

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/3/2022

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 have ADDITIONAL INSURED provisions or 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).

th	is certificate does not confer rights to										
PRODUCER						CONTACT NAME: Alma Sanchez					
Gama Insurance Agency LLC						PHONE (A/C, No, Ext): (504) 305-4141 FAX (A/C, No):					
2109 31ST CT						E-MAIL ADDRESS: alma@gamanow.com					
							. ,	DING COVERAGE		NAIC #	
Kenner LA 70065					INSURER A: SCOTTSDALE INS CO				41297		
INSURED					INSURER B:						
REANOS REMODELING LLC					INSURER C:						
	423 KENT AVE				INSURER D :						
					INSURER E :						
METAIRIE				LA 70001	INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER: EEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD					
IN CI	DICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PERKELUSIONS AND CONDITIONS OF SUCH PROPERTY.	JIREMI TAIN, ^T OLICIE	ENT, THE I ES. LI	TERM OR CONDITION OF A NSURANCE AFFORDED BY	NY CON THE PO	ITRACT OR OT LICIES DESCR	THER DOCUME RIBED HEREIN	ENT WITH RESPECT TO WHI	CH THIS		
INSR LTR	TYPE OF INSURANCE	ADDLS	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;		
	COMMERCIAL GENERAL LIABILITY					•	Í	EACH OCCURRENCE \$	5	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	5	100,000	
								MED EXP (Any one person)	5	5,000	
A		Y		RBS0080585		02/03/2022	02/03/2023	PERSONAL & ADV INJURY \$	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	5	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	5	2,000,000	
	OTHER:							9	5		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)			
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)			
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY							(Per accident)			
								\$	5		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	5		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	5		
	DED RETENTION \$ WORKERS COMPENSATION							IPER I I OTH-	5		
	AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	5		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORI	0 101. Additional Remarks Sched	ule. mav	be attached if m	ore space is requ	uired)			
CERTIFICATE HOLDER						CANCELLATION					
REANOS REMODELIING LLC 423 KENT AVE METARIE LA 70001						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					