



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/05/2024

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).

<b>PRODUCER</b> Riverlands Insurance Services Inc. 492 West 5th Street  LaPlace LA 70068		<b>CONTACT NAME:</b> Kattie Troxler, CISR, CIC <b>PHONE (A/C, No, Ext):</b> (985) 652-5505 <b>FAX (A/C, No):</b> (985) 652-4039 <b>E-MAIL ADDRESS:</b> ktroxler@rivins.com																						
<b>INSURED</b> Hy-Tech Roofing Services, Inc. DBA: Hy-Tech Roofing & Sheet Metal, LLC 10371 Airline Hwy St. Rose LA 70087		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Admiral Insurance Co</td><td>24856</td></tr><tr><td>INSURER B:</td><td>Progressive Paloverde Ins. Co.</td><td>44695</td></tr><tr><td>INSURER C:</td><td>Bridgefield Casualty Insurance Co</td><td>10335</td></tr><tr><td>INSURER D:</td><td>AGCS Marine Insurance Company</td><td>22837</td></tr><tr><td>INSURER E:</td><td>AmGUARD Insurance Company</td><td>42390</td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Admiral Insurance Co	24856	INSURER B:	Progressive Paloverde Ins. Co.	44695	INSURER C:	Bridgefield Casualty Insurance Co	10335	INSURER D:	AGCS Marine Insurance Company	22837	INSURER E:	AmGUARD Insurance Company	42390	INSURER F:		
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**COVERAGES** **CERTIFICATE NUMBER:** 24-25 Master **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	Y	Y	CA000045230-03	05/01/2024	05/01/2025	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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	Y	Y	981947340	05/31/2024	11/30/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
							Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	Y	Y	GX000005414-03	05/01/2024	05/01/2025	EACH OCCURRENCE \$ 5,000,000
	DED \$ RETENTION \$						AGGREGATE \$ 5,000,000
C	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	Y	019840795-000	05/01/2024	05/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	E.L. EACH ACCIDENT \$ 1,000,000						
	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000						
	E.L. DISEASE - POLICY LIMIT \$ 1,000,000						
D	Contractors Equipment and Installation Floater			MXI9307982453915	05/01/2024	05/01/2025	Lessed/Rented/Borrowed \$165,000
			At any one site \$150,000				
			Property in-transit loss \$100,000				

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

Separate Auto Liability policy in place with AmGuard Insurance Pol#HYAU536877 eff dates 05/31/2024-05/31/2025 with \$1,000,000 combined single limit of liability.

The General Liability and Auto Liability policies include Blanket Additional Insured and Blanket Waiver of Subrogation as required by written contract. The General Liability policy is Primary and Non-Contributory as required by written contract. Waiver of Subrogation is provided to the certificate holder as required by written contract with respects to the Workers Compensation policy. The Excess Liability policy is follow form and goes over the General Liability, Auto Liability, and Employer's Liability.

<b>CERTIFICATE HOLDER</b> Jefferson Parish Purchasing Dept 200 Derbigny St. Suite 4400  Gretna LA 70053	<b>CANCELLATION</b> 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  Kattie B. Troxler
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AGENCY CUSTOMER ID: 00027307

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY Riverlands Insurance Services Inc.		NAMED INSURED Hy-Tech Roofing Services, Inc., DBA: & Hy-Tech Roofing & Sheet Metal ,LLC
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes

Job Bid# 50-00145561  
Re-roof three bathroom roofs