



BANKERS INSURANCE COMPANY
5000 00000 MBOP NRES AMENDED

Policy Number:
17 0037798897 0 00

Policy Period:
4/24/25 - 4/24/26

Effective Date:
4/24/25

BUSINESSOWNERS DECLARATIONS PAGE

BANKERS INSURANCE COMPANY

PO Box 33060
St. Petersburg, FL 33733-8060
Phone: 1-800-627-0000
www.bankersinsurance.com

YOUR AGENCY

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

POLICYHOLDER INFORMATION

INC DAMMON ENGINEERING
554 OLD SPANISH TRL
SLIDELL LA 70458-4004

RECIPIENT INFORMATION

Insured

Form of Business: Organization

In return for the payment of the premium, and subject to all terms of this policy, we agree with you to provide the insurance as stated in this policy including the endorsements as indicated on the Forms and Endorsements section of this document.

YOUR PREMIUM

| | |
|----------------------------|------------|
| Property Coverage Premium | \$1,228.00 |
| Liability Coverage Premium | \$654.00 |

Subtotal: \$1,882.00

Fees:

| | |
|------------------------|---------|
| Inspection Fee | \$55.00 |
| Managing General Agent | \$25.00 |

Total Fees: \$80.00

TOTAL POLICY PREMIUM: \$1,962.00

Premiums do not include any 3rd party coverages you may have selected. See your invoice for details on the premium(s) for those coverages.

Total Changed Fees \$.00

Total Changed Premium \$.00

This document forms a part of, completes, and executes the referenced policy. The declarations or information pages, together with the forms and endorsements, if any, issued to form a part thereof, completes the policy. In witness thereof, the Company attests these documents as the entire contract of insurance, and executes same on behalf of the Company.

This policy shall not be valid unless also countersigned by the duly authorized Agent of this Company at the agency herein before mentioned, if required by state law.

CAROL ANN MILLER

Countersigned by Authorized Representative

6/11/25

Date



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LOCATION INFORMATION

| PREM. NO. | Address: |
|--------------|---|
| 1 | 554 OLD SPANISH TRL SLIDELL, LA 70458-4004 |

BUILDING INFORMATION

| PREM. NO. | BLDG. NO. | Address: | Description of Operations: | Inflation Guard: |
|--------------|--------------|---|----------------------------|---------------------|
| 1 | 1 | 554 OLD SPANISH TRL SLIDELL, LA 70458-4004 | OFFICE FOR ARCHITECT ENGI | NA |

BUILDING CLASS CODES

| PREM. NO. | BLDG. NO. | Class Code: | Class Description: | Class Type: |
|--------------|--------------|----------------|-----------------------------------|--------------------|
| 1 | 1 | 65121N | Office - Not Otherwise Classified | Primary Rate Class |

BUILDING DETAIL

| PREM. NO. | BLDG. NO. | Applicant Interest: | Year Of Construction: | Roof Year: | Sprinklered: | Square Footage: | Annual Revenue: |
|--------------|--------------|------------------------|--------------------------|---------------|--------------|--------------------|--------------------|
| 1 | 1 | Tenant | 1975 | 2005 | No | 3,600 | \$600,000 |

PROTECTION SAFEGUARDS

| PREM. NO. | BLDG. NO. | Code: | Alarm Description: |
|--------------|--------------|-------|---------------------|
| 1 | 1 | LA | LOCAL BURGLAR ALARM |

POLICY DEDUCTIBLES

| PREM. NO. | All Other Perils Deductible: | Windstorm or Hail Deductible: |
|--------------|------------------------------|-------------------------------|
| 1 | \$2,500 | 3% |

ADDITIONAL INSUREDS:

DESIGNATED PERSON OR ORGANIZATION

| Name: | Address: | Waiver: |
|---------------|--|---------|
| BROADMOOR LLC | 2740 N ARNOULT RD METAIRIE, LA 70002-5991 | Yes |



