



5000 00000 BBOP RENEWAL DECLARATIONS DECLARATIONS PAGE
 Business Owners Program

Policy Number
17 0004917800 9 05

Page 1 of 3

Date of Issue
 3/17/16

Policy Period	Term	Inception Date	Agent	Agent's Phone
From: 4/24/16 To: 4/24/17 12:01 Standard Time	12 mos	4/24/11 12:01 AM	00-0083722	(985)892-3101

Agent (985)892-3101
 AUBERT INSURANCE AGENCY
 PO BOX 1360
 COVINGTON LA 70434

DAMMON ENGINEERING INC
 EMMETTE AND MAXINE DAMMON
 554 OLD SPANISH TRL
 SLIDELL LA 70458-4054

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Limits (Coverage provided only where limits are indicated)

General Liability	
General Aggregate Limit (Other Than Products-Completed Operations)	\$2,000,000
Products-Completed Operations Aggregate Limit	\$1,000,000
Personal And Advertising Injury Limit	INCLUDED
Each Occurrence Limit	\$1,000,000
Fire Damage Limit	\$50,000 PER OCCURRENCE
Medical Expenses Limit	\$5,000 PER PERSON
Hired Auto Liability	INCLUDED
Non-Owned Auto Liability	INCLUDED
Accounts Receivable	\$25,000
Employee Dishonesty	\$10,000 PER OCCURRENCE
Electronic Media and Records	\$10,000
Fine Arts	\$10,000
Money & Securities	\$10,000 Inside/\$2,500 Outside
Valuable Papers and Records	\$25,000

*Except for Fire Legal Liability, each paid claim for the above coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4 of the Businessowners Liability Coverage Form.

This policy contains a separate deductible for windstorm, which may result in high out-of-pocket expenses to you.

Premium

Annual Premium	\$4,453.00	
2005 LA FAIR Plan Emergency Assessment	\$93.00	
Inspection Fee	\$55.00	
		Terrorism Premium (Certified Acts) \$.00
		Grand Total \$4,601.00

John Strong
 Countersigned by Authorized Representative

4/24/16
 Date

Copies Sent To: As Indicated On Back Of The Property Coverage Page



BANKERS INSURANCE COMPANY
PO BOX 33060
ST. PETERSBURG, FL 33733-8060
800-627-0000

BBOP99.001 1007 1007
4852008

17 0004917800 9 05

Description of Business

Form of Business: Individual Joint Venture Partnership Organization (Other than Partnership or Joint Venture)
Business Description: OFFICE FOR ENGINEER/ARCHITECT

Forms and Endorsements

BBOP99.369 0909	BP 04 03 0187	BP 00 06 0689	BBOP99.104 0608	BBOP17.316 0706
BP 00 09 0689	BP 10 04 0498	BBOP99.106 1102	BP 04 17 0689	BGL 99.300 0395
BBOP99.188 0608	BBOP17.340 1209	BGL 99.306 0596	BP 00 02 0689	BBOP99.303 0306
BO 176 0187	BBOP99.304 0197	BP 04 05 0689	BP 05 15 0108	BP 05 23 0108
BBOP99.370 0909	BBOP99.345 0808	BP 01 30 0111	BBOP17.118 0907	BXXX99.206 1207



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DECLARATIONS PAGE

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Described Premises

Prem #	Bldg #	Location
00001	00001	554 OLD SPANISH TRL ,SLIDELL ,LA ,70458-4054

Property

Coverage	Limits
Building (Coverage A) Special Replacement Cost Automatic Increase	\$337,847 LIMIT OF INSURANCE 2%
Business Personal Property (Coverage B) Special	\$200,000 LIMIT OF INSURANCE
Business Income and Extra Expense Special	\$33,784 LIMIT OF INSURANCE

Deductibles

Windstorm or Hail: 3% Clause C Subject to \$1500 minimum \$75000 maximum
 All Other Perils: \$2500

Loss Payable

Description: Provision Applicable:	Description: Provision Applicable:	Description: Provision Applicable:
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Protective Devices or Services

Local Alarm

See reverse side for additional interests.



