CERTIFICATE OF INSURANCE

This certificate is issued for informational purposes only. It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. Alteration of this certificate does not change the terms, exclusions or conditions of such policies. Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

Named Insured:

DAVID RUSH CONST LLC

PASS CHRISTIAN MS 39571-8896

18396 RUNNYMEDE RD

							- Papara		
				Automobile Liabilit	y				
Ins	surer Nan	ne: Allstate Insurance Com	pany						
Po	licy Num	ber: 648533820							
1 – Any Auto				- Owned Autos Only		3 - Owned Priv. Pass. Autos Only			
			1 1	5 – Owned Autos Subject to No Fault		6 – Owned Autos Subject to a Compulsory	UM Law		
Х	7 – Spe	cifically Described Autos	8 -	- Hired Autos Only	Х	9 – Non-owned Autos Only			
Po	licy Effec	tive Date: 12-01-2023		Policy Expiration Date:	12-	2-01-2024			
Lir	nits Of	\$ 1,000,000		Combined Single Limit (eac	h ac	accident)			
Ins	surance:	BI Per	Person	BIP	er A	r Accident PD Per Ac	cident		
		Description of	f Opera	tions/Locations/Vehicles/Enc	lorse	rsements/Special Provisions			
12	OURT ST 22 COUR 4Y ST L	COMMUNITY CENTER R				•	VIN-		

In	terested Party	/Type:	CERTIF	CATE	HOLD:	ΕR

THIS CERTIFICATE DOES NOT GRANT ANY COVERAGE OR RIGHTS TO THE CERTIFICATE HOLDER.

IF THIS CERTIFICATE INDICATES THAT THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST EITHER BE ENDORSED OR CONTAIN SPECIFIC LANGUAGE PROVIDING THE CERTIFICATE HOLDER WITH ADDITIONAL INSURED STATUS. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ONLY TO THE EXTENT INDICATED IN SUCH POLICY LANGUAGE OR ENDORSEMENT.

Producer:	
BRENAN COMPRETTA	
Authorized Representative:	Date: 06-27-24

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Certificate Holder:

688 HIGHWAY 90

CITY OF BAY ST. LOUIS

BAY ST LOUIS, MS 39520-2715

CERTIFICATE OF INSURANCE

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Named Insured:

DAVID RUSH CONST LLC

BILOXI, MS 39530-4118			PASS CHRISTIAN MS 39571-8896				
		Automobile Liabilit	у				
Insurer Name: Allstate Insurance Com	oany						
Policy Number: 648533820							
1 – Any Auto	2-0	2 - Owned Autos Only		3 - Owned Priv. Pass. Autos Only			
4 – Owned Autos Other Than Priv. Pass. Autos Only	5 – O Fault	5 – Owned Autos Subject to No Fault		6 - Owned Autos Subject to a Compulsory UM Law			
X 7 – Specifically Described Autos	8 – Hi	ired Autos Only	Х	9 – Non-owned Autos Only			
Policy Effective Date: 12-01-2023	F	Policy Expiration Date:	12-	01-2024			

Insurance: BI Per Person BI Per Accident PD Per Accident

Description of Operations/Locations/Vehicles/Endorsements/Special Provisions

Combined Single Limit (each accident)

COURT ST. COMMUNITY CENTER REPAIRS 122 COURT ST

1,000,000

BAY ST. LOUIS, MS 39520

Limits Of

Certificate Holder:

MP DESIGN GROUP, PLLC

Interested Party Type: CERTIFICATE HOLDER

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Producer:	
BRENAN COMPRETTA	
Authorized Representative:	Date: 06-27-24

