

Application and Certificate for Payment

TO OWNER: STFPD #1
522 Robert Blvd
Slidell, LA 70458

PROJECT:
STFD New Training Facility
34780 S. Range Road
Slidell, LA 70460

FROM CONTRACTOR:
M Natal Contractor, Inc.
P.O. Box 518
Slidell, LA 70459

VIA ARCHITECT:

APPLICATION NO: 1

PERIOD TO: 7/31/25

CONTRACT FOR: St. Tammany Fire Protection Dis

CONTRACT DATE:

PROJECT NOS: 2507

Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR
 FIELD
 OTHER

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: *M Natal*

By: _____ Date: 8-12-25

State of: Louisiana

County of: St. Tammany Parish

Subscribed and sworn to before me this 12 day of August 2025

Notary Public: *Alu Beach*
Louisiana Notary Public # 159977
St. Tammany Parish Statewide Jurisdiction
Commissioned for life

CONTRACTOR'S APPLICATION FOR PAYMENT
Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM \$ 458,520.00

2. Net change by Change Orders \$ 0.00

3. CONTRACT SUM TO DATE (Line 1 +/- 2) \$ 458,520.00

4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 83,785.88

5. RETAINAGE:

a. 10.0 % of Completed Work (Column D + E) on G703 \$ 8,378.59

b. 10.0 % of Stored Material (Column F on G703) \$ 0.00

Total Retainage (Lines 5a + 5b or Total in Column I of G703) \$ 8,378.59

6. TOTAL EARNED LESS RETAINAGE \$ 75,407.29

(Line 4 less Line 5 Total)

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT \$ 0.00
(Line 6 from prior Certificate)

8. CURRENT PAYMENT DUE \$ 75,407.29

9. BALANCE TO FINISH, INCLUDING RETAINAGE \$ 383,112.71
(Line 3 less Line 6)

ARCHITECT'S CERTIFICATE FOR PAYMENT
In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ 75,407.29
(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT: *Alu Beach*

By: _____ Date: 8-12-25

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$ 0.00	\$ 0.00
Total approved this Month	\$ 0.00	\$ 0.00
TOTALS	\$ 0.00	\$ 0.00
NET CHANGES by Change Order	\$	0.00

Application no.: 1
 Application date: 7/31/25
 Period to: 7/31/25
 Architect's project no.: 2507

JobId: 830
 STFD New Training Facility

A Item No.	B Description of Work	C Scheduled Value	D WORK COMPLETED		E Amount This Period	F Materials Presently Stored (not in D)	G Total Compl. and Stored To Date (D+F)	H Balance To Finish (Prev.)	I Retainage (Prev.)
			From Prev. Application						
1	Bond, Permit, Insurance, etc	15,194.28	0.00		15,194.28	0.00	15,194.28	0.00	1,519.43
2	Temporary Facilities and Controls	11,108.99	0.00		2,500.00	0.00	2,500.00	8,608.99	250.00
3	Anchor Bolts	1,159.60	0.00		1,159.60	0.00	1,159.60	0.00	115.96
4	Place and Finish Foundations -	30,948.65	0.00		7,782.00	0.00	7,782.00	23,166.65	778.20
5	Thermal Insulation	0.00	0.00		0.00	0.00	0.00	0.00	0.00
6	Doors, Frames and Hardware	23,821.20	0.00		0.00	0.00	0.00	23,821.20	0.00
7	Overhead Coiling Doors	8,565.99	0.00		0.00	0.00	0.00	8,565.99	0.00
8	Windows & Glazing	7,220.85	0.00		0.00	0.00	0.00	7,220.85	0.00
9	Metal Framing	20,174.77	0.00		0.00	0.00	0.00	20,174.77	0.00
10	Drywall	0.00	0.00		0.00	0.00	0.00	0.00	0.00
11	Acoustical Ceilings	19,033.73	0.00		0.00	0.00	0.00	19,033.73	0.00
12	Flooring	16,471.29	0.00		0.00	0.00	0.00	16,471.29	0.00
13	Painting & Coating, Accousical, Framing	14,944.96	0.00		0.00	0.00	0.00	14,944.96	0.00
14	Toilet/Bath/Laundry Accessories	813.44	0.00		0.00	0.00	0.00	813.44	0.00
15	Fire Protection Specialities	699.21	0.00		0.00	633.00	633.00	66.21	63.30
16	Countertops & Cabinets	13,335.44	0.00		0.00	0.00	0.00	13,335.44	0.00
17	Metal Building Systems	92,884.21	0.00		0.00	0.00	0.00	92,884.21	0.00
18	Plumbing	39,380.12	0.00		11,717.00	0.00	11,717.00	27,663.12	1,171.70
19	HVAC	61,505.52	0.00		0.00	33,350.00	33,350.00	28,155.52	3,335.00
20	Electrical	52,182.14	0.00		0.00	0.00	0.00	52,182.14	0.00
Page Totals		429,444.39	0.00		38,352.88	33,983.00	72,335.88	357,108.51	7,233.59

