

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 _____%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF April 2026

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 n/a

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 70072

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Nola Sign Shop

ADDRESS: 2545 banks st

CITY, STATE: New Orleans ZIP: 70119

TELEPHONE: (504) 434-5543 FAX: ()

EMAIL ADDRESS: nolasignshop@gmail.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: 1

NUMBER: 2

NUMBER: 3

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 101,218.00

AUTHORIZED SIGNATURE: 

Danil Khutorianskii

Printed Name

TITLE: owner-manager

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.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144103

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			TWO YEAR CONTRACT TO FURNISH, REMOVE AND INSTALL VARIOUS DECALS ON AN AS NEEDED BASIS FOR JEFFERSON PARISH VEHICLES FOR THE JEFFERSON PARISH DEPARTMENT OF FLEET MANAGEMENT		
1	10.00	HR	0001 - DECAL REMOVAL PER HOUR	\$ 80.00	\$ 800.00
2	10.00	HR	0002 - DECAL APPLICATION PER HOUR	\$ 70.00	\$ 700.00
3	10.00	EA	0003 - OTHER REQUIREMENTS- NON-REFLECTIVE 41-50 SQ. IN.PER EACH MIN. 100	\$ 3.70	\$ 37.00
4	10.00	EA	0004 - OTHER REQUIREMENTS, NON-REFLECTIVE 30-40 SQ.IN PER EACH MIN 100	\$ 3.20	\$ 32.00
5	10.00	EA	0005 - OTHER REQUIREMENTS- 21-30 SQ. IN. PER EACH MIN. 100	\$ 2.80	\$ 28.00
6	10.00	EA	0006 - OTHER REQUIREMENTS 11-20 SQ. INCH PER EACH ADD COLOR MIN. 100	\$ 2.20	\$ 22.00
7	10.00	EA	0007 - OTHER REQUIREMENTS 6-10 SQ. IN. PER EACH MIN. 100	\$ 1.90	\$ 19.00
8	20.00	EA	0008 - OTHER REQUIREMENTS 41-50 SQ. IN PER EACH REFLECTIVE 3M 680 SERIES SCOTCHLITE MIN 100	\$ 6.00	\$ 120.00
9	10.00	EA	0009 - OTHER REQUIREMENTS 31-40 SQ. IN. PER EACH REFLECTIVE 3M 680 SERIES SCOTCHLITE MIN 100	\$ 4.50	\$ 45.00
10	10.00	EA	0010 - OTHER REQUIREMENTS- 21-30 SQ. IN. PER EACH	\$ 3.60	\$ 36.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144103

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
11	10.00	EA	REFLECTIVE 3M 680 SERIES SCOTCHLITE MIN 100 0011 - OTHER REQUIREMENTS- 21-30 SQ. IN. PER EACH ADD COLOR	\$ 2.90	\$ 29.00
12	10.00	EA	REFLECTIVE 3M 680 SERIES SCOTCHLITE MIN. 100 0012 - OTHER REQUIRMENTS- 11-20 SQ. IN. PER EACH	\$ 5.50	\$ 55.00
13	10.00	EA	REFLECTIVE 3M 680 SERIES SCOTCHLITE MIN. 100 0013 - OTHER REQUIREMENTS- 6-10 SQ. IN. PER EACH	\$ 4.50	\$ 45.00
14	90.00	EA	REFLECTIVE 3M 680 SERIES SCOTCHLITE MIN. 100 0014 - PART PRICING FOR FLEET DECALS 27 INCH LOGO- PRINTED THREE CUSTOM PMS COLOR MATCH ON 3M 680CR-10 REFLECTIVE VINYL, LAMINATED (3M 8519 LUSTER), PREMASKED WITH SCPS- 55 AND CUT TO SHAPE.	\$ 100.00	\$9000.00
15	350.00	EA	0015 - PART PRICING FOR FLEET DECALS 10.5 INCH LOGO- PRINTED THREE CUSTOM PMS COLOR MATCH ON 3M 680CR-10 REFLECTIVE VINYL, LAMINATED (3M 8519 LUSTER), PREMASKED WITH SCPS-55 AND CUT TO SHAPE.	\$ 15.00	\$5250.00
16	350.00	EA	0016 - PART PRICING FOR FLEET DECALS 9 INCH LOGO- PRINTED THREE CUSTOM PMS COLOR MATCH ON 3M 680CR-10 REFLECTIVE VINYL, LAMINATED (3M 8519 LUSTER),PREMASKED WITH SCPS-55 AND CUT TO SHAPE.	\$ 12.00	\$4200.00
17	50.00	EA	0017 - PART PRICING FOR FLEET DECALS 8 INCH LOGO-THREE CUSTOM PMS COLOR MATCH ON 3M 680CR-10 REFLECTIVE VINYL, LAMINATEED (3M 8519 LUSTER), PREMASKED WITH SCPS-55 AND CUT TO SHAPE.	\$ 8.50	\$425.00
18	10.00	ROLL	0018 - PART PRICING FOR FLEET-"DON'T FORGET WALK AROUND" PRINTED ONE CUSTOM	\$ 120.00	\$1200.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144103

