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

				Automobile Liabilit	у			
Ins	urer Nan	ne: Allstate Insurance Compa	any					
Po	icy Num	ber: 648533820						
	1 – Any	Auto	2 –	Owned Autos Only		3 - Owned Priv. Pass. Autos Only		
	4 – Owned Autos Other Than Priv. 5 – Pass. Autos Only Fau			Owned Autos Subject to No It		6 – Owned Autos S	Subject to a Compulsory UM Law	
X	7 - Specifically Described Autos 8			Hired Autos Only	Х	9 - Non-owned Autos Only		
Pol	icy Effec	tive Date: 12-01-2023		Policy Expiration Date:	12-	-01-2024		
Lin	nits Of	\$ 1,000,000	Combined Single Limit (each accident)					
Ins	urance:	BI Per P	BI Per Accident			PD Per Accident		
		Description of	Operati	ons/Locations/Vehicles/End	orse	ements/Special Pro	visions	
12	URT ST 2 COUR Y ST L		PAIR					

Producer:	The state of the s
BRENAN COMPRETTA	
Authorized Representative:	Date: 06-27-24

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

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

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Certificate Holder:

688 HIGHWAY 90

CITY OF BAY ST. LOUIS

BAY ST LOUIS, MS 39520-2715

Interested Party Type: CERTIFICATE HOLDER

INDICATED IN SUCH POLICY LANGUAGE OR ENDORSEMENT.

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PASS CHRISTIAN MS 39571-8896

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	Automobile Liability											
In	surer Nan	ne: Allstate Insurance Compa	ny									
Po	olicy Num	ber: 648533820										
	1 – Any	Auto	2-	Owned Autos Only 3 - Owned Priv. Pass. Autos Only			ass. Autos Only					
4 – Owned Autos Other Than Priv. 5 – Pass. Autos Only Fau				Owned Autos Subject to No It		6 - Owned Autos	Subject to a Compulsory UM Law					
Х	7 - Spe	cifically Described Autos	8-1	Hired Autos Only	Х	9 – Non-owned Autos Only						
Po	olicy Effec	five Date: 12-01-2023		Policy Expiration Date:	12-	-01-2024						
Li	mits Of	\$ 1,000,000		Combined Single Limit (each accident)								
Ins	surance:	Bl Per Pe	Bi Per Accident PD Per Acci									
	Description of Operations/Locations/Vehicles/Endorsements/Special Provisions											
12	OURT ST 22 COUF AY ST.	,	PAIRS	5								

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

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Includes copyrighted material of Insurance Services Office, Inc., with its permission

Certificate Holder:

MP DESIGN GROUP, PLLC 918 HOWARD AVE STE F

BILOXI, MS 39530-4118

Interested Party Type: CERTIFICATE HOLDER

INDICATED IN SUCH POLICY LANGUAGE OR ENDORSEMENT.



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). CONTACT Mark Cruthirds AssuredPartners Gulf Coast- Hattiesburg PHONE (A/C, No, Ext): 601-544-3300 E-MAIL ADDRESS: Mark.Cruthirds@assuredpartners.com FAX (A/C, No): 601-544-3341 6798 US Highway 98 W, Suite 20 Hattiesburg MS 39402 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: AmFed Casualty Insurance Company 11963 License#: BR-861671 DAVIRUS-01 INSURED INSURER B: Crum & Forster Insurance Company 42471 David Rush Construction LLC INSURER C : 18391 Runnymede Road Pass Christian MS 39571 INSURER D INSURER E INSURER F: **CERTIFICATE NUMBER: 200094598** COVERAGES **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. ADDL SUBR POLICY EFF (MM/DD/YYYY) POLICY EXP TYPE OF INSURANCE POLICY NUMBER Х COMMERCIAL GENERAL LIABILITY APP#GLO092267 В 11/8/2023 11/8/2024 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED CLAIMS-MADE | X | OCCUR \$100,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: \$2,000,000 GENERAL AGGREGATE PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$2,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY \$ В UMBRELLA LIAB Χ XOBW9848023 11/8/2023 11/8/2024 OCCUR **EACH OCCURRENCE** \$1,000,000 **EXCESS LIAB** Х CLAIMS-MADE AGGREGATE \$1,000,000 DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WC123-6005155 5/2/2023 5/2/2024 PER STATUTE ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E,L. EACH ACCIDENT \$1,000,000 N/A E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) \$1,000,000 if yes, describe under DESCRIPTION OF OPERATIONS below 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) 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** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Bay St. Louis 688 Highway 90 AUTHORIZED REPRESENTATIVE Bay St. Louis MS 39520