Application no.: 1
 Application date: 7/31/25
 Period to: 7/31/25
 Architect's project no.: 2507

JobId: 830
 STFD New Training Facility

A Item No.	B Description of Work	C Scheduled Value	D WORK COMPLETED		E Amount This Period	F Materials Presently Stored (not in D)	G Total Compl. and Stored To Date (D+F)	H Balance To Finish (Prev.)	I Retainage (Prev.)
			From Prev. Application						
21	Excavation & Fill	18,731.07	0.00		11,450.00	0.00	11,450.00	7,281.07	1,145.00
22	Soil Treatment	113.07	0.00		0.00	0.00	0.00	113.07	0.00
23	Concrete Paving	10,231.47	0.00		0.00	0.00	0.00	10,231.47	0.00
			0.00		49,802.88	33,983.00	83,785.88	374,734.12	8,378.59
			458,520.00						



Check/Credit Memo No:

550.00	TOTAL
	Payment/Credit Applied
550.00	Total Invoice Amount
	Freight
	Sales Tax
550.00	Subtotal

Quantity	Item	Description	Unit Price	Amount
		FIRE EXTINGUISHERS		550.00

Customer ID	Customer PO	Payment Terms
NAT	830 STFD NEW TRAININ	Net 30 Days
Sales Rep ID	Shipping Method	Ship Date
Shannon	Best Way	7/1/25
Due Date		8/1/25

Ship to:
 #23582-SHANNON
 STFD NEW TRAINING FACILITY
 394 VOTERS RD.
 SLIDELL, LA 70460

Bill To:
 M NATAL CONTRACTOR, INC.
 P.O. BOX 518
 SLIDELL, LA 70459

INVOICE

Invoice Number: 70176
 Invoice Date: Jul 2, 2025

WERCO BUILDING SPECIALTIES, INC.
 P.O. BOX 15763
 Baton Rouge, LA 70895
 USA
 Voice: (225) 927-8376
 Fax: (225) 927-8378



UL
WALL MOUNT APPROVED BY TOP OF CANADA
FIRE EXTINGUISHER
NOT A WALL MOUNT APPROVED BRACKET



NOT A WALL MOUNT
OPEN THIS END

FRAGILE
Bradley



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/31/2025

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 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 Eagan Insurance Agency P. O. Box 8590 Metairie LA 70011		INSURED M Natal Contractor, Inc. P. O. Box 518 Slidell LA 70459	
CONTACT NAME: Devin Arocha PHONE (A/C No. ext): 504-836-9600 E-MAIL: darocha@higginbotham.net		INSURER A: Valley Forge Insurance Company 20508	
INSURER(S) AFFORDING COVERAGE NAIC #		INSURER B: The Continental Insurance Company 35289	
INSURER C: HomeBuilders SIF		INSURER D:	
INSURER E:		INSURER F:	

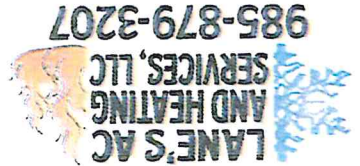
COVERAGES
CERTIFICATE NUMBER: 160979747
REVISION NUMBER:

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 SUBR (INSR YMD)	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY	6057533267	5/6/2025	5/6/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: POLICY <input checked="" type="checkbox"/> PROJ <input type="checkbox"/> LOC <input type="checkbox"/>
A	AUTOMOBILE LIABILITY	6057533267	5/6/2025	5/6/2026	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	UNRELLIAB LIAB	6057533284	5/6/2025	5/6/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	20595	4/1/2025	4/1/2026	E.L. DISEASE - POLICY LIMIT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. EACH ACCIDENT \$ 1,000,000 X PER STATUTE OTH-ER

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Blanket additional insured and blanket waiver of subrogation, if required by written contract in respects to General Liability and Auto Liability. Primary and Non-Contributory if required by written contract in respects to General Liability

CERTIFICATE HOLDER	CANCELLATION
PROOF OF INSURANCE	AUTHORIZED REPRESENTATIVE
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	



Lane's AC and Heating Services, LLC
 6958 West Park Ave | Houma, LA 70364
 (985)879-3207 | acandheatingsservices@yahoo.com
 www.lanesacandheat.com

RECIPIENT:

St. Tammany Fire District #1

522 Robert Boulevard
 Slidell, Louisiana 70458

Invoice #9689143

Issued Not sent yet

Due Upon receipt

Total \$29,000.00

Account Balance \$29,000.00

Stored Materials

Product/Service	Description	Qty	Unit Price	Total
Trane	Equipment	1	\$18,000.00	\$18,000.00
Airside	Fire Dampers, Grills, Diffusers, Louvers, etc.	1	\$11,000.00	\$11,000.00
Total				\$29,000.00

No additional charges will be applied without verbal approval from clients. Both the technician and the customer must have a comprehensive understanding of the scope of work to be performed. Please note that additional charges may apply to ensure a satisfactory completion of the job. The client will be informed prior to any additional work being undertaken.

