



BANKERS INSURANCE COMPANY BBOP99.001 1007 1007  
 PO BOX 33060 4852008  
 ST. PETERSBURG, FL 33733-8060 2/08/17  
 800-627-0000

5000 00000 BBOP

AMENDED

DECLARATIONS PAGE

Business Owners Program

EFFECTIVE: 1/17/17

Date of Issue

2/08/17

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

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
Inspection Fee	\$55.00

Terrorism Premium (Certified Acts) \$ .00  
 Grand Total \$810.00

Deborah S Brcka

Countersigned by Authorized Representative

1/17/17

Date

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



Insured

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

BBOP99.001 1007 1007  
4852008

**Policy Number**

17 0004917800 9 05

**Additional Interests**

CITY OF SLIDELL  
PO BOX 828  
SLIDELL, LA 70459-0828  
DESIGNATED PERSON OR ORG.

**BROADMOOR LLC**  
2740 N ARNOULT RD  
METAIRIE, LA 70002-5991  
DESIGNATED PERSON OR ORG.

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



Bankers Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COMMON POLICY CONDITIONS

SCHEDULE

<b>Name Of Person Or Organization:</b>
Broadmoor, LLC 2740 North Arnoult Road Metairie, LA 70002
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Paragraph **J. Transfer Of Rights Of Recovery Against Others To Us** is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



Bankers Insurance Company

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4852008  
2/08/17

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2/08/17

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS LIABILITY COVERAGE FORM**

**SCHEDULE\***

**Name Of Person Or Organization:**

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

The following is added to Paragraph **C. Who Is An Insured:**

4. Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage or "personal and advertising injury" caused in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned or rented by you.

