

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/18/2022

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(jes) must have ADDITIONAL INSURED provisions or be endorsed

	this certificate does not confer rights to			CONTACT	-1-			
	Marsh USA Inc.			NAME: PHONE		FAY		
	1560 Sawgrass Corporate Pkwy, Suite 300 Sunrise, FL 33323			(A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):		
					SURER(S) AFFOR	RDING COVERAGE		NAIC#
CN	105058554GAWU-21-22		INSURER A : Greenwich		22322			
INS	SURED Mosto Pro of Louisiana Jan		INSURER B : XL Insura		24554			
	Waste Pro of Louisiana, Inc. 1774 North Flannery Rd.			INSURER C : National F		20079		
	Baton Rouge, LA 70815			INSURER D : XL Specia		37885		
				INSURER E :	my moditance con	pany		
				INSURER F :				
CC	OVERAGES CERT	TIFICATE	ATL-005469121-01)				
C	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH FR	QUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT	T OR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO	O ALL	WHICH THIS
A		INSD WVD	POLICY NUMBER GEC3001382-04	(MM/DD/YYYY) 11/22/2021		LIMIT		4 000 000
	7, 00		GEC3001302-04	11/22/2021	11/22/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence)	\$	500,000 5,000
						MED EXP (Any one person)	\$	1,000,000
						PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
Α	OTHER: AUTOMOBILE LIABILITY		RAE9437884-04	11/22/2021	11/22/2022	COMBINED SINGLE LIMIT	\$ S	4 000 000
-	X ANY AUTO		SIR: \$2,000,000	11/22/2021	11/22/2022	COMBINED SINGLE LIMIT (Ea accident)	\$	4,000,000
	OWNED SCHEDULED		οπ τ. φε ₁ σσσ ₁ σσσ			BODILY INJURY (Per person)		
	AUTOS ONLY AUTOS NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE		
	AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
С	X UMBRELLA LIAB X OCCUP		42UMO30953403	44 (00)(0004	11/22/2022		\$	5,000,000
•	- OCCOR		420W030933403	11/22/2021	11/22/2022	EACH OCCURRENCE	\$	700 1100 1100 1100 1100
	EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	5,000,000	
В	DED RETENTION \$ WORKERS COMPENSATION	-	RWD3001380-04 (AOS)	11/22/2021	11/22/2022	X PER OTH-	\$	
	AND EMPLOYERS' LIABILITY		11111111111111111111111111111111111111	117222021	THEELOLL	SIAIUIE		1,000,000
		N/A				E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE		1,000,000
D	DÉSCRIPTION OF OPERATIONS below Excess Workers Compensation		DIMEDA25407.04 (FL. CA)	11/20/2021	44/00/0000	E.L. DISEASE - POLICY LIMIT Employers Liability:	\$	1,000,000
U	Excess Workers Compensation		RWE9435497-04 (FL,GA)	11/22/2021	11/22/2022			
						SIR:		500,000
RE:	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE : Residential Waste and Recycling Services for the City of Denham Springs is/are included as additional insure	of Denham S	Springs Louisiana. Contarct Start da	ate : 9-1-22.	- 500 A 500 B 5 A 500 B	ed)		
CF	RTIFICATE HOLDER			CANCELLATION				
UL				- CANOLILATION				
	City of Denham Springs Attn: Dana H, Purchasing Agent 116 N Range Ave Denham Springs, LA 70726				N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.		

