

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YY)

NOV 24 2009

PRODUCER
ALEXANDER & SANDERS INSURANCE AGENCY, INC.
4610 BLUEBONNET BLVD., SUITE A
BATON ROUGE LA 70809

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A XL Specialty Insurance Co

COMPANY
B Travelers

COMPANY
C

COMPANY
D

INSURED

Danny J. Hebert, P.E., LLC dba
Civil & Environmental Consulting Engineers
P.O. Box 1528
Luling, LA 70070

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B	GENERAL LIABILITY	680 3109L138*	AUG 9 2009	AUG 9 2010	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> Addtl Insured & Waiver when				FIRE DAMAGE (Any One Fire) \$ 300,000
	<input checked="" type="checkbox"/> reqd by written contract				MED. EXP (Any One Person) \$ 5,000
	AUTOMOBILE LIABILITY				680 3109L138*
B	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
<input checked="" type="checkbox"/> Addtl Insured & Waiver when					
<input checked="" type="checkbox"/> reqd by written contract					
GARAGE LIABILITY					AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
EXCESS LIABILITY					EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	XVMPJUB 6895Y19**	AUG 9 2009	AUG 9 2010	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH ER
	EACH ACCIDENT \$ 1,000,000				
	DISEASE-POLICY LIMIT \$ 1,000,000				
	DISEASE-EACH EMPLOYEE \$ 1,000,000				
A	OTHER: PROFESSIONAL LIABILITY, Claims Made Form, Retroactive Date: 10/26/1999	DPS9619403	OCT 26 09	OCT 26 10	\$1,000,000 Each Claim & Aggregate \$5,000 Deductible

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SEE SUPPLEMENTAL CERTIFICATE INFORMATION

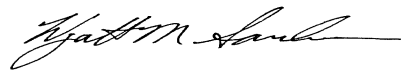
CERTIFICATE HOLDER**CANCELLATION**

St. Charles Parish
P.O. Box 302
Hahnville, LA 70057

Attention: V.J. St. Pierre, Jr.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS
WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO
SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS
OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



ACORD 25-S (1/95)

Certificate # 26034

Wyatt M. Sanders

SUPPLEMENT TO CERTIFICATE OF LIABILITY INS #26034

DATE
NOV 24 2009

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CONSULTING ENGINEER - FOR PROFESSIONAL LIABILITY COVERAGE, THE AGGREGATE LIMIT IS THE TOTAL INSURANCE AVAILABLE FOR ALL COVERED CLAIMS PRESENTED WITHIN THE POLICY PERIOD. THE LIMIT WILL BE REDUCED BY PAYMENTS OF INDEMNITY AND EXPENSE.

*Certificate Holder is included as Additional Insured on General & Automobile Liability Policies along with a Waiver of Subrogation when required by written contract.

**Workers Compensation Policy includes a Waiver of Subrogation when required by written contract.