NO RETURN AND NO REFUND POLICY!

Limited Warranty: All Materials, parts and equipment are warranted by the manufacturer's or suppliers'. All labor performed by the company is

St. Tammany Fire District #1
 522 Robert Boulevard
 Slidell, Louisiana 70458

Stored Materials

Invoice #: 9689143

Due date: upon receipt

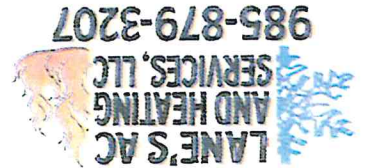
Amount due: \$29,000.00

Amount enclosed:

Lane's AC and Heating Services, LLC
 6958 West Park Ave
 Houma, LA 70364

Mail to:

Lane's AC and Heating Services, LLC
6958 West Park Ave | Houma, LA 70364
(985) 879-3207 | acandheatingervices@yahoo.com | www.lanessacandheat.com



Notes Continued...

warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, in its agents or technicians are not authorized to make any such warranties on behalf of above named company.

I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is paid. If payment is not made as agreed, Seller can remove said equipment/material at Seller's expense. Any damage resulting from said removal shall not be responsibility of Seller.

If amounts owing under this Agreement are not paid within thirty (30) days, Customer agrees to pay a late charge on any outstanding balance at nine percent (9%) per month or twenty-four percent (24%) per annum on the unpaid amount calculated from the date payment was due. Customer will be deemed to have accepted Seller's performance as complete under this Agreement unless Customer notified Seller in writing otherwise within thirty (30) days of substantial completion. Should Seller retain the assistance of a third party, including without limitation an attorney, to assist with collection of unpaid amounts due and owing, Customer agrees to pay Seller's costs associated therewith including without limitation reasonable attorneys' fees, collection agency's fees, court costs, and interest at the maximum legal rate.

When payment is made using a check or cash, credit card fees are waived. **A yearly maintenance is required to honor the labor warranty, if a maintenance is missed the labor warranty is void.**

Federal Tax ID 46-2969905

AUTHORIZED REPRESENTATIVE SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	Sidel 394 Voters Road M Natal Contractor, Inc. LA 70461
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CANCELLATION		CERTIFICATE HOLDER	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)			
WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Y/N N/A	028000160495125	05/07/2025 05/07/2026
AUTOMOBILE LIABILITY ANY AUTO OWNED AUTO SCHEDULED AUTO NON-OWNED AUTO HIRED AUTO ONLY	UMBRELLA LIAB EXCESS LIAB RETENTION \$	05/07/2025 05/07/2026	05/07/2025 05/07/2026
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR	GENERAL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	05/07/2025 05/07/2026	05/07/2025 05/07/2026
DAMAGE TO RENTED PREMISES (ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (ea accident)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (ea accident)	05/07/2025 05/07/2026	05/07/2025 05/07/2026
BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	EACH OCCURRENCE BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	05/07/2025 05/07/2026	05/07/2025 05/07/2026
E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	05/07/2025 05/07/2026	05/07/2025 05/07/2026
E.L. EACH ACCIDENT PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>	E.L. EACH ACCIDENT PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>	05/07/2025 05/07/2026	05/07/2025 05/07/2026
\$ 1,000,000 \$ 1,000,000 \$ 1,000,000	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000	05/07/2025 05/07/2026	05/07/2025 05/07/2026

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.

REVISION NUMBER: 25-25
 CERTIFICATE NUMBER: 25-25

PRODUCER Riverlands Insurance Services Inc. 492 West 5th Street LA 70068	INSURED Lane's AC and Heating Services, LLC 6958 West Park Ave LA 70364
CONTACT NAME: Brandi Lamonte, CISR PHONE: (985) 652-5505 FAX: (985) 652-4039 E-MAIL: diamonte@rhvins.com ADDRESS:	INSURER A: LUBA Casualty Insurance Company NAIC # 12472
INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	INSURER F: INSURER E: INSURER D: INSURER C: INSURER B:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/31/2025

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 endorsements(s).

