

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

11/20/2024

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

<b>PRODUCER</b> <b>USI Southwest</b> <b>P.O. Box 2868</b> <b>Houma, LA 70361</b> <b>985 868-2436</b>		<b>CONTACT NAME:</b> <b>Jenny Bourgeois</b> <b>PHONE (A/C, No, Ext):</b> <b>985 868-2436</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> <b>jenny.bourgeois@usi.com</b>															
<b>INSURED</b> <b>Big Easy Services of New Orleans, LLC</b> <b>2451 Belle Chasse Hwy.</b> <b>Terrytown, LA 70056</b>		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Travelers Indemnity Co of America</td> <td>25666</td> </tr> <tr> <td>INSURER B : Travelers Property Cas. Co. of America</td> <td>25674</td> </tr> <tr> <td>INSURER C : Technology Insurance Company, Inc.</td> <td>42376</td> </tr> <tr> <td>INSURER D : Charter Oak Fire Insurance Company</td> <td>25615</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Travelers Indemnity Co of America	25666	INSURER B : Travelers Property Cas. Co. of America	25674	INSURER C : Technology Insurance Company, Inc.	42376	INSURER D : Charter Oak Fire Insurance Company	25615	INSURER E :		INSURER F :	
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**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>DTCO8W147162TIA24</b>	<b>05/31/2024</b>	<b>05/31/2025</b>	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$300,000</b> MED EXP (Any one person) <b>\$5,000</b> PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$2,000,000</b> PRODUCTS - COMP/OP AGG <b>\$2,000,000</b> \$
<b>D</b>	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			<b>8108W1431632426G</b>	<b>05/31/2024</b>	<b>05/31/2025</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>B</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> DED RETENTION \$			<b>CUP8W14824A2426</b>	<b>05/31/2024</b>	<b>05/31/2025</b>	EACH OCCURRENCE <b>\$1,000,000</b> AGGREGATE <b>\$1,000,000</b> \$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>	<b>KWC1355498</b>	<b>05/31/2024</b>	<b>05/31/2025</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT <b>\$1,000,000</b> E.L. DISEASE - EA EMPLOYEE <b>\$1,000,000</b> E.L. DISEASE - POLICY LIMIT <b>\$1,000,000</b>

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

**Any request for special coverages which are specifically required by contract or minimum insurance requirements should be forwarded to this office for review.**

(See Attached Descriptions)

**CERTIFICATE HOLDER****CANCELLATION**

The Parish of Jefferson its  
 Districts, Departments, and  
 Agencies under the direction of  
 the Parish President and the  
 Parish Council  
 1221 Elmwood Park Blvd., Suite 4  
 Jefferson, LA 70123

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

*Ed Daigle*

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## DESCRIPTIONS (Continued from Page 1)

### COMPREHENSIVE GENERAL LIABILITY:

Policy includes Blanket Additional Insured (Includes Products-Completed Operations), Waiver of Subrogation, and Primary Insurance endorsements that provide this status to the Certificate holder, only when there is a written contract between the named insured and the certificate holder that requires such status, and only regarding work performed on behalf of the named insured.

### COMMERCIAL AUTOMOBILE:

Policy includes Blanket Additional Insured, Waiver of Subrogation, and Primary Insurance endorsements that provide this status to the Certificate holder, only when there is a written contract between the named insured and the certificate holder that requires such status, and only regarding work performed on behalf of the named insured.

### WORKERS' COMPENSATION:

Policy includes Waiver of Subrogation endorsements that provide this status to the Certificate Holder, only when there is a written contract between the named insured and the certificate holder that requires such status, and only regarding work performed on behalf of the named insured.

Covered State: Louisiana

### UMBRELLA:

Policy includes Blanket Additional Insured, Waiver of Subrogation, and Primary Insurance endorsements that provide this status to the Certificate holder, only when there is a written contract between the named insured and the certificate holder that requires such status, and only regarding work performed on behalf of the named insured.

Policy follows form: General Liability, Auto Liability and Workers Compensation policies.

50-00146460 Gretna Government Complex Parking Lot - Utility Relocation Jefferson Parish Government