

## **CERTIFICATE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 12/13/2017

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.

B B	EPR	W. THIS CER ESENTATIVE	OR PRODUCER	SURANCE DOES NOT CON R, AND THE CERTIFICATE H	ISTITUTE A IOLDER.	CONTRACT BETV	NEEN THE ISSUIN	IG INSURER(S), AUTHOR	IZED				
****				ared for a party who has an		nterest in the prop	ertv. do not use th	his form. Use ACORD 27	or ACC	ORD 28.			
PRO	DUCE				*******	CONTACT Greg Brown							
TW	/FG li	nsurance Servi	ces			PHONE (A/C, No, Ext): 504-284-7778 FAX (A/C, No): 504-272-0131							
120	)1 La	ke Woodlands I	Dr.			E-MAIL abi	I F-MAII						
	te 40		<b>-</b> 1.			ADDRESS: 9DIOWING WIG. THE CONTROL OF THE CONTROL O							
		odlands		TX	77380								
	JRED			1/	//300		NAIC#						
		ay, LLC					INSURER A: Canopius (Lloyds)						
		e Street					INSURER B:						
#6		3 Oli GGL				INSURER C:							
Luli				1.4	70070	INSURER D:							
Lun	ny			LA	70070	INSURER E :							
CO'	VER.	AGES		CERTIFICATE MIMPER		INSURER F:	INSURER F:						
			DESCRIPTION OF P	CERTIFICATE NUMBER: ROPERTY (Attach ACORD 101, Ac	dditional Remar	de Cahadula if more e	!= vaculead)	REVISION NUMBER:					
50 \ TI	Wade	e Street # 6 Luli	ing, LA 70070 Sa	alon ES OF INSURANCE LISTED RI	FI OW HAVE F	BEEN ISSUED TO T	HE INSTIDED NAME	D ABOVE FOR THE POLICY	PERIO	)			
C	ERTII	FICATE MAY BE JSIONS AND CO	E ISSUED OR MAY ONDITIONS OF SU	REQUIREMENT, TERM OR CO PERTAIN, THE INSURANCE A JCH POLICIES. LIMITS SHOWI T	ONDITION OF AFFORDED BY	ANY CONTRACT OF Y THE POLICIES DE BEEN REDUCED BY	NY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EEN REDUCED BY PAID CLAIMS.						
LTR		TYPE OF IN:	SURANCE	POLICY NUMBER		POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	ĺ	LIMITS			
	<b>V</b>	PROPERTY						BUILDING	\$				
	CAU	JSES OF LOSS	DEDUCTIBLES					<b>7</b> PERSONAL PROPERTY	\$ \$25,	.000			
		BASIC	BUILDING					BUSINESS INCOME	\$				
		BROAD	CONTENTS					EXTRA EXPENSE	\$				
	V	SPECIAL	\$1,000/2%					RENTAL VALUE					
	Ħ	EARTHQUAKE						BLANKET BUILDING	\$				
Α	П	WIND FLOOD		0000022509		12/13/2017	12/13/2018	BLANKET PERS PROP	\$				
	H			•				BLANKET BLDG & PP	\$				
	H							DEMINICE DEDUCKE	\$				
	H								\$				
	H	INLAND MARINE	=	TYPE OF POLICY					\$				
-	CAL	USES OF LOSS	-	THE OF TOLIGH					\$				
-	$\vdash$	NAMED PERILS		POLICY NUMBER					\$				
ı	Н	- INVANED LEWIS		POLIOT NOMBLIX				<u> </u>	\$				
	H	CRIME							\$				
	TYPE OF POLICY					1			\$				
			ļ						\$				
		BOILER & MACH	JIMEDV /						\$				
	Н	EQUIPMENT BR			1				\$				
	<del> </del>								\$				
	l								\$				
SPF(	CIAL C	CONDITIONS / OT	THEO CONEDUCES (	Attack ACODD 404 Additional Day		1			\$				
Prod	of Of	Insurance Glass Breakag		Attach ACORD 101, Additional Rer	narks Schedule	ւ, if more space is requ	iired)						
CEF	₹TIFI	CATE HOLDE	R			CANCELLATIO	NAI .						
Ville Charmante, LLC C/O Teddi T. Roberts 723 Camp Street Unit 201						SHOULD ANY THE EXPIRATI ACCORDANCE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
		New Orle	eans	LA 70130		AUTHORIZED REP	AUTHORIZED REPRESENTATIVE						
						1							

ACORD 24 (2009/09)

The ACORD name and logo are registered marks of ACORD

© 1995-2009 ACORD CORPORATION. All rights reserved.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/13/2017

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

cert	ificate holder in lieu of such endors	emen	t(s).		001:21	<b>.</b>				
PRODU	CER				CONTACT Gregory Brown					
Steph	nen Lovecchio				PHONE (A/C, No, Ext): (504) 284-7778 FAX (A/C, No):					
1510 Robert E Lee Blvd						E-MAIL ADDRESS: gbrown@twfg.com				
							URER(S) AFFOR	DING COVERAGE	NAIC#	
New Orleans LA 70122						INSURER A: Canopius (Lloyds)				
INSURE	:D				INSURER B:					
	Studio Lay, LLC				INSURER C:					
	50 Wade Street				INSURER D:					
	#6				INSURER E:					
	Luling	LA	70070	INSURER F:						
COVE				NUMBER:						
IND	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, FXCI USIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	TYPE OF INSURANCE	ADDLSUBRI INSR WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
4	GENERAL LIABILITY							EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	\$1,000,000 \$50,000	
F	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence) \$  MED EXP (Any one person) \$	\$5,000		
a h	CLAIMS-MADE X OCCUR	Y		0000022509		12/13/2017	12/13/2018	PERSONAL & ADV INJURY \$	\$1,000,000	
^ F			0000022309			12. (6.261)			\$2,000,000	
-								GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	\$2,000,000	
ľ	POLICY PRO- X LOC							PRODUCTS - COMPTOP AGG   \$	<del>,</del> ,,,	
	POLICY JECT X LOC							COMBINED SINGLE LIMIT (Fa accident) \$		
F	ANY AUTO							(Ea accident) \$ BODILY INJURY (Per person) \$		
-	ALL OWNED SCHEDULED							BODILY INJURY (Per accident) \$		
-	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE &		
H	HIRED AUTOS AUTOS							(Per accident) \$		
-+	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
ŀ	- SVOTOGLIAR - OCCOR							AGGREGATE \$		
ŀ		1					•	AGGREGATE \$		
- V	DED   RETENTION \$ VORKERS COMPENSATION						WC STATU- OTH-			
	ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT \$			
ic	ANY PROPRIE I OR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		A/A					E.L. DISEASE - EA EMPLOYEE \$		
li li								E.L. DISEASE - POLICY LIMIT \$		
	DESCRIPTION OF OPERATIONS BELOW							L.L. DIOLAGE 41 OLIGI LIMIT 14		
DESCI	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	Attach	ACORD 101, Additional Remark	s Schedu	le, if more space	is required)	,		
Pı	roof Of Insurance									
CER	TIFICATE HOLDER				CANC	ELLATION				
SHOU Ville Charmante, LLC C/O Teddi T. Roberts THE E							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE-WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Unit 201						RIZED REPRESI	ENTATIVE			
	New Orleans		LA	70130	AUTHORIZED REPRESENTATIVE					
ACO	PRD 25 (2010/05)				(	© 1988-2010 ACORD CORPORATION. All rights reserved.				

The ACORD name and logo are registered marks of ACORD