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
19	6,000.00	EA	COLOR PMS MATCH BLUE ON WHITE 4 MIL VINYL, LAMINATED (1MIL CLEAR POLYESTER) DIE CUT TO SHAPE (500/ROLL). 0019 - CRESTYPE 1.25 INCH TALL CHARACTER (NUMBER, LETTER OR SYMBOL) PLOTTED OUT OF 3M 680 SERIES SCOTCHLITE VINYL, PREMASKED WITH 3M SCPS-55 FOR APPLICATION.	\$ 0.80	\$4800.00
20	500.00	EA	0020 - CRESTYPE 1.25 INCH TALL CHARACTER (NUMBER, LETTER OR SYMBOL) PLOTTED OUT OF 3M 180 SERIES (NON-REFLECTIVE) VINYL, PREMASKED WITH SCPS-55 FOR APPLICATION.	\$ 0.70	\$350.00
21	2,000.00	EA	0021 - CRESTYPE 1.5 INCH TALL CHARACTER (NUMBER, LETTER OR SYMBOL) PLOTTED OUT OF 3M 680 SERIES SCOTCHLITE VINYL, PREMASKED WITH 3M SCPS-55 FOR APPLICATION.	\$ 0.70	\$1400.00
22	30,000.00	EA	0022 - CRESTYPE 2 INCH TALL CHARACTER (NUMBER, LETTER OR SYMBOL) PLOTTED OUT OF 3M 680 SERIES SCOTCHLITE VINYL, PREMASKED WITH 3M SCPS-55 FOR APPLICATION.	\$ 1.00	\$30000.00
23	200.00	EA	0023 - CRESTYPE 2 INCH TALL CHARACTER (NUMBER, LETTER OR SYMBOL) PLOTTED OUT OF 3M 180 SERIES (NON-REFLECTIVE)VINYL, PREMASKED WITH SCPS-55 FOR APPLICATION.	\$ 1.50	\$ 300.00
24	1,000.00	EA	0024 - CRESTYPE 3 INCH TALL CHARACTER (NUMBER, LETTER OR SYMBOL) PLOTTED OUT OF 3M 680 SERIES SCOTCHLITE VINLY, PREMASKED WTH 3M SCPS-55 FOR APPLICATION	\$ 2.00	\$ 2000.00
25	100.00	EA	0025 - CRESTYPE 6 INCH TALL CHARACTER (NUMBER, LETTER OR SYMBOL) PLOTTED OUT OF 3M 680 SERIES SCOTCHLITE VINYL, PREMASKED WITH 3M SCPS-55 FOR APPLICATION.	\$ 5.00	\$ 500.00
26	25.00	EA	0026 - CRESTYPE 18 INCH TALL CHARACTER (NUMBER, LETTER OR SYMBOL) PLOTTED OUT OF 3M 680 SERIES SCOTCHLITE VINYL,	\$ 25.00	\$ 625.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144103