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).											
	DUCER CLIS CLIS CLIS CLIS CLIS CLIS CLIS CLIS	CONTACT NAME: Mark Cruthirds									
Ass	suredPartners Gulf Coast- Hattiesb 98 US Highway 98 W, Suite 20	urg							FAX (A/C, No)	601-54	4-3341
Hattiesburg MS 39402						PHONE (A/C, No, Ext): 601-544-3300 FAX (A/C, No): 601-544-3341 E-MAIL ADDRESS: Mark.Cruthirds@assuredpartners.com					
	······································							NAIC#			
		INSURE			ance Company			42471			
INSURED DAVIRUS-01											11963
David Rush Construction LLC								· · · · · · · · · · · · · · · · · · ·			44520
	391 Runnymede Road ss Christian MS 39571				INSURER C : Crum & Forster Specialty Insurance 44520 INSURER D :						
	S Simodali in Coor i				INSURER E :						
				•	INSURER F:						
CO	VERAGES CER	TIFI	CATE	NUMBER: 1812778392							
Tŀ	IIS IS TO CERTIFY THAT THE POLICIES	OF	INSUF	RANCE LISTED BELOW HA	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOV	E FOR TH	IE POL	ICY PERIOD
IN	DICATED. NOTWITHSTANDING ANY RI	EQUI	REME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER I	DOCUMENT WITH	H RESPEC	CT TO I	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH								BJECT TO) ALL 1	HE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF POLICY EXP LIMITS (MM/DD/YYYY) (MM/DD/YYYY)						
C	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	GLO101539		11/8/2023	11/8/2024	EACH OCCURREN			000
•	CLAIMS-MADE X OCCUR		Ì	GEO 10 1005		1110/2020	117072024	EACH OCCURRENT DAMAGE TO RENT	ED	\$ 1,000	
	CLAIMS-MADE 1 OCCOR							PREMISES (Ea occ		\$ 100,0	•
					_			MED EXP (Any one	·	\$ 5,000	
	OCAMI ACCRECATE LIMIT APPLIES DED.								SONAL & ADV INJURY \$ 1,000,		
	X POLICY PRO-		ĺ					GENERAL AGGREC		\$ 2,000	
			1					PRODUCTS - COM	P/OP AGG	\$ 2,000 \$,000
	OTHER: AUTOMOBILE LIABILITY	-	-					COMBINED SINGLE	LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Po	or noroon)	\$	
	OWNED SCHEDULED							BODILY INJURY (P	· · · · · · · · · · · · · · · · · · ·	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG (Per accident)		\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		S	
Α	UMBRELLA LIAB X OCCUR			XOBW9848023		11/8/2023	11/8/2024				
^	V System HAD			AOBVV3646023		11/0/2023	11/0/2024	EACH OCCURREN	CE	\$ 1,000	·
	T ODMINO MADE	-						AGGREGATE		\$1,000	,000
9	DED RETENTION \$ WORKERS COMPENSATION	-	 	WC124-6005155		6/0/0004	¢ to to on a	X PER	TOTH-	\$	
_	AND EMPLOYERS' LIABILITY Y / N			VVC 124-6003 133		5/2/2024	5/2/2025	Jaintole	OTH- ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE Y								E.L. EACH ACCIDE		\$ 1,000	• • • • • • • • • • • • • • • • • • • •
	(Mandatory in NH) yas, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ 1,00		` '	
\vdash	DESCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POL	LICY LIMIT	\$ 1,000	,000
1											
			ļ								
DES	COSTICAL OF OPERATIONS // OCATIONS (VELSO	100	10000	And Additional Description Co.	1			L			
Ge	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC neral Liability Policy includes Additional	insur	ed (C	7 101, Additional Remarks Schedu 3G 20 33, 12/19), Primary a	ie, may b and Nor	e attached it mor 1-Contributory	e space is requir (CFSIC GL	ed) 1002, 9/20), and	Waiver o	f Subro	gation (CG
24	04, 12/19) extended, as is required by v	<i>r</i> ritter	ı cont	ract. Excess Policy follows	form.	ŕ	`	, ,,			J (
- P	vid Rush is excluded on the Workers Co roject Name: 0317.23.002 Court Street	Comr	nsauc nunity	n policy. / Center Repairs							
- Location: 122 Court St., Bay St. Louis, Mississippi 39520									`		
<u></u>	DELETION TO THE TANK THE THE TANK THE TANK THE T										
CE	RTIFICATE HOLDER				CAN	CELLATION					
					ESCRIBED POLIC						
	MD Doolan Craus							EREOF, NOTICE CYPROVISIONS.	WILL E	SE DEI	IVERED IN
	MP Design Group 918 Howard Avenue										
	Suite F				AUTHO	RIZED REPRESE	NTATIVE				
	Biloxi MS 39530			and the same of th							



