

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/22/2020

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).

this certificate de	es not confer rights	to the	cert	ificate holder in lieu of s			).	•				
PRODUCER	CONTACT NAME: Benita McCauley											
Avalon Risk Management Insurance Agency LLC 302 North Houston Avenue Suite 202					PHONE (A/C, No, Ext): 713-343-0892 FAX (A/C, No): 713-343-0890							
					E-MAIL ADDRESS: bmccauley@avalonrisk.com							
Humble TX 77338						INSURER(S) AFFORDING COVERAGE NAIC#						
						INSURER A : New York Marine & General Insurance Co. 16608						
INSURED POYDLOG-01						INSURER B:						
Poydras Logistics Group, LLC					INSURER C :							
4430 S I-10 Service Rd. W Suite 208 Metairie LA 70001												
					INSURER D:							
Metanie LA 7000					INSURER E :							
						INSURER F:						
COVERAGES CERTIFICATE NUMBER: 1781011704 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												
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,												
	BEEN REDUCED BY PAID CLAIMS.											
INSR TYPE	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
A X COMMERCIAL	A X COMMERCIAL GENERAL LIABILITY			BP202000000618		10/19/2020	10/19/2021	EACH OCCURRENCE \$1,000,000			,000	
CLAIMS-	MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occ		\$ 100,0	00	
								MED EXP (Any one	person)	\$ 10,00	0	
						į		PERSONAL & ADV	INJURY	\$ 1,000	,000	
GEN'L AGGREGATE LIMIT APPLIES PER:					į			GENERAL AGGREG	SATE	\$ 2,000	,000	
X POLICY PRO-					ĺ			PRODUCTS - COMP/OP AGG \$2,000		.000		
OTHER:	0001 (	1								\$		
A AUTOMOBILE LIABILITY		<del>                                     </del>	AU202000016372			10/19/2020	10/19/2021	COMBINED SINGLE (Ea accident)	BINED SINGLE LIMIT \$1,000,000		,000	
ANY AUTO								BODILY INJURY (P	er person)	\$		
OWNED	SCHEDULED							BODILY INJURY (P		\$		
X HIRED	X NON-OWNED							PROPERTY DAMAG		\$		
AUTOS ONLY	AUTOS ONLY		•					(Per accident)		5		
A X UMBRELLALI	AB X OCCUR		<del> </del>	UM20200007401		10/19/2020	10/19/2021	540U OGGUPPEN			000	
<b>I</b>	- June - Goodin					10/10/2020	10/10/2021	EACH OCCURRENG	+ · · · · · · · · · · · · · · · · · · ·			
	CLAIMS-MADE	4						AGGREGATE	· <del></del>		,000	
DED X R	ETENTION \$ 10,000							PER STATUTE	OTH- ER	\$		
AND EMPLOYERS' I	IABILITY Y/N									_		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A				į		E.L. EACH ACCIDE		\$		
(Mandatory in NH) If yes, describe under					İ			E.L. DISEASE - EA I				
DÉSCRIPTION OF OPERATIONS below		<u> </u>						E.L. DISEASE - POL	ICY LIMIT	\$		
A Contingent Auto A Contingent Cargo A Errors & Omissions		!		AR2020FFP01617 AR2020FFP01617		10/19/2020 10/19/2020	10/19/2021 10/19/2021	Per occur/aggregate Per occur/aggregate	i	1,000, 100,00		
A Errors & Omissions		į		AR2020FFP01617		10/19/2020	10/19/2021	Per occur/aggregate	İ	100,00	00	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CERTIFICATE HOLDER					CANCELLATION							
					0			• •				
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
					ACCREAGE WITH THE FOLIOT FROM SOUTH							
Proof of Insurance Purposes Only					AUTHORIZED REPRESENTATIVE							