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DESIGNATED PERSON OR ORGANIZATION

| Name: | Address: | Waiver: |
|--------------------------------|---|---------|
| CITY OF SLIDELL | PO BOX 828 SLIDELL, LA 70459-0828 | No |
| RCG-SLIDELL LLC | PO BOX 53483 ATLANTA, GA 30355-1483 | No |
| SCHOOL BOARD ST TAMMANY PARISH | 321 N THEARD ST COVINGTON, LA 70433-2835 | No |



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YOUR COVERAGES: Your Businessowners Policy is made of Policy Level, Location Level, and Building Level coverages. Coverage is provided only where limits and/or premiums are indicated.

| COVERAGE | LIMITS | PREMIUM |
|---|-------------|---------|
| General Business Liability | | \$87 |
| General Aggregate Limit | \$2,000,000 | |
| Products-Completed Operations Aggregate Limit | \$2,000,000 | |
| Personal And Advertising Injury Limit | INCLUDED | |
| Each Occurrence Limit | \$1,000,000 | |
| Medical Expenses Limit | \$5,000 | |

POLICY LEVEL COVERAGES

| COVERAGE | LIMITS | PREMIUM |
|-------------------------------|-------------|---------|
| Additional Insured Policy | | \$200 |
| Forgery or Alteration | \$2,500 | |
| Hired Auto Liability | \$1,000,000 | \$40 |
| Non-Owned Auto Liability | \$1,000,000 | \$77 |
| Uninsured Motorist Bodily Inj | \$1,000,000 | \$250 |

LOCATION LEVEL COVERAGES

| PREM. | NO. | COVERAGE | LIMITS | PREMIUM |
|-------|-----|------------------------------|--------|---------|
| | 1 | Bankers Property Enhancement | | \$220 |

BUILDING LEVEL COVERAGES

| PREM. | BLDG. | NO. | NO. | COVERAGE | LIMITS | PREMIUM |
|-------|-------|-----|-----|---|-----------|---------|
| | | 1 | 1 | Accounts Receivable On Prem | \$10,000 | |
| | | 1 | 1 | Bus Income From Dependent Prop | \$5,000 | |
| | | 1 | 1 | Business Income/Extra Expense 12 Months | \$120,000 | \$706 |
| | | 1 | 1 | Business Income (BI) Monthly Limit of Indemnity* 1/12 of BI Limit | | |
| | | 1 | 1 | Building Replacement Cost | \$0 | |
| | | 1 | 1 | Business Personal Property | \$35,000 | \$302 |
| | | 1 | 1 | Brd Cvg for Dmg to Prem Rented | \$50,000 | |
| | | 1 | 1 | Valuable Papers On Premises | \$10,000 | |

*This is not additional insurance but rather applies to the distribution of the listed Business/Income Extra Expense limit shown above for Business Income. It does not apply to Extra Expense.

ADDITIONAL BASE COVERAGES

| COVERAGE | LIMITS |
|--------------------------------|----------|
| Debris Removal | \$10,000 |
| Pollutant Clean Up and Removal | \$10,000 |
| Personal Effects | \$2,500 |