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
27	25.00	EA	PREMASKED WITH 3M SCPS-55 FOR APPLICATION. 0027 - CRESTYPE 18 INCH TALL CHARACTER (NUMBER, LETTER OR SYMBOL) PLOTTED OUT OF 3M 180 SERIES (NON-REFLECTIVE) VINYL, PREMASKED WITH SCPS-55 FOR APPLICATION.	\$ 25.00	\$ 625.00
28	300.00	EA	0028 - DECALS "WET FLEET" SCREEN PRINTED FIVE CUSTOM COLOR PMS MATCH ON WHITE 3M 680CR-10 SCOTCHLITE VINYL, CLEAR COATED, CUT AND PREMASKED WITH SCPS-55 FOR APPLICATION.	\$ 20.00	\$ 600.00
29	500.00	EA	0029 - DECALS "HOW'S MY DRIVING" PLOTTED OUT OF 3M 680 SERIES SCOTCHLITE VINYL, PREMASKED SCPS-55 FOR APPLICATION	\$ 10.00	\$ 5000.00
30	300.00	EA	0030 - DELINEATED STRIPE FOR FLEET 91"X 5" PRINTED ONE COLOR CUSTOM PMS MATCH ON WHITE 3M 680CR-10 SCOTCHLITE VINYL, LAMINATED (3M 8519 LUSTER) AND CUT TO SHAPE.	\$ 45.00	\$13500.00
31	50.00	EA	0031 - DELINEATED STRIP FOR FIRE DEPT. 91"X 5" PRINTED ONE COLOR CUSTOM PMS MATCH ON YELLOW FLUORESCENT REFLECTIVE VINYL, LAMINATED (3M 8519 LUSTER) AND CUT TO SHAPE.	\$ 45.00	\$2250.00
32	300.00	EA	0032 - FLEET STRIPING 4.5 INCH X 13 PRINTED TWO PMS COLOR MATCH ON 680CR-10 SCOTCHLITE VINYL, LAMINATED (3M 8519 LUSTER) AND CUT TO SHAPE.	\$ 15.00	\$4500.00
33	50.00	EA	0033 - FIRE STRIPING 4.5 INCH X 13 PRINTED PMS COLOR MATCH ON 680CR-10 SCOTCHLITE VINYL, LAMINATED (3M 8519 LUSTER) AND CUT TO SHAPE.	\$ 15.00	\$750.00
34	25.00	EA	0034 - PART PRICING FOR FIRE DEPT. DECALS 11 INCH LOGO-PRINTED CUSTOM PMS COLOR MATCH ON 3M 680CR-10 REFLECTIVE VINYL, LAMINATED (3M 8519 LUSTER), PREMASKED WITH SCPS-55 AND CUT TO SHAPE.	\$ 25.00	\$ 625.00
35	25.00	EA	0035 - PART PRICING FOR FIRE DEPT. DECALS 18 INCH LOGO-PRINTED CUSTSOM PMS	\$ 30.00	\$ 750.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144103

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			COLOR MATCH ON 3M 680CR-10 REFLECTIVE VINYL, LAMINATED (3M 8519 LUSTER), PREMASKED WITH SCPS-55 AND CUT TO SHAPE.		
36	1,000.00	EA	0036 - CRESTYPE 1.5 INCH TALL NUMBERS PLOTTED OUT OF 3M 180-12 BLACK VINYL, (NON-REFLECTIVE) VINYL, PREMASKED WITH SCPS-55 AS FOLLOWS: 1,2,3,4,5,6,7,8,0,00,000 (FOR GROSS WEIGHT DECALS).	\$ 1.00	\$ 1000.00
37	300.00	EA	0037 - PART PRICING FOR FLEET DECALS "GROSS WEIGHT" 5 INCH X 2.5 INCH PLOTTED OUT OF 3M 180-12 (NON-REFLECTIVE) VINYL, PREMASKED WITH SCPS-55 FOR APPLICATION.	\$ 4.00	\$ 1200.00
38	100.00	EA	0038 - PART PRICING FOR FLEET DECALS "MAX LOAD WEIGHT"	\$ 4.00	\$ 400.00
39	50.00	EA	0039 - PART PRICING FOR FLEET DECALS "CAUTION WIDE TURNS"	\$ 20.00	\$ 1000.00
40	100.00	EA	0040 - PART PRICING FOR FLEET DECALS "PARISH LOGO" 2.75 DIAMETER DIGITALLY PRINTED ON 3M 680CR-10 REFLECTIVE VINYL, LAMINATED (3M 8519 LUSTER), PREMASKED WITH SCPS-55 AND CUT TO SHAPE.	\$ 5.00	\$ 500.00
41	5,000.00	EA	0041 - BRAKE TAG NUMBERS REVERSE PRINTED BLACK ON CLEAR 2 MIL POLYESTER (PROVIDED ON A ROLL).	\$ 0.40	\$ 2000.00
42	200.00	EA	0042 - DOT NUMBER 2 INCHES TALL PLOTTED OUT OF 3M 180-12 BLACK (NON-REFLECTIVE) VINYL, PREMASKED WITH SCPS-55 FOR APPLICATION.	\$ 5.00	\$ 1000.00
43	10.00	ROLL	0043 - ROLL OF WHITE 3MC-10 VINYL, PREMASKED SCPS-55 15"X50 YDS.	\$ 350.00	\$ 3500.00

Non-Public Works Bid

AFFIDAVIT

STATE OF New York

PARISH/COUNTY OF New York

BEFORE ME, the undersigned authority, personally came and appeared: Danił
WhutorianSKI, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized signer of Mola Sign Shop LLC (Entity),
the party who submitted a bid in response to Bid Number 9000144103, 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.

