

Certificate Holder List
9/3/2015 to 8/23/2016

Dammon Engineering, Inc.

Certificate Number/Description: CL159301954 MC 15/16**Please issue a new certificate****Certificate Holder:** Chenier Property Partners, LLC**Contact:****Address:** 3525 N. Causeway Blvd. Suite 301**City, State, Zip:** Metairie, LA 70002**Fax Number:****Email:****Description of Operations/Special Conditions:**

RE: Project: Renovate an existing building into a dental office.
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 Number/Description: CL159301954 MC 15/16**Please issue a new certificate****Certificate Holder:** City of Slidell**Contact:****Address:** P.O. Box 828**City, State, Zip:** Slidell, LA 70459**Fax Number:****Email:****Description of Operations/Special Conditions:**

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 Number/Description: CL159301954 MC 15/16**Please DONOT issue a new certificate****Certificate Holder:** Robert Wolfe**Contact:****Address:** 868 Behrman Hwy**City, State, Zip:** Gretna, LA 70056**Fax Number:****Email:****Description of Operations/Special Conditions:**

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Certificate Number/Description: CL159301954 MC 15/16**Please issue a new certificate****Certificate Holder:** Rotolo Consultants, Inc**Contact:** Rhonda Plulinski**Address:** 984 Robert Blvd.**City, State, Zip:** Slidell, LA 70458**Fax Number:****Email:** rhondap@rotoloconsultants.com**Description of Operations/Special Conditions:**

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9/3/2015 to 8/23/2016**Certificate Number/Description:** CL159301954 MC 15/16**Please issue a new certificate****Certificate Holder:** Slidell Refrigeration & Metal Fabricators**Contact:** Scott Morrison**Address:** 1543 US-190**City, State, Zip:** Slidell, LA 70460**Fax Number:****Email:** scott@slidellrefrigeration.com**Description of Operations/Special Conditions:**

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 Number/Description: CL159301954 MC 15/16**Please issue a new certificate****Certificate Holder:** St. Tammany Parish Government**Contact:** Risk Management**Address:** P.O. Box 628**City, State, Zip:** Covington, LA 70434**Fax Number:****Email:****Description of Operations/Special Conditions:**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.
RE: Koop Campus Building B Buildout**Certificate Number/Description:** CL159301954 MC 15/16**Please DONOT issue a new certificate****Certificate Holder:** St. Tammany Parish Public Schools**Contact:** Attn: Cameron Tipton**Address:** 321 Theard St.**City, State, Zip:** Covington, LA 70433**Fax Number:****Email:****Description of Operations/Special Conditions:**

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Certificate Number/Description: CL159301954 MC 15/16**Please DONOT issue a new certificate****Certificate Holder:** St. Tammany Parish Public Schools**Contact:****Address:** 321 Theard St.**City, State, Zip:** Covington, LA 70433**Fax Number:****Email:****Description of Operations/Special Conditions:**

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.

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Certificate Number/Description: CL159301954 MC 15/16

Please issue a new
certificate

Certificate Holder: State of Louisiana Facility Planning & Control

Contact:

Address: P.O. Box 94095 Claiborn Building

City, State, Zip: Baton Rouge, LA 708049095

Fax Number:

Email:

Description of Operations/Special Conditions:

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RE: Project No. 08-403-11-01, Part 01

Certificate Number/Description: CL159301954 MC 15/16

Please issue a new
certificate

Certificate Holder: State of Louisiana Facility Planning & Control

Contact: Denise Brumfield

Address: P.O. Box 94095

City, State, Zip: Baton Rouge, LA 70804

Fax Number:

Email:

Description of Operations/Special Conditions:

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RE: BCCY
30 day Notice of Cancellation Endorsement has been requested in accordance with the previously attached form for the Professional Liability Policy.