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ADDITIONAL BASE COVERAGES

COVERAGES

LIMITS

Silica Exclusion
Supplementary Payments
Terrorism Coverage





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BANKERS PROPERTY ENHANCEMENT
COVERAGES FROM PACKAGE

| | LIMITS |
|---------------------------------|-----------|
| Incidental Appurtenant Bldgs | \$0 |
| Accounts Receivable-Aggregate | \$15,000 |
| Business Income Dep Prop Aggr | \$15,000 |
| Employee Dishonesty | \$10,000 |
| Electronic Data | \$20,000 |
| Fire Department Service Charge | \$10,000 |
| Fire Extinguisher Sys Recharge | \$10,000 |
| Identity Fraud Expense | \$10,000 |
| Interruption of Computer Operat | \$25,000 |
| Lock and Key Replacement | \$5,000 |
| Money Orders/Counterfeit Money | \$5,000 |
| Money & Sec Off Prem Incl-Aggr | \$2,000 |
| Money & Sec On Prem Incl-Aggr | \$5,000 |
| Newly Acquired or Constr Bldg | \$500,000 |
| Newly Acquired Personal Prop | \$200,000 |
| Outdoor Property Increased Cov | \$10,000 |
| Patterns, Dies, Molds & Forms | \$5,000 |
| Personal Effects-Aggregate | \$2,500 |
| Personal Property Off-premises | \$25,000 |
| Outdoor Signs Attached - Aggr | \$10,000 |
| Sales Representative's Samples | \$15,000 |
| Unauthorized Business Card Use | \$5,000 |
| Util Srvcs-Direct Damage Aggr | \$25,000 |
| Valuable Papers On Prem-Aggr | \$15,000 |
| Valuable Papers Off Premises | \$10,000 |
| Water Backup/Sump Pump Ov Agg | \$15,000 |





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FORMS AND ENDORSEMENTS

POLICY LEVEL ENDORSEMENTS

| | |
|-------------------|--|
| MBOP99 AAE 0521 | Absolute Asbestos Exclusion |
| MBOP99 ABE 0521 | Assault Battery Exclusion |
| MBOP99 AC 0521 | Assignment Condition |
| BBOP99 800 0223 | Biometric Identifiers Exclusion |
| BP 14 86 0713 | Communicable Disease Exclusion |
| MBOP99 CDEP 0122 | Communicable Disease Exclusion(Property) |
| BP 04 17 0110 | Employee Relations Excl |
| MBOP 17 HNOA 0822 | Hired Auto and Non-Owned Auto Liability |
| BP 00 03 0713 | Businessowers Coverage Form |
| BP 04 12 0417 | Limit of Coverage to Premises |
| BP 04 39 0702 | Abuse or Molestation Exclusion |
| BP 04 48 0713 | AI - Designated Person or Organization |
| BP 04 71 0702 | Exclusion - Volunteer Workers |
| BP 04 92 0702 | Total Pollution Exclusion |
| BP 04 97 0106 | Waiver of Transfer of Rights of Recovery |
| BP 05 15 1220 | Dis Purs to Terror Risk Ins |
| BP 05 17 0106 | Silica or Silica Dust Excl |
| BP 05 23 0115 | Cap on Loss from Cert Acts of Terrorism |
| MBOP17 LAC 0822 | Louisiana Changes Endorsement |
| BBOP17.721 0822 | LA - Uninsured Motorist Cov Bodily Injur |
| MBOP99 LCE 0521 | Lead Contamination Exclusion |
| BXXX99.206 1207 | Privacy Statement |
| MBOP99 VBE 0421 | Virus or Bacteria Excl Liab |
| BP 15 60 0221 | Cyber incident Exclusion |
| BP 15 91 1223 | EXCLUSION-PFAS |
| BP 18 03 1223 | Cyber incident Liability Exclusion |

LOCATION LEVEL ENDORSEMENTS

PREM.

| | | |
|---|------------------|---------------------------------|
| 1 | MBOP99 BPEE 0822 | Bankers Property Enhancement |
| 1 | BP 04 53 0713 | Water Back-Up/Sump Pump Overfl |
| 1 | BP 04 56 0713 | Utility Services Direct Damage |
| 1 | MBOP17 LWHD 0123 | LA Windstorm or Hail Deductible |
| 1 | MBOP99 APS 0521 | Incidental App Buildings |
| 1 | MBOP99 IDF 0521 | Identity Fraud Expense |
| 1 | MBOP99 LKR 0521 | Lock and Key Replacement |
| 1 | MBOP99 UBC 0521 | Unauthorized Business Card Use |
| 1 | MBOP99 ODP 0822 | Outdoor Property Increased Cov |

BUILDING LEVEL ENDORSEMENTS

PREM. BLDG.

| | | | |
|---|---|------------------|--------------------------------|
| 1 | 1 | MBOP17 BIET 0822 | Business Income and EE Tenant |
| 1 | 1 | MBOP99 BRPS 0521 | Burg Rob Protective Safeguards |



