



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/01/2016

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 Gama Insurance Agency LLC 2108 31ST CT LA 70065-4535	CONTACT NAME ANTONIO ORTIZ PHONE (504) 305-4141 FAX (504) 802-9872 EMAIL INFO@GAMANOW.COM ADDRESS LA 70065-4535
KENNER	INSURER(S) AFFORDING COVERAGE
INSURED ELDER CONSTRUCTION LLC 8060 Winchester Ave Trv 5 LOT 5 Baton Rouge LA 70805-1801	INSURER A CERTAIN UNDERWRITERS AT LLOYDS LONDON INSURER B LWCC INSURER C INSURER D INSURER E INSURER F

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS	
				AMOUNT	PER OCCURRENCE
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER OCCUR <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ _____ <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> DESCRIPTION OF OPERATIONS BELOW: _____	DCCSGL01475-00	10/31/2016	10/31/2017	EACH OCCURRENCE COVERED TO REPORTED DAMAGES (P&BI) \$ 1,000,000 MEDICAL (P&BI) \$ 50,000 PERSONAL & ADVISORY \$ 5,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COVERED SINGLE LIMIT (P&BI) \$ _____ BODILY INJURY (P&BI) \$ _____ BODILY INJURY (P&BI) \$ _____ PROPERTY DAMAGE (P&BI) \$ _____ EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ PER STATUTE <input type="checkbox"/> YES <input type="checkbox"/> NO	
	158808	10/31/2016	10/31/2016	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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 ROOFING, PLUMBING, PAINTING, AND INTERIOR CARPENTRY

CERTIFICATE HOLDER

FOR INFORMATION ONLY TO VERIFY INSURANCE
 PLEASE CALL GAMA INSURANCE AGENCY LLC
 PH 504-305-4141 FAX 504-802-9872
 Email: INFO@GAMANOW.COM
 WWW.GAMANOW.COM

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