EVIDENCE OF PROPERTY INSURANCE

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

ADDITIONAL INTEREST COVERAGE AFFORDED	OPERTY INSURANCE IS ISSUED AS A MAT NAMED BELOW. THIS EVIDENCE DOES NO BY THE POLICIES BELOW. THIS EVIDENCE UTHORIZED REPRESENTATIVE OR PRODUCE!	T AFFIRMATIVELY OR OF INSURANCE DOES	NEGATIVELY AMEINOT CONSTITUTE	ND. EXTEND OR	ALTER THE	
AGENCY	PHONE (A/C, No, Ext): +1 228 206 6471	COMPANY				
ASSUREDPARTNERS GUI PO BOX 15069 HATTIESBURG, MS 39404	LF COAST INS AGENCY LLC	American Zurich Insura	ance Company			
FAX (A/C, No):	E-MAIL ADDRESS: angel.pellegal@assuredpartners.com					
CODE: 13399118	SUB CODE:					
AGENCY CUSTOMER ID #;						
INSURED David Rush Construction LL	.c	LOAN NUMBER		POLICY NUMBER BR78054655		
18391 Runnymede Rd. Pass Christian, MS 39571		EFFECTIVE DATE 07/05/2024	EXPIRATION DATE 01/05/2025	CONTINUE	ED UNTIL ED IF CHECKED	
		THIS REPLACES PRIOR EVID	<u> </u>			
PROPERTY INFORMATIO	N .					
LOCATION/DESCRIPTION					1	
122 Court St. Bay St. Louis, MS 39520						
NOTWITHSTANDING ANY EVIDENCE OF PROPERTY	RANCE LISTED BELOW HAVE BEEN ISSUED TO REQUIREMENT, TERM OR CONDITION OF A Y INSURANCE MAY BE ISSUED OR MAY PERTA RMS, EXCLUSIONS AND CONDITIONS OF SUCH	NY CONTRACT OR OTH NN, THE INSURANCE AF	HER DOCUMENT WIFORDED BY THE PO	TH RESPECT TO DLICIES DESCRIE	O WHICH THIS BED HEREIN IS	
COVERAGE INFORMATION	ON					
***************************************	COVERAGE / PERILS / FORMS		AMOU	NT OF INSURANCE	DEDUCTIBLE	
Builders Risk Coverage For	m				\$5,000	
Renovations and Improve	emente			\$951,400		
·						
All Covered Property at a	Il Locations			\$951,400		
DEMARKS (Including Co.	ooiol Conditions)					
REMARKS (Including Spe						
Named Storm Deductible 35	%					
	: ABOVE DESCRIBED POLICIES BE CANCE DANCE WITH THE POLICY PROVISIONS.	LLED BEFORE THE E	XPIRATION DATE	THEREOF, NOT	ICE WILL BE	
	ANDE WITH THE PULICI PROVISIONS.					
ADDITIONAL INTEREST NAME AND ADDRESS						
		MORTGAGEE	X ADDITIONAL INSURE	D		
City of Bay St Louis 688 Hwy, 90		LOSS PAYEE	1			
Bay St Louis, MS 39520		COLUMN			Į	
		AUTHORIZED REPRESENTAT	IVE			
		THE THE INDIVIDUAL INTERIOR INTO	··-		ĺ	

ACORD 27 (2009/12)