



HARDROC-09

LBOURGEOIS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/9/2025

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<br>World Insurance Associates, LLC<br>3636 South I-10 Service Road, Suite 100<br>Metairie, LA 70001   | CONTACT NAME: Linda Bourgeois                              |        |
|  | PHONE (A/C, No, Ext): (504) 229-5274 242199 FAX (A/C, No): |        |
|  | E-MAIL ADDRESS: lindabourgeois@worldinsurance.com          |        |
|  | INSURER(S) AFFORDING COVERAGE                              | NAIC # |
|  | INSURER A : Continental Insurance Company                  | 35289  |
| INSURED<br><br>Hard Rock Construction, LLC & Hard Rock Operations, LLC<br>1255 Peters Road<br>Harvey, LA 70058 | INSURER B : Palomar Excess and Surplus Insurance Company   | 16754  |
|  | INSURER C : Crum & Forster Specialty Insurance Co.         | 44520  |
|  | INSURER D : Westfield Specialty Insurance Company          | 16992  |
|  | 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.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD  | SUBR WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|------------|----------|------------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Contractual Liab<br><input checked="" type="checkbox"/> Railroads Included<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X          | X        | GL8019152443     | 6/15/2025               | 6/15/2026               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 15,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   | X          | X        | BA8018812157     | 6/15/2025               | 6/15/2026               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| B        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$   | X          | X        | CEPXP25000012300 | 6/15/2025               | 6/15/2026               | EACH OCCURRENCE \$ 2,000,000<br>AGGREGATE \$ 2,000,000<br>Products \$   |
| A        | <input checked="" type="checkbox"/> 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>N | N / A    | WC818812188      | 6/15/2025               | 6/15/2026               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                       |
| C        | Excess Liability/Occ  | X          | X        | SEO140508        | 6/15/2025               | 6/15/2026               | \$3M xs of \$2M 3,000,000   |
| D        | Excess Liability/Occ  | X          |          | XSL487110C00     | 6/15/2025               | 6/15/2026               | \$5M xs of \$5M 5,000,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Job 4473

Project: Kinler Lift Station Replacement - Project# S220801

Parish of St. Charles, as well as its employees and elected officials, are included as additional insured.

Excess policies are follow form of underlying

## CERTIFICATE HOLDER

## CANCELLATION

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

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



## ADDITIONAL REMARKS SCHEDULE

|  |                             |   |
|--|-----------------------------|---|
| AGENCY<br><b>World Insurance Associates, LLC</b> |                             | NAMED INSURED<br><b>Hard Rock Construction, LLC &amp; Hard Rock Operations, LLC</b><br>1255 Peters Road<br>Harvey, LA 70058 |
| POLICY NUMBER<br><b>SEE PAGE 1</b>               |                             |   |
| CARRIER<br><b>SEE PAGE 1</b>                     | NAIC CODE<br><b>SEE P 1</b> | EFFECTIVE DATE: <b>SEE PAGE 1</b>   |

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**C.H. Wording**

The certificate holder is an additional insured on all policies (except Workers' Compensation and professional) is provided with a Waiver of Subrogation; the above insurance policies shall be primary and noncontributory to any other insurance policies maintained by the certificate holder; 30 Day notice of cancellation (10 day for non payment of premium) on all policies including workers compensation; General Liability includes General Aggregate Limits - per project; all if required by written contract subject to policy terms and conditions.

**Excess Liability Continued**

**Excess Liability (Follow Form of Underlying):**

**\$5,000,000 excess of \$10,000,000**

**Policy # SXS00619199**

**Carrier: Indian Harbor Insurance Company**

**Policy Term 06/15/2025-2026**

**\$5,000,000 excess of \$15,000,000**

**Policy # LHA607230**

**Carrier Landmark American Insurance Company**

**Policy Term: 06/15/2025-2025**

**Excess Liability policies shown have total limits of \$20,000,000 which is Excess of Continental Insurance Company and is follow form.**