



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/16/2018

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 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> Aparicio Walker and Seeling, Inc. 4501 W. Napoleon Ave. Suite 200 Metairie LA 70001	<b>CONTACT NAME:</b> Ashley Travis <b>PHONE (A/C, No, Ext):</b> 504-378-3652 <b>E-MAIL ADDRESS:</b> atravis@awsinc.com		<b>FAX (A/C, No):</b> 504-267-9247
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Bayou Tree Service, Inc. 264 Industrial Avenue Jefferson LA 70121	BAYOU-5		<b>INSURER A :</b> *AmTrust Ins Co. of Kansas Inc <b>NAIC #</b> 15954
			<b>INSURER B :</b> *American Interstate Insurance <b>NAIC #</b> 31895
			<b>INSURER C :</b> *AIG Specialty Insurance Co.
			<b>INSURER D :</b> *Republic Fire&Casualty Ins Co
			<b>INSURER E :</b>
			<b>INSURER F :</b>

**COVERAGES**

CERTIFICATE NUMBER: 1202566568

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
A	<b>GENERAL LIABILITY</b> <input checked="" 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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			KPP1029258 03	4/1/2018	4/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
D	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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			FCA1000200-00	4/1/2018	4/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			EBU015867606	4/1/2018	4/1/2019	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 Product/Completed Ops \$ 3,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			SVWCLA2689582018	4/1/2018	4/1/2019	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input 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

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

The Workers Compensation Policy contains the following endorsements: Longshore and Harbor Workers' Compensation Coverage Endorsement, Form WC000106A; Blanket Waiver of Our Right To Recover From Others Endorsement, Form WC00313 & Form WC990313 .

The General Liability Policy contains the following endorsements: Additional Insured--Owners, Lessees, or Contractors--Completed Operations, When Required in Construction Agreement with You, CG20330413; Waiver of Transfer of Rights of Recovery Against Others To Us - Blanket, 33-07120105 and GL990210LA1017 LA; Liability Expansion Endorsement, CG330839; Primary and Noncontributory-Other Insurance Condition, When Required in Construction Agreement with You, Form 3308611106.

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Proof of Insurance	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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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Aparicio Walker and Seeling, Inc.		NAMED INSURED Bayou Tree Service, Inc. 264 Industrial Avenue Jefferson LA 70121	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

The Commercial Auto Policy contains the following endorsements: Commercial Auto Expansion Endorsement: Waiver of Transfer of Rights of Recovery Against Others To Us & Designated Insured-Blanket as required by written contract; Additional Insured, as Required by written contract or agreement, CA9901870715.

The Commercial Umbrella policy contains the following wording: Umbrella policy is follow form based on the coverage on the underlying policies. Therefore if underlying includes additional insured or waiver of subrogation the Umbrella includes as follow form. Coverage under this policy for such liability will follow the terms, definitions, conditions and exclusions of Scheduled Underlying Insurance, subject to the Policy Period, Limits of Insurance, premium and all other terms, definitions, conditions and exclusions of this policy. Provided, however, that coverage provided by this policy will be no broader than the coverage provided by Scheduled Underlying Insurance. Any person, organization, trustee or estate to whom you are obligated by a written Insured Contract to provide insurance such as is afforded by this policy, but only with respect to: liability arising out of operations conducted by you or on your behalf; facilities owned or used by you; or liability arising solely from your acts or omissions. The coverage granted in this provision does not apply to any liability which arises solely from the acts or omissions of such person, organization, trustee or estate; The most we will pay for damages under this policy on behalf of any person or organization to whom you are obligated by written Insured Contract to provide insurance such as is afforded by this endorsement is the lesser of the Limits of Insurance shown in of the Declarations or the minimum Limits of Insurance you agreed to procure in such written Insured Contract. No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture, or limited liability company that is not shown as a Named Insured in the Declarations.