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AUTHORIZED REPRESENTATIVE



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 08/18/2022

ADDITIONAL INTEREST COVERAGE AFFORDED	NAMED BI	SURANCE IS ISSUED AS ELOW. THIS EVIDENCE I OLICIES BELOW. THIS I D REPRESENTATIVE OF	DOES NOT EVIDENCE	AFFIRMATIVE OF INSURAN	ELY OF	NEG ES NO	ATIVE	LY AI	MEND, UTE A	EXTEND OR	ALTE	R THE
AGENCY PHONE (A/C, No, Ext):			COMPANY									
Marsh USA Inc. 1560 Sawgrass Corporate P Sunrise, FL 33323		A.J.		SEE ATTAC	HED SCH	EDULE						
CN105058554-All-Prope-22-23												
FAX (A/C, No):	E-MAIL ADDRESS:											
CODE:		SUB CODE:										
AGENCY CUSTOMER ID #:												
INSURED Waste Pro of Louisiana, Inc	c .			LOAN NUM	BER					POLICY NUMB		DULE
1774 North Flannery Rd. Baton Rouge, LA 70815				EFFEC	TIVE DAT	E	E	XPIRATI	ON DATE		NITINII IC	DUNTU
85				01/01/2022	2		01/01	/2023				D UNTIL ED IF CHECKED
				THIS REPLA	CES PRIC	R EVID	ENCE D	ATED:				
PROPERTY INFORMATION)N											
LOCATION/DESCRIPTION RE : Residential Waste and Recycling S	ervices for the (City of Denham Springs Louisiana. C	ontract start dat	te : 9-1-22.								1
THE POLICIES OF INSUR/ NOTWITHSTANDING ANY EVIDENCE OF PROPERTY SUBJECT TO ALL THE TE	REQUIREN INSURAN	MENT, TERM OR CONDIT CE MAY BE ISSUED OR M	ION OF AN'	Y CONTRACT	OR OTI	HER D	RDED	MENT I	WITH R	ESPECT TO	WHIC	H THIS HEREIN IS
COVERAGE INFORMATION	NC	PERILS INSURED	BASIC	BROAD	X s	PECIA	L					
		COVERAGE / PERILS / I	FORMS						AMO	UNT OF INSURA	NCE	DEDUCTIBLE
All Risk of Direct Physical Loss or Dal Excluding Earthquake in Alaska, Calif Other deductibles may apply per term	fornia, Hawaii ar	nd Puerto Rico	「errorism									
REMARKS (Including Spe	ecial Cond	litions)										
CANCELLATION												
DELIVERED IN ACCORD	ANCE WIT	SCRIBED POLICIES BE C		D BEFORE TI	HE EXP	RATIO	ON DA	ATE TH	HEREO	F, NOTICE V	VILL B	E
ADDITIONAL INTEREST	AI	TL-005469165-01		155:	NIA! III'A	DES	1	NDEDIC	10000	VARIE	100	DO DAVET
City of Denham Springs				MORTG	AGEE	KED	LE	NUEKS	LOSS PA	TABLE		SS PAYEE
Attn : Dana H, Purchasing A 116 N Range Ave Denham Springs, LA 70726				AUTHORIZED	REPRESI	ENTATI	/E					
				Marsh USA Inc.								

AGENCY CUSTOMER ID: CN105058554

LOC #: Lauderdale



GENCY Marsh USA Inc.		NAMED INSURED Waste Pro of Louisiana, Inc.	
OLICY NUMBER		1774 North Flannery Rd. Baton Rouge, LA 70815	
ARRIER	NAIC CODE	-	
	PATRICAL DESIGNATION OF THE PARRIET	EFFECTIVE DATE:	
DDITIONAL REMARKS			
HIS ADDITIONAL REMARKS FORM IS A SCHEDUL	E TO ACORD FORM		
	nce of Property Insura	ince	
Participants on Primary Layer -			
Laviantes incomes Occasion			
Lexington insurance Company Policy Number 026711790-00			
\$1,250,000 part of \$5,000,000 (25%)			
0.1200,000 part of 40,000,000 (2070)			
Aspen Specialty Insurance Company			
Policy Number PROOKED22			
\$500,000 part of \$5,000,000 (10%)			
Bridgeway Insurance Company			
Policy Number 7EA7PP1001089-01			
\$1,250,000 part of \$5,000,000 (25%)			
StarStone Specialty Insurance Company			
Policy Number - H85392210CSP			
\$1,250,000 part of \$5,000,000 (25%)			
Ironshore Specialty Insurance Company			
Policy Number 1000453019-02			
\$750,000 part of \$5,000,000 (15%)			
Property Program Deductibles:			
All Perils: \$250,000 per occurrence			
Contractors Equipment: \$25,000 per occurrence			
EXCEPT Wind or Hail other than Named Storm - 2% of Total Insured Val	ues; minimum \$250,000		
Named Storm Wind - 5% of Total Insured Values, minimum \$250,000 in T	Tier 1 Locations		
Earthquake - \$100,000 per occ EXCEPT 2% of Total Insured Values, mir	nimum \$250,000 in New Madrid A	reas	
Flood - \$100,000 per occurrence except \$500,000 for locations in a Spec	ial Flood Hazard Area		
Flood from Named Storm - 5% of Total Insured Values, minimum \$250,00			