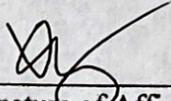
Choice B There are NO debts which would require disclosure under Choice A of this section.

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

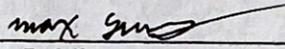
[The remainder of this page is intentionally left blank.]

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

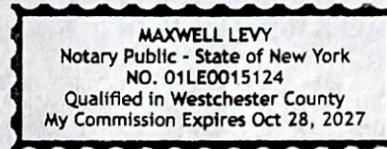
DANIL KHOTORIANSKII
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 18th DAY OF January, 2024.


Notary Public

Maxwell Levy
Printed Name of Notary

NO. 01LE0015124
Notary/Bar Roll Number



My commission expires October 28th, 2027

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Name	Type	City	Status
NOLA SIGN SHOP LLC	Limited Liability Company	NEW ORLEANS	Active

Previous Names

Business: NOLA SIGN SHOP LLC

Charter Number: 41647061K

Registration Date: 9/23/2014

Domicile Address

2545 BANKS STREET
NEW ORLEANS, LA 70119

Mailing Address

2545 BANKS STREET
NEW ORLEANS, LA 70119

Status

Status: **Active**

Annual Report Status: **In Good Standing**

File Date: 9/23/2014

Last Report Filed: 1/9/2024

Type: Limited Liability Company

Registered Agent(s)

Agent:	DANIL KHUTORIANSKII
Address 1:	2545 BANKS ST
City, State, Zip:	NEW ORLEANS, LA 70119
Appointment Date:	5/20/2015

Officer(s)

Additional Officers: No

Officer:	DANIL KHUTORIANSKII
Title:	Manager, Member
Address 1:	2545 BANKS ST
City, State, Zip:	NEW ORLEANS, LA 70119

Amendments on File (2)

Description	Date
Domestic LLC Agent/Domicile Change	5/20/2015
Domestic LLC Agent/Domicile Change	8/31/2020

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/20/2023

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 Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	CONTACT NAME: PHONE (A/C, No, Ext): (888) 202-3007		FAX (A/C, No):
	E-MAIL ADDRESS: contact@hiscox.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Hiscox Insurance Company Inc			10200
INSURER B:			
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

INSURED
 Nola Sign Shop LLC
 2545 Banks St
 New Orleans, LA 70119

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 VVD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			P100.847.406.2	09/06/2023	09/06/2024	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 \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (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**

	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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ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
03/03/2023

PRODUCER
SLB Insurance Group
134 S Clark St
New Orleans, LA 70119
504-273-1303

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
Nola Sign Shop, LLC
2545 Banks St
New Orleans, LA 70119

INSURER A: Farmington Casualty Company (A+)
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$																
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$																
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$																
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	UB-005W460532	03/02/2023	03/02/2024	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td><input checked="" type="checkbox"/></td> <td>OTH-ER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td>\$1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td>\$1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td>\$1,000,000</td> </tr> </table>	WC STATU-TORY LIMITS	<input checked="" type="checkbox"/>	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
WC STATU-TORY LIMITS	<input checked="" type="checkbox"/>	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																		
	OTHER																				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Graphic Design, Print Shop, Sign Manufacturing and Install.

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER: _____	CANCELLATION
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE 

Progressive
P.O. Box 94739
Cleveland, OH 44101
1-800-895-2886

PROGRESSIVE
COMMERCIAL

Policy number: 966857373

Underwritten by:
Progressive Paloverde Insurance Co
NAIC Number: 44695
June 11, 2023
Page 1 of 1

Certificate of Insurance

Certificate Holder

Architectural Graphics, Inc
PO Box 9175
Virginia Beach, VA 23450

Insured

Danil Khutorianski
2545 BANKS ST
NEW ORLEANS, LA 70119

Agent

PROG COMMERCIAL
PO BOX 94739
CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies. Liability coverage may not apply to all scheduled vehicles.

Policy Effective Date: Feb 28, 2023

Policy Expiration Date: Feb 28, 2024

Insurance coverage(s)

Limits

Bodily Injury/Property Damage

\$1,000,000 Combined Single Limit

Uninsured/Underinsured Motorist

\$1,000,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only

1996 CHEVROLET SUBURBAN 1GNEC16R4TJ341562

Uninsured Motorist Property Damage

\$25,000 w/\$250 Ded

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.