PRODUCER	Riviere Insurance Agency 412 Canal Blvd. Thibodaux LA 70301
INSURED	Lanes AC and Heating Services LLC 696 West Park Ave. Houma, LA 70364
INSURER A:	Atlantic Casualty Ins Co
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	
CONTACT NAME:	Diana Bellina
PHONE (A/C No. Ext):	(985)447-2625
FAX (A/C No.):	(985)447-8975
E-MAIL ADDRESS:	diana@riviereinsurance.com
INSURER(S) AFFORDING COVERAGE	NAIC # 21792

COVERAGES
CERTIFICATE NUMBER: 2025 2026 GL
REVISION NUMBER:

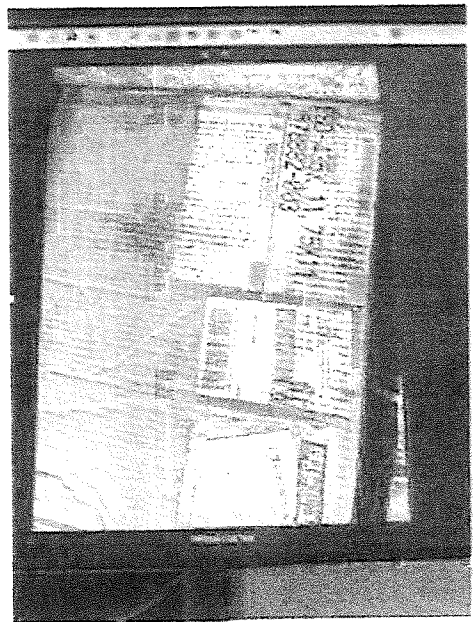
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

INSUR LTR	TYPE OF INSURANCE	ADDL INSRN (INSR LTR)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		L008020099	02/24/2025	02/24/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (ea occurrence) \$ 100,000 MED EXP (any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 COMBINED SINGLE LIMIT (ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> SCHEDULED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> AUTOS ONLY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A DESCRIPTION OF OPERATIONS BELOW (if yes, describe under OPERATIONS below)
	AGGREGATE					\$
	EACH OCCURRENCE					\$
	UMBRELLA LIAB					\$
	EXCESS LIAB					\$
	CLAIMS-MADE					\$
	OCCUR					\$
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					\$
	Y/N					\$
	N/A					\$
	DESCRIPTION OF OPERATIONS BELOW (if yes, describe under OPERATIONS below)					\$

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

CANCELLATION

CERTIFICATE HOLDER	M Natal Contractor Inc. PO Box 518 Siddell LA 70461
AUTHORIZED REPRESENTATIVE	<i>Diana Bellina</i>
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	

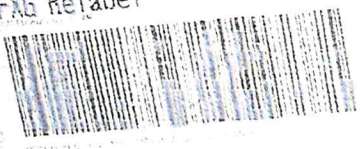




ST TAMMARD TDI TRAINING FACILITY
LANH S AIC AN HEATING SERVICES
HOUMI LA 7074
70364
PodLx
G

252-8053

FXG Relabel



HU#: 1026378771

9/7/10
CLG

WD470-12X12
9578882-002

257609792



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201 0146
M

222022

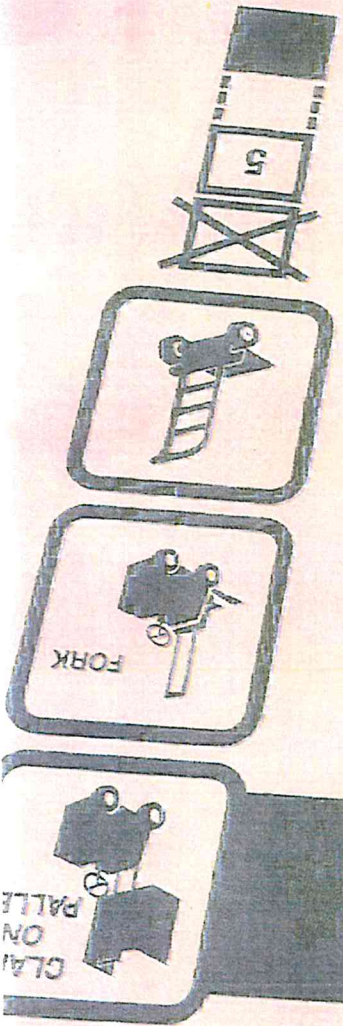
HANDLE FROM THIS SIDE ONLY

STW/R7048
A1003A
25155P7JUF

ENERGYGUIDE

STW/R7048
A1003A
25155P7JUF

St
Tammann



ENERGYGUIDE
152-174
82-94

