

ROBERT L AUBERT COMPANY INC
AUBERT INSURANCE AGENCY
PO BOX 1360
COVINGTON LA 70434

5000 00000 BBOP
17 0004917800 9 05

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

TOD

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COVINGTON LA 70434

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Policy Number

17 0004917800 9 05
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Business Owners Policy

Date

4/04/16

**IMPORTANT INFORMATION REQUIRED BY THE
LOUISIANA DEPARTMENT OF INSURANCE**

Commercial Insurance Policy Coverage Disclosure Summary

This form was promulgated pursuant to LSA-R.S. 22:1319.

THIS IS ONLY A SUMMARY OF YOUR COVERAGE AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGES OR ANY OTHER PROVISIONS CONTAINED IN YOUR POLICY. INSURANCE IS A CONTRACT. THE LANGUAGE IN YOUR POLICY CONTROLS YOUR LEGAL RIGHTS AND OBLIGATIONS.

****READ YOUR INSURANCE POLICY FOR COMPLETE
POLICY TERMS AND CONDITIONS****

COVERAGE(S) FOR WHICH PREMIUM WAS PAID

Additional Insured	Accounts Receivable	Contents-Special Form
Employee Dishonesty	Electronic & Media Record	Fine Arts
Hired Automobile	Money & Securities	Non Owned Auto Liability
Valuable Papers		

DEDUCTIBLES

This policy sets forth certain deductibles that will be applied to claims for damages. When applicable, a deductible will be subtracted from your total claim and you will be paid the balance subject to applicable coverage limits.

- You may be able to reduce your premium by increasing your deductible. Contact your insurance producer (agent) or insurer for details.

NOTICE: This policy does set forth a separate deductible for covered losses caused by windstorm or hail as defined in the policy.



Separate Deductible Example- Windstorm or Hail

If applicable, the following illustrates how a separate deductible applying to windstorm or hail, is applied under your policy:

The following assumes no co-insurance penalty and a 2% windstorm or hail deductible. The amounts of loss to the damaged property are \$50,000(building) and \$20,000(business personal property).

Limits of insurance on building	\$100,000.00
Total amount of building loss	\$ 50,000.00
Less 2%deductible (\$100,000 x.02)	– \$ 2,000.00
Net payment to insured for building loss	\$ 48,000.00

Limits of insurance on the business personal property	\$ 50,000.00
Total amount of business personal property loss	\$ 20,000.00
Less 2%deductible (\$50,000 x .02)	– \$ 1,000.00
Net payment to insured for business personal property loss	\$ 19,000.00

Total net payment to the insured for building and business personal property loss(\$48,000+\$19,000)	\$ 67,000.00
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TO SEE EXACTLY HOW YOUR SEPARATE WINDSTORM OR HAIL DEDUCTIBLE WILL APPLY, PLEASE REFER TO YOUR POLICY.

5000 00000 BBOP

LIMITATIONS OR EXCLUSIONS UNDER THIS POLICY

FLOOD - Flood damage is not covered, regardless of how caused, when flood is the peril that causes the loss. Flood water includes, but is not limited to, storm surge, waves, tidal water, overflow of a body of water, whether driven by wind or not.

Flood Insurance may be available through the National Flood Insurance Program (NFIP). NFIP flood insurance may provide coverage for damage to your dwelling or building and/or contents subject to the coverage limits and terms of the policy.

Excess Flood Insurance may be available under a separate policy from this or another insurer if the amount of the primary flood insurance is not enough to cover the value of your property.

- You may contact your producer (agent) or insurer for more information on the NFIP and excess flood insurance.

MOLD - Damage caused solely by mold is covered under this policy. Please see endorsement BBOP17.118 09/07 for additional information.

****FOR ALL OTHER LIMITATIONS OR EXCLUSIONS REFER TO YOUR POLICY FOR COMPLETE DETAILS ON TERMS AND PROVISIONS****



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5000 00000 BBOP AMENDED DECLARATIONS PAGE
 Business Owners Program
 EFFECTIVE: 4/24/16 Date of Issue 4/04/16

Policy Number
17 0004917800 9 05

Page 1 of 3

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	\$740.00		
2005 LA FAIR Plan Emergency Assessment	\$15.00	Total Changed Premium	\$3,713.00-
Inspection Fee	\$55.00	Total Changed Fees	\$78.00-
		Terrorism Premium (Certified Acts)	\$.00
		Grand Total	\$810.00

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 04 02 0187	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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BBOP99.001 1007 1007
 4852008
 4/04/16

5000 00000 BBOP

AMENDED

DECLARATIONS PAGE

Business Owners Program

Policy Number
17 0004917800 9 05

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EFFECTIVE: 4/24/16

Date of Issue

4/04/16

Described Premises

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

Property

Coverage	Limits
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Business Personal Property (Coverage B) Special
 Business Income and Extra Expense Special

\$35,000 LIMIT OF INSURANCE
 12 Months Actual Loss Sustained

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

DAMMONMAXINE
34487 TORREGANO RD
SLIDELL, LA 70460-2943
Managers or Lessors of Premise



BANKERS INSURANCE COMPANY
 PO BOX 33060
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AMENDED

DECLARATIONS PAGE

Business Owners Program

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EFFECTIVE: 4/24/16

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 4/04/16

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
17 0004917800 9 05
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Date
4/04/16

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BP 04 02 01 87

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:
BUSINESSOWNERS POLICY

SCHEDULE*

Designation of Premises (Part Leased to You):

Name of Person or Organization (Additional Insured):

Additional Premium:

- * Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.
- A. The following is added to Paragraph C. WHO IS AN INSURED in the Businessowners Liability Coverage Form:
 - 4. The person or organization shown in the Schedule is also an insured, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule.
- B. The following exclusions are added:

This insurance does not apply to:

 - 1. Any "occurrence" that takes place after you cease to be a tenant in the premises described in the Schedule.
 - 2. Structural alterations, new construction or demolition operations performed by or for the person or organization designated in the Schedule.



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