

# CERTIFICATE OF LIABILITY INSURANCE

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).

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| PRODUCER<br><b>Louisiana Companies</b><br>2201 West Congress Blvd.<br>Lafayette, LA 70506-4203<br>337 233-3932 | CONTACT NAME: <b>Roxanne M. Cormier</b>  |
|  | PHONE (A/C, No, Ext): <b>337 233-3932</b> FAX (A/C, No): <b>337 232-9120</b><br>E-MAIL ADDRESS:<br>PRODUCER CUSTOMER ID #: |
| INSURED<br><b>KDM Construction, LLC</b><br>1531 Cooters Point Road<br>Gilbert, LA 71336                        | INSURER(S) AFFORDING COVERAGE      NAIC #  |
|  | INSURER A : <b>Travelers Property Casualty Co</b> <b>25674</b>   |
|  | INSURER B : <b>North River Insurance Company</b> <b>21105</b>  |
|  | INSURER C : <b>SeaBright Insurance Company</b>   |
|  | INSURER D : <b>Travelers Property Casualty Co</b>  |
|  | INSURER E : <b>Ironshore Specialty Insurance</b>   |
| INSURER F :  | 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.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSR   | SUBR WVD | POLICY NUMBER             | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|---|----------|---------------------------|-------------------------|-------------------------|--|
| <b>A</b> | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>PD Ded: 2,500</b><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |   |          | <b>CO2856P45810TIA</b>    | <b>12/31/2010</b>       | <b>12/31/2011</b>       | EACH OCCURRENCE <b>\$1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$300,000</b><br>MED EXP (Any one person) <b>\$5,000</b><br>PERSONAL & ADV INJURY <b>\$1,000,000</b><br>GENERAL AGGREGATE <b>\$2,000,000</b><br>PRODUCTS - COMP/OP AGG <b>\$2,000,000</b><br>\$ |
| <b>A</b> | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS   |   |          | <b>8102856P45810TIL10</b> | <b>12/31/2010</b>       | <b>12/31/2011</b>       | COMBINED SINGLE LIMIT (Ea accident) <b>\$ 1,000,000</b><br>BODILY INJURY (Per person)      \$<br>BODILY INJURY (Per accident)      \$<br>PROPERTY DAMAGE (Per accident)      \$<br>\$<br>\$  |
| <b>B</b> | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DEDUCTIBLE<br>RETENTION \$   |   |          | <b>5530938768</b>         | <b>12/31/2010</b>       | <b>12/31/2011</b>       | EACH OCCURRENCE <b>\$4,000,000</b><br>AGGREGATE <b>\$8,000,000</b><br>\$<br>\$   |
| <b>C</b> | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input checked="" type="checkbox"/> N    N/A |          | <b>BB1093280</b>          | <b>12/31/2010</b>       | <b>12/31/2011</b>       | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT <b>\$1,000,000</b><br>E.L. DISEASE - EA EMPLOYEE <b>\$1,000,000</b><br>E.L. DISEASE - POLICY LIMIT <b>\$1,000,000</b>   |
| <b>D</b> | <b>Equipment</b>   |   |          | <b>QB6608490L180TIL</b>   | <b>12/31/10</b>         | <b>12/31/11</b>         | <b>\$500,000 L/R Equip.</b>  |
| <b>E</b> | <b>Pollution</b>   |   |          | <b>000077800</b>          | <b>12/31/10</b>         | <b>12/31/11</b>         | <b>\$2 Mil/\$1Mil</b>  |

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

**\*\*General Liability\*\***

1.) Policy Includes Blanket Additional Insured Endorsement provided under Endorsement No. CGD2460805 and (See Attached Descriptions)

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|---|--|
| CERTIFICATE HOLDER<br><br><p style="text-align: center;">Sample</p> | CANCELLATION<br><br>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<br><br><p style="text-align: center;"><i>Annette Latidais</i></p>  |

## DESCRIPTIONS (Continued from Page 1)

Blanket Waiver of Subrogation provided under Endorsement No. CG26841204.

2.) General Liability Limits are on a "Per Project" Basis provided under Endorsement No. CGD2110104.

**\*\*Commercial Automobile\*\***

1.) Policy Includes Blanket Additional Insured and Blanket Waiver of Subrogation Endorsement provided under Endorsement No. CAF1060609.

**\*\*Workers Compensation\*\***

1.) Includes Blanket Waiver of Subrogation provided under WC000313 Ed.4-84.

2.) Blanket Alternate Employer provided under WC000301 Ed.1-94.

3.) U.S. Longshoremen & Harbor Workers Act endorsement is included on an "if any" basis provided under Endorsement No. WC000106A Ed. 4-92.

Please call Roxanne Cormier at (337) 233-3932 if you have any questions regarding this certificate.