

CONTRACTUAL INSURANCE REQUIREMENTS

The information contained herein is to describe the contractual requirements that Boh Bros. Construction Co., LLC and/or Broadmoor LLC has indicated to myCOL. These contractual requirements should NOT be used to provide inaccurate information regarding current insurance policies. Questions regarding interpretation of this document can be directed to our support team at 888-692-6448 x105.

INSURED NAME Dammon Engineering Inc. 554 Old Spanish Trail Slidell, LA 70458	CARRIER REQUIREMENTS A- or higher, VII
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	POLICY LINE	POLICY LIMITS REQ'D BY CONTRACT	OTHER CONTRACTUAL REQUIREMENTS												
GENERAL LIABILITY	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$2,000,000</td></tr> </table>	EACH OCCURRENCE	\$2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$2,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000	Additional Insured applies to General Liability. Waiver of Subrogation is required for General Liability. General Liability is Primary and Non-contributory.
EACH OCCURRENCE	\$2,000,000														
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$														
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PRODUCTS - COMP/OP AGG	\$2,000,000														
AUTO LIABILITY	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$ 50,000</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$ 1,000,000	BODILY INJURY (Per accident)	\$ 1,000,000	PROPERTY DAMAGE (Per accident)	\$ 50,000	Additional Insured applies to Automobile. Waiver of Subrogation is required for Automobile. Automobile Liability is Primary and Non contributory.				
COMBINED SINGLE LIMIT (Ea accident)	\$														
BODILY INJURY (Per person)	\$ 1,000,000														
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GARAGE LIABILITY	<input type="checkbox"/> ANY AUTO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>OTHER THAN EA ACC</td><td style="text-align: right;">\$</td></tr> <tr><td>AUTO ONLY: AGG</td><td style="text-align: right;">\$</td></tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN EA ACC	\$	AUTO ONLY: AGG	\$							
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EXCESS/ UMBRELLA LIABILITY	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$									
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WORK COMP AND EMPLOYERS' LIABILITY		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> WC STATU-TORY LIMITS</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td style="text-align: right;">\$1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT		\$1,000,000	E.L. DISEASE - EA EMPLOYEE		\$1,000,000	E.L. DISEASE - POLICY LIMIT		\$1,000,000	Waiver of Subrogation is required for Workers Comp. Workers' Compensation is Primary and Non-contributory.
<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER														
E.L. EACH ACCIDENT		\$1,000,000													
E.L. DISEASE - EA EMPLOYEE		\$1,000,000													
E.L. DISEASE - POLICY LIMIT		\$1,000,000													
Professional Liability	Professional Liability coverage should be on a claims-made basis.	Each Occurrence: \$2,000,000 Aggregate: \$2,000,000	Waiver of Subrogation is required for Professional Liability. Professional Liability is Primary and Non-contributory.												

CERTIFICATE HOLDER

Broadmoor LLC

730 South Tonti Street
 New Orleans, LA 70119

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Division Name: BRM - Professional Services. Endorsement(s) required: CG 2010 10 01 or its equivalent; CG 2037 10 01 or its equivalent. Additional Insured Names: Broadmoor LLC. 30 Days Notice of Cancellation Required. Waiver of Subrogation applies in favor of: Broadmoor LLC. Must include endorsement showing General Liability, Automobile Liability, Workers Compensation and Professional Liability include Waiver of Subrogation.

General Liability and Automobile Liability: Additional Insured endorsements required.