATION

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AUTHORIZED REPRESENTATIVE

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