Insured

BANKERS INSURANCE COMPANY
PO BOX 33060
ST. PETERSBURG, FL 33733-8060
800-627-0000

BBOP99.001 1007 1007
4852008

Policy Number

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Additional Interests

REGIONS BANK
PO BOX 100006
KENNESAW, GA 30156-9206
LOAN NO 01401000007000138809
Mortgage Holder



BANKERS INSURANCE COMPANY
 PO BOX 33060
 ST. PETERSBURG, FL 33733-8060
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RENEWAL DECLARATIONS

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Date of Issue
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Described Premises	
Prem #	Location

00001 554 OLD SPANISH TRL ,SLIDELL ,LA ,70458-4054

Classification	
Code #	Description

65121 Offices - NOC

Premium		
Code #	Premium Base	

65121 3,600 Area - Insured Occupant



Insured

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Bankers Insurance Company

Policy Number
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Date
3/17/16

BUSINESSOWNERS COMMON POLICY CONDITIONS

All coverages of this policy are subject to the following conditions.

A. CANCELLATION

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:

a. 5 days before the effective date of cancellation if any one of the following conditions exists at any building that is Covered Property in this policy.

(1) The building has been vacant or unoccupied 60 or more consecutive days. This does not apply to:

- (a) Seasonal unoccupancy; or
- (b) Buildings in the course of construction, renovation or addition.

Buildings with 65% or more of the rental units or floor area vacant or unoccupied are considered unoccupied under this provision.

(2) After damage by a covered cause of loss, permanent repairs to the building:

- (a) Have not started, and
- (b) Have not been contracted for, within 30 days of initial payment of loss.

(3) The building has:

- (a) An outstanding order to vacate;
- (b) An outstanding demolition order; or
- (c) Been declared unsafe by governmental authority.

(4) Fixed and salvageable items have been or are being removed from the building and are not being replaced. This does not apply to such removal that is necessary or incidental to any renovation or remodeling.

(5) Failure to:

- (a) Furnish necessary heat, water, sewer service or electricity for 30 consecutive days or more, except during a period of seasonal unoccupancy; or

(b) Pay property taxes that are owing and have been outstanding for more than one year following the date due, except that this provision will not apply where you are in a bona fide dispute with the taxing authority regarding payment of such taxes.

- b. 10 days before the effective date of cancellation if we cancel for nonpayment of premium.
- c. 30 days before the effective date of cancellation if we cancel for any other reason.

3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.

4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.

5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.

6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. CHANGES

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. CONCEALMENT, MISREPRESENTATION OR FRAUD

This policy is void in any case of fraud by you or as it relates to this policy at any time. It is also void if you or any other insured, at any time, intentionally conceal or misrepresent a material fact concerning:

1. This policy;
2. The Covered Property;
3. Your interest in the Covered Property; or
4. A claim under this policy.



D. EXAMINATION OF YOUR BOOKS AND RECORDS

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

E. INSPECTIONS AND SURVEYS

We have the right but are not obligated to:

1. Make inspections and surveys at any time;
2. Give you reports on the conditions we find; and
3. Recommend changes.

Any inspections, surveys, reports or recommendations relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:

1. Are safe or healthful; or
2. Comply with laws, regulations, codes or standards.

This condition applies not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

F. INSURANCE UNDER TWO OR MORE COVERAGES

If two or more of this policy's coverages apply to the same loss or damage, we will not pay more than the actual amount of the loss or damage.

G. LIBERALIZATION

If we adopt any revision that would broaden the coverage under this policy without additional premium within 45 days prior to or during the policy period, the broadened coverage will immediately apply to this policy.

