



Workers Compensation and Employers Liability Insurance Policy

Insurer ID No (s): 33049
LUBA CASUALTY INSURANCE COMPANY
P.O. Box 98082
Baton Rouge, LA 70898-9082

Carrier Policy #:	Policy Period
028000014118124	01/01/2024 to 01/01/2025

Information Page	Renewal Policy
FEIN: 721123396	Carrier Prior Policy #: 028000014118123
Item 1: Named Insured and Address	Agency
Roedel Parsons Koch Blache Balhoff & McCollister A Law Corporation 8440 Jefferson Hwy. Third Floor Baton Rouge, LA 70808	Blumberg & Associates, Inc. P.O. Box 82030 Baton Rouge, LA 70884

Other Workplaces Not Shown Above: See Schedule of Operations
Additional Named Insured: See Additional Named Insureds if Applicable

Type of Business: Corporation	Federal ID#: 721123396
Risk ID: 170009541	NCCI / Bureau #: 33049
Unemployment ID #:	File #: 028000014118124

Item 2. Policy Period The policy period is from 12:01 AM on 01/01/2024 to 12:01AM on 01/01/2025 based on the insured's mailing address time zone.

Item 3. Coverage:


- A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed:
LA
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:
- | | | |
|---------------------------|-----------------|---------------|
| Bodily Injury by Accident | \$ 1,000,000.00 | each accident |
| Bodily Injury by Disease | \$ 1,000,000.00 | policy limit |
| Bodily Injury by Disease | \$ 1,000,000.00 | each employee |
- C. Other States Insurance: Part three of policy applies to state(s) if any listed here
AL,AR,LA,MS,OK,TN,TX except state(s) listed in 3.A. above
- D. This policy includes these endorsements and schedules:
WC000000C(01/15), WC000310(04/84), WC000414A(01/19), WC000421F(08/22), WC000422C(01/21), WC000425(05/17), WC990301B(06/17), WC170303(12/00), WC170601I(09/17), WC170602A(02/96), WC000000C(01/15)

Item 4: Premium

The Premium for the policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code #	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
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See Schedule of Operations on Following Page(s)

Minimum Premium	Prorated Premium	Estimated Annual Premium	Expense Constant	Deposit
\$ 1,150.00	\$ 6,182.00	\$ 6,182.00	\$ 200.00	\$ 0.00
Issuing Office: P.O. Box 98082 Baton Rouge LA 70898-9082		Date Printed: 12-19-2023	Countersigned by:	 Chief Executive Officer



**Workers Compensation and Employers Liability
Insurance Policy**

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Schedule of Covered Workplaces

Other Workplace

Roedel Parsons Koch Blache Balhoff & McCollister A Law Corporation
1515 Poydras Street
New Orleans, LA 70112

Effective Date: 01/01/2024
NAICS Code: 541110
Division #: 0
Workplace #: 0000000001



CNA Connect

Renewal Declaration

POLICY NUMBER B 6006744019
COVERAGE PROVIDED BY Nat'l Fire Ins Co of Hartford
151 N Franklin
CHICAGO, IL 60606
FROM - POLICY PERIOD - TO
04/27/2024 04/27/2025

INSURED NAME AND ADDRESS
ROEDEL, PARSONS, KOCH, BLACHE, BALHOFF & MCCOLLISTER
8440 JEFFERSON HWY 3RD FLOOR
BATON ROUGE, LA 70809

AGENCY NUMBER 079846
AGENCY NAME AND ADDRESS
BLUMBERG AND ASSOCIATES, INC.
8560 JEFFERSON HWY
PO BOX 82030 (70884)
BATON ROUGE, LA 70809
Phone Number: (225)767-1442

BRANCH NUMBER 610
BRANCH NAME AND ADDRESS
NEW ORLEANS BRANCH
3900 N CAUSEWAY BLVD
ONE LAKEWAY
METAIRIE, LA 70002
Phone Number: (504)841-5040

This policy becomes effective and expires at 12:01 A.M. standard time at your mailing address on the dates shown above.

The Named Insured is a Corporation.

Your policy is composed of this Declarations, with the attached Common Policy Conditions, Coverage Forms, and Endorsements, if any. The Policy Forms and Endorsement Schedule shows all forms applicable to this policy at the time of policy issuance.

The Estimated Policy Premium Is	\$6,216.00
2005 LA FAIR Plan Emergency Assessment Surcharge	\$91.09
Total Policy Charges	\$6,307.09
Terrorism Risk Insurance Act Premium	\$119.00

Audit Period is Not Auditable

POLICY NUMBER
B 6006744019

INSURED NAME AND ADDRESS
ROEDEL, PARSONS, KOCH, BLACHE, BALHOFF & MCCOLLISTER
8440 JEFFERSON HWY 3RD FLOOR
BATON ROUGE, LA 70809

PROPERTY COVERAGE

LIMIT OF INSURANCE

The following deductible applies unless a separate deductible is shown on the Schedule of Locations and Coverage.

Deductible: \$500

Business Income and Extra Expense Coverage
Business Income and Extra Expense

12 Months Actual Loss Sustained

Business Income and Extra Expense - Dependent Properties \$10,000

Employee Dishonesty \$100,000

Forgery and Alteration \$100,000

LIABILITY COVERAGE

LIMIT OF INSURANCE

Liability and Medical Expense Limit - Each Occurrence \$1,000,000

Medical Expense Limit -- Per Person \$10,000

Personal and Advertising Injury \$1,000,000

Products/Completed Operations Aggregate \$2,000,000

General Aggregate \$2,000,000

Damage To Premises Rented To You \$1,000,000

Employee Benefits Liability

Each Employee Deductible \$1,000

Each Employee

Aggregate

\$1,000,000

\$2,000,000

Hired Auto Liability

\$1,000,000

Nonowned Auto Liability

\$1,000,000

CRIME COVERAGE

LIMIT OF INSURANCE

Welfare and Pension Plan ERISA Compliance

\$500,000