



1001 North 23<sup>rd</sup> Street  
Baton Rouge, LA 70804

(O) (225) 342-7558  
(800) 201-3662  
(F) (225) 342-1880

John Bel Edwards, Governor  
Ava Dejoie, Executive Director

**Office of Workers' Compensation Administration  
Fraud & Compliance**

October 14, 2016

Dammon Engineering, Inc.  
Through Registered Agent  
David Paul Dammon  
554 Old Spanish Trail  
Slidell, LA 70458-4054

Certified Mail #70132250000180867523  
Return Receipt Requested

RE: Dammon Engineering, Inc., MICS-16-142

To Whom It May Concern:

Employers that have employees operating within the State of Louisiana or who hire uninsured contract labor to perform work for them are required by law to provide workers' compensation insurance coverage. An employer that fails to comply with the law is subject to civil and/or criminal penalties in accordance with La. R.S. 23:1169-1172. The maximum civil penalties that may be assessed are \$250 per employee for a first offense and \$500 per employee for a second offense. The maximum civil penalty for a first offense shall not exceed \$10,000 for all related series of violations. Civil action for a second violation may also result in injunctive action to cease business operations.

Information provided to us suggests that you did not have coverage on or before October 14, 2016.

To avoid being penalized, you must submit to this office a certificate of insurance evidencing your workers' compensation coverage was in effect on the above referenced date, or in the alternative, proof that you were not required to have workers' compensation insurance coverage. If you do not have a conventional workers' compensation insurance policy but providing coverage through another means as authorized in La. R.S. 23:1168, submit evidence of that coverage.

**DO NOT IGNORE THIS NOTICE!** Evidence of Coverage for the requested date must be received within 15 days of receipt of this notice to be considered. This notice has been sent by first class mail and by certified mail. Failure to claim the certified mail may result in the hiring of a private process server appointed by the court. Any cost incurred in effectuating private service of process will be assessed to the employer.

Failure to respond to this notice or failure to provide sufficient proof of coverage as of the date referenced above may result in the assessment of a penalty at the maximum rate.

If you have any questions regarding this notice, please contact me toll-free at 1-800-201-3362 or by email at [kfournet@lwc.la.gov](mailto:kfournet@lwc.la.gov). Information can be faxed to 225-342-1880.

Kaye H. Fournet, CWCP  
Fraud Section Manager



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/24/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Robert L Aubert Company Inc P.O. Box 1360  Covington LA 70434		<b>CONTACT NAME:</b> Roger Salter <b>PHONE (A/C, No, Ext):</b> (985)892-3101 <b>FAX (A/C, No):</b> (985)892-3833 <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Dammon Engineering, Inc. 554 Old Spanish Trail  Slidell LA 70458		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Foremost Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES** **CERTIFICATE NUMBER:** CL1671111265 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<b>Y/N</b> <b>N</b>	<b>N/A</b>	WC1254356900	7/18/2016	7/18/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  Louisiana Workforce Commission Office of Worker's Compensation Administration - 1001 North 23rd Street Baton Rouge, LA 70804	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Roger Salter/ROGER
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