H. OTHER INSURANCE

1. If there is other insurance covering the same loss or damage, we will pay only for the amount of covered loss or damage in excess of the amount due from that other insurance, whether you can collect on it or not. But we will not pay more than the applicable Limit of Insurance.
2. Business Liability Coverage is excess over any other insurance that insures for direct physical loss or damage.
3. When this insurance is excess, we will have no duty under Business Liability Coverage to defend any claim or "suit" that any other insurer has a duty to defend. If no other insurer defends, we will undertake to do so; but we will be entitled to the insured's rights against all those other insurers.

I. PREMIUMS

1. The first Named Insured shown in the Declarations:
 - a. Is responsible for the payment of all premiums; and
 - b. Will be the payee for any return premiums we pay.
2. The premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each renewal, continuation or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.
3. With our consent, you may continue this policy in force by paying a continuation premium for each successive one-year period. The premium must be:
 - a. Paid to us prior to the anniversary date; and
 - b. Determined in accordance with paragraph 2. above.

Our forms then in effect will apply. If you do not pay the continuation premium, this policy will expire on the first anniversary date that we have not received the premium.

4. Undeclared exposures or change in your business operation, acquisition or use of locations may occur during the policy period that are not shown in the Declarations. If so, we may require an additional premium. That premium will be determined in accordance with our rates and rules then in effect.

J. TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

1. Applicable to Businessowners Property coverage:

If any person or organization to or for whom we make payment under this policy has rights to recover damages from another, those rights are transferred to us to the extent of our payment. That person or organization must do everything necessary to secure our rights and must do nothing after loss to impair them. But you may waive your rights against another party in writing:

 - a. Prior to a loss to your Covered Property.
 - b. After a loss to your Covered Property only if, at time of loss, that party is one of the following:
 - (1) Someone insured by this insurance;
 - (2) A business firm:
 - (a) Owned or controlled by you; or
 - (b) That owns or controls you; or
 - (3) Your tenant.

You may also accept the usual bills of lading or shipping receipts limiting the liability of carriers.

This will not restrict your insurance.

2. Applicable to Businessowners Liability coverage:

If the insured has rights to recover all or part of any payment we have made under this policy, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them. This condition does not apply to Medical Expenses Coverage.

K. TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual Named Insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

In witness whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



Secretary



President



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Bankers Insurance Company

Policy Number
17 0004917800 9 05
5000 00000 BBOP

Date
3/17/16

BURGLARY AND ROBBERY PROTECTIVE SYSTEMS

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS POLICY

Prem. No.	Bldg. No.	Schedule No.	Protective Systems (Symbols Applicable)
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1. The following is added to the PROPERTY GENERAL CONDITIONS section of the BUSINESSOWNERS PROPERTY COVERAGE FORM:

BURGLARY AND ROBBERY PROTECTIVE SYSTEMS

- a. As a condition of Burglary or Theft coverage, you are required to maintain the protective systems listed in the schedule above or a protective system of a higher symbol.
- b. **Explanation of Symbols.** The protective systems to which this form applies are identified in the Schedule by symbols. If any change in the system is made, report the change to us immediately. The symbol groups represent:
 - (1) **Protective System Symbol II**
Front, side and rear doors protected by double cylinder dead bolt locks.
 - (2) **Protective System Symbol III**
Local burglar alarm.
 - (3) **Protective System Symbol IV**
 - (a) Central station alarm - installation 3. Installation 3 means provides protection to all accessible windows, doors, transoms, skylights, and other openings leading from the premises; or
 - (b) Protection providing contacts only, all movable accessible openings leading from the premises and providing one or more invisible rays or channels of radiation, with overall length of rays equivalent to the longest dimensions of the enclosed area so as to detect the movement of a person.
 - (4) **Protective System Symbol V**
 - (a) Central station alarm- installation 2. Class Installation 2 means provides protection to all accessible windows, doors, transoms, skylights, and other openings leading from the premises and with contacts only, all inaccessible windows; and all ceilings and floors not constructed of concrete, and all halls, party and partition walls enclosing the premises, or;
 - (b) Protection providing contacts only, all movable openings leading from the premises and providing invisible radiation to all sections of the enclosed area so as to detect the movement of a person.
 - (5) **Protective System Symbol VII**
UL approved central station alarm- Class Installation 1. Class 1 installation provides protection to all windows, doors, transoms, skylights, and other openings leading from the premises, ceilings, floor, halls, party partition and building walls enclosing the premises except building walls which are exposed to the street or public highway and above two stories in height.