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/26/2024

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 does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRODUCER				CONTACT NAME: Mark Cruthirds						
AssuredPartners Gulf Coast- Hattiesb		PHONE (A/C, No. Ext): 601-544-3300 FAX (A/C, No): 601-54				4-3341				
6798 US Highway 98 W, Suite 20 Hattiesburg MS 39402		E-MAIL ADDRESS: Mark.Cruthirds@assuredpartners.com								
Trathesburg We 33402		INSURER(S) AFFORDING COVERAGE					NAIC#			
			11	MOUDE			rance Company	,		11963
INSURED			License#: BR-861671 DAVIRUS-01	T .		······································				
David Rush Construction LLC						-orster insur	ance Company			42471
18391 Runnymede Road				INSURE	RC:		*			
Pass Christian MS 39571				INSURE	RD:					
•				INSURE	RE:					
INSURER F:										
COVERAGES CERTIFICATE NUMBER: 200094598 REVISION NUMBER:										
THIS IS TO CERTIFY THAT THE POLICIE: INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER IS DESCRIBED PAID CLAIMS	DOCUMENT WIT D HEREIN IS SU	H RESPEC	OT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
B X COMMERCIAL GENERAL LIABILITY	HASD	11.45	APP#GLO092267		11/8/2023	11/8/2024	EACH OCCURREN	T	\$ 1,000	.000
CLAIMS-MADE X OCCUR							DAMAGE TO RENT	ΓED	\$ 100,0	1.
CLAINIS-NADE 11 OCCUR						MED EXP (Any one		\$ 5.000		
						PERSONAL & ADV	· · · · · · · · · · · · · · · · · · ·	\$1,000		
									<u> </u>	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$ 2,000	
X POLICY PRO-							PRODUCTS - COM		\$ 2,000	,000
OTHER:	-						COMBINED SINGLE	= · · · · · · ·	\$	
AUTOMOBILE LIABILITY							(Ea accident)		\$	
ANY AUTO							BODILY INJURY (P		\$	
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P		\$	
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	JE	\$	
									\$	
B UMBRELLA LIAB X OCCUR			XOBW9848023		11/8/2023	11/8/2024	EACH OCCURREN	CE	\$ 1,000	,000
X EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$ 1,000	,000
DED RETENTION\$									\$	
A WORKERS COMPENSATION			WC123-6005155		5/2/2023	5/2/2024	X PER STATUTE	OTH- ER		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$1,000	000
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA			
If ves, describe under							E.L. DISEASE - PO		\$ 1,000	
DÉSCRIPTION OF OPERATIONS below	+						E.L. DISEASE - FO	LICT LIMIT	\$ 1,000	,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) General Liability Policy includes blanket additional insured (CG 20 33, 12/19) and waiver of subrogations (CG 24 04, 12/19) as required by written contract. Excess Policy follows form Project Name: 0317.23.002 Court Street Community Center Repairs - Location: 122 Court St., Bay St. Louis, Mississippi 39520										
CERTIFICATE HOLDER				CANC	TELL ATION					
CERTIFICATE HOLDER				CANC	ELLATION					
City of Bay St. Louis					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
688 Highway 90 Bay St. Louis MS 39520	AUTHORIZED REPRESENTATIVE									



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/26/2024

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

lf ti	SUBROGATION IS WAIVED, subjecting certificate does not confer rights	t to t	he te	rms and conditions of th	ne poli	cy, certain po	olicies may	require an endor	sement	t. Ast	atement on
	DUCER				CONTACT Mark Cruthirds						
	suredPartners Gulf Coast- Hattiesb	urg			DUONE					A 2241	
	98 US Highway 98 W, Suite 20 ttiesburg MS 39402				(A/C, No, Ext): 601-544-3300 (A/C, No): 601-544-3341 E-MAIL ADDRESS: Mark.Cruthirds@assuredpartners.com						4-3341
ı ıa	the shurg MS 39402										
											NAIC #
INSL	JRED	License#: BR-861671 DAVIRUS-01				ance Company			42471		
Da	vid Rush Construction LLC							rance Company			11963
	391 Runnymede Road ss Christian MS 39571				roistei Speci	alty Insurance			44520		
га	ss Christian Mis 3937 I				INSURI						
				•	INSUR						
CO	VERAGES CER	TIEI	CATE	NUMBER: 1812778392	INSURI	:R F :		REVISION NUME	DED.		
	HIS IS TO CERTIFY THAT THE POLICIES				/F RFF	N ISSUED TO				HE POI	ICV DEDIOD
11	IDICATED. NOTWITHSTANDING ANY RI	EQUI	REME	NT. TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER I	OCCUMENT WITH	RESPEC	CT TO	WHICH THIS
C	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER'	TAIN,	THE INSURANCE AFFORD	ED BY	THE POLICIES	s describei	D HEREIN IS SUB.	JECT TO	O ALL	THE TERMS,
INSR LTR		ADDI	SUBR		DEEIN						
<u>LTR</u> C	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER GLO101539					LIMIT		
•				GEO 10 1539		11/8/2023	11/8/2024	EACH OCCURRENCE DAMAGE TO RENTED		\$ 1,000	, , , , , , , , , , , , , , , , , , , ,
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurre	ence)	\$ 100,0	
								MED EXP (Any one pe		\$ 5,000	
								PERSONAL & ADV IN.	JURY	\$ 1,000	,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE	\$ 2,000	,000
	X POLICY PRO-							PRODUCTS - COMP/C	DP AGG	\$ 2,000	,000
	OTHER:	<u> </u>	 					COMBINED SINGLE L	IMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)		\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per p	·	\$	
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per a PROPERTY DAMAGE	´ I	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
			-							\$	
Α	UMBRELLA LIAB X OCCUR			XOBW9848023		11/8/2023	11/8/2024	EACH OCCURRENCE		\$1,000	,000
	X EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$1,000	,000
	DED RETENTION\$							1050		\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WC124-6005155		5/2/2024	5/2/2025	X PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE Y	N/A				ŀ		E.L. EACH ACCIDENT		\$1,000	,000
	(Mandatory in NH)							E.L. DISEASE - EA EM	IPLOYEE	\$1,000	,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		ļ					E.L. DISEASE - POLIC	YLIMIT	\$ 1,000	,000
DESC Ger	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC neral Liability Policy includes Additional	LES (A	ACORD	101, Additional Remarks Schedul	e, may b	e attached if more	space is require	ed) 1002 9/20\ and \A	laivar a	f Quibro	gation (CC
24 (04. 12/19) extended, as is required by w	ritter	ı cont	ract. Excess Policy follows	form.	i-Cornibatory	(OI OIO GL	1002, 9/20), and vv	raivei Oi	Subio	Jalion (CG
Dav	rid Rush is excluded on the Workers Co oject Name: 0317.23.002 Court Street (mpe	nsatio	n policy. Conter Penaire							
- Lo	cation: 122 Court St., Bay St. Louis, Mis	ssiss	ippi 3	9520							
CEF	RTIFICATE HOLDER				CANO	ELLATION					
								ESCRIBED POLICIE REOF, NOTICE \			
	MP Design Group							Y PROVISIONS.	**155 6	,	"ATVED IM
	918 Howard Avenue										
	Suite F Biloxi MS 39530				AUTHO	RIZED REPRESEN	97				
	ロロひれ いし うりつうし										



