

CERTIFICATE OF LIABILITY INSURANCE

BHERNAEZ

DATE (MM/DD/YYYY) 6/19/2023

TRAIGRO-02

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.

	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to							require an endorsem	ent. A s	tatement on	
PRODUCER Laris Insurance Agency 810 Crescent Avenue Lockport, LA 70374						CONTACT NAME:					
						PHONE (A/C, No, Ext): (985) 532-5576 FAX (A/C, No): (985) 532-5001					
						E-MAIL ADDRESS:					
						INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A : Louisiana Home Builders Association General Liability Trust					
						INSURER B : Louisiana Workers' Compensation Corporation 22350					
						INSURER C:					
The Trainque Group LLC 328 Alix Street						INSURER D:					
New Orleans, LA 70114					INSURER E :						
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
TI	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	S O EQUI	F INS	SURANCE LISTED BELOW ENT, TERM OR CONDITION	N OF A	NY CONTRAC	TO THE INSUF	RED NAMED ABOVE FOR DOCUMENT WITH RES	R THE PO	WHICH THIS	
E.	XCLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY I	PAID CLAIMS.				
INSR LTR	TYPE OF INSURANCE	ADDL SU	SUBR WVD	BR VD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	MITS		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$		1,000,000	
	CLAIMS-MADE X OCCUR			LH2300147600		6/18/2023	1/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	25,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO-							PRODUCTS - COMP/OP AG		2,000,000	
	OTHER:							MOISTURE DAMAG	= \$	25,000	
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per persor) \$		
	OWNED SCHEDULED AUTOS HIBED NON OWNED							BODILY INJURY (Per accide PROPERTY DAMAGE	nt) \$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$		
								AGGREGATE	\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE ER	- \$		
				167572		12/1/2022	12/1/2023			1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	1,000,000	
	If yes, describe under							E.L. DISEASE - EA EMPLOY		1,000,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	11 \$,,	
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	FS (CORD	101 Additional Remarks Schedu	ıle mav h	e attached if mor	e snace is requir	red)			
		(,		, , , , , , , , , , , , , , , , , , , ,	,		o opaco io roquii	,			
CERTIFICATE HOLDER						CANCELLATION					
Insured Copy						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 Ross Laris					