(6) **Protective System Symbol VIII**

- (a) UL approved central station alarm- Class Installation 1, Class 1 installation provides protection to all windows, doors, transoms, skylights, and other openings leading from the premises, ceilings, floor, halls, party partition and building walls enclosing the premises except building walls which are exposed to the street or public highway and above two stories in height; and
- (b) At least one guard/watchperson on duty within the premises or at its door while regularly open or closed for business. Guard/Watchperson must make at least hourly rounds and signals at least hourly to a central station outside the premises or to a police station having a police officer on duty at all times.

2. The following is added to the EXCLUSIONS section of the **BUSINESSOWNERS PROPERTY COVERAGE FORM;**

BURGLARY AND ROBBERY PROTECTION SYSTEMS

We will not pay for loss or damage caused by or resulting from theft or burglary if prior to the theft or burglary you:

- a. Knew of any suspension or impairment in any protective system listed in the Schedule above and failed to notify us of that fact; or
- b. Failed to maintain any protective system listed in the Schedule above, and over which you had control, in complete working order.

Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.



Bankers Insurance Company
P.O. Box 33060
St. Petersburg, FL 33733
1-800-627-0000

Policy Number

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3/17/16

PRIVACY STATEMENT

This Privacy Statement is provided by Bankers Financial Corporation and its subsidiary companies (collectively called "Bankers"): including but not limited to Bankers Insurance Group; Bankers Insurance Company; Bankers Life Insurance Company; First Community Insurance Company; Bankers Specialty Insurance Company, Bankers Underwriters of Texas, Inc.; Bankers Underwriters, Inc.; Bankers Credit Insurance Services, Inc.; Bankers Insurance Services, Inc.; G.D. Van Wagenen Financial Services, Inc.; Bonded Builders Home Warranty Association; Bonded Builders Insurance Services, Inc.; Bankers Surety Services, Inc.

To our Customers: As your insurance company, we recognize our obligation to keep information about you secure and confidential. Most of the information we use in evaluating your application and servicing your policy comes to us directly from you. In addition, we may collect nonpublic personal information from your application and from any of your transactions with Bankers or other companies. Depending on your insurance coverage, we may also collect information about you from third parties, such as other people proposed for coverage under your policy or the state Motor Vehicle Department concerning your driving report. We may also receive information about you from a consumer reporting agency.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. In some cases this may mean information can be disclosed to third parties without your authorization; however, we maintain physical, electronic and procedural safeguards that comply with state and federal regulations to guard your nonpublic personal information. Information about you is given to those of our employees who need it in order to provide you with products, benefits or services.

You have the right to obtain access to certain information and the right to request correction of information you feel is inaccurate. A copy of our detailed privacy policy can be found on our website at www.bankersinsurance.com.

To have a copy of our detailed privacy policy mailed to you or to access your information, write: Privacy Compliance, Bankers Insurance Group, PO Box 15707, St. Petersburg, FL 33733.

Important Notice:

In compliance with requirements of the Fair Credit Reporting Act (Public Law 91-508), Bankers advises that as part of our routine procedure for reviewing applications for certain types of insurance or renewals of certain policies, we may procure a consumer report including information as to the consumer's character, general reputation, personal characteristics or mode of living. If such insurance is for an individual and is primarily for personal, family or household purposes, such information may be obtained through personal interviews with neighbors, friends or others with whom the consumer is acquainted. Upon request to our company, in the manner as noted above, we will provide in writing a complete and accurate disclosure of the nature and scope of the consumer report requested or advise that no investigation was conducted.



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