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 06/28/2024

ADDITIONAL INTEREST NAMED I COVERAGE AFFORDED BY THE I	INSURANCE IS ISSUED AS A MAT BELOW. THIS EVIDENCE DOES NO POLICIES BELOW. THIS EVIDENCE D REPRESENTATIVE OR PRODUCER	T AFFIRMATIVELY OF OF INSURANCE DOES	R NEGATIVELY AME S NOT CONSTITUTE	ND, EXTEND OF	R ALTER THE			
AGENCY PHONE (A/C, No, E	xt): +1 228 206 6471	COMPANY						
ASSUREDPARTNERS GULF COAST PO BOX 15069 HATTIESBURG, MS 39404		American Zurich Insurance Company						
FAX E-MAIL	ngel.pellegal@assuredpartners.com	-						
(A/C, No): ADDRESS: ²⁴	SUB CODE:	-						
AGENCY CUSTOMER ID #:	3333352.	_						
INSURED David Rush Construction LLC		LOAN NUMBER		POLICY NUMBER BR78054655				
18391 Runnymede Rd.		EFFECTIVE DATE	EXPIRATION DATE	CONTINUE	:D LINTU			
Pass Christian, MS 39571		07/05/2024	01/05/2025		ED IF CHECKED			
		THIS REPLACES PRIOR EVI	DENCE DATED:					
PROPERTY INFORMATION								
LOCATION/DESCRIPTION 122 Court St. Bay St. Louis, MS 39520								
NOTWITHSTANDING ANY REQUIRE EVIDENCE OF PROPERTY INSURAN	TED BELOW HAVE BEEN ISSUED T MENT, TERM OR CONDITION OF AN CE MAY BE ISSUED OR MAY PERTA USIONS AND CONDITIONS OF SUCH I	NY CONTRACT OR OT IN, THE INSURANCE AI	HER DOCUMENT W FFORDED BY THE PO	ITH RESPECT TO DLICIES DESCRIE	WHICH THIS BED HEREIN IS			
COVERAGE INFORMATION								
- *************************************	COVERAGE / PERILS / FORMS		AMOL	INT OF INSURANCE	DEDUCTIBLE			
Builders Risk Coverage Form					\$5,000			
Renovations and Improvements				\$951,400	Į			
All Covered Property at all Locations				\$951,400				
. ,					, r			
REMARKS (Including Special Cond	itions)							
Named Storm Deductible 3%								
CANCELLATION								
· · · · · · · · · · · · · · · · · · ·	DESCRIBED POLICIES BE CANCEL H THE POLICY PROVISIONS.	LED BEFORE THE E	XPIRATION DATE	THEREOF, NOTI	CE WILL BE			
ADDITIONAL INTEREST								
NAME AND ADDRESS		MORTGAGEE	X ADDITIONAL INSURE	D				
City of Bay St Louis		LOSS PAYEE						
688 Hwy. 90		LOAN#						
Bay St Louis, MS 39520								
		AUTHORIZED REPRESENTAT	TIVE					