## Client#: 33857

## ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/31/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	NAME: Natalie Chatagnier					
Louisiana Companies	PHONE (A/C, No, Ext): 225 383-4761 FAX (A/C, No): 225-3	87-4336				
801 North Blvd.	E-MAIL ADDRESS: Natalie.Chatagnier@MarshMMA.com					
Baton Rouge, LA 70802	INSURER(S) AFFORDING COVERAGE	NAIC#				
225 383-4761	INSURER A: Continental Insurance Company					
INSURED	INSURER B: Louisiana Workers Compensation Corp.	22350				
Material Resources, Inc.	INSURER C: Transportation Insurance Co. INSURER D: Continental Casualty Company INSURER E:					
P.O. Box 1183						
Port Allen, LA 70767						
	INSURER F:					

COVERAGES	CERTIFICATE NUMBER:	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.

INSR LTR		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY	X	X	7092261731	06/01/2024	06/01/2025	EACH OCCURRENCE	s1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	s300,000
							MED EXP (Any one person)	s <b>5,000</b>
							PERSONAL & ADV INJURY	s1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					]	GENERAL AGGREGATE	s <b>2,</b> 000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	s2,000,000
<u> </u>	OTHER:						1	\$
D	AUTOMOBILE LIABILITY	X	X	7092210598	06/01/2024	06/01/2025	COMBINED SINGLE LIMIT (Ea accident)	s1,000,000
l	X ANY AUTO						BODILY INJURY (Per person)	s
	OWNED SCHEDULED AUTOS					1	BODILY INJURY (Per accident)	s
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
l								\$
Α	UMBRELLA LIAB OCCUR			7092210603	06/01/2024	06/01/2025	EACH OCCURRENCE	s3,000,000
1	EXCESS LIAB CLAIMS-MADE.	ı					AGGREGATE	s3,000,000
L	DED X RETENTION \$10000							\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	157136B	06/01/2024	06/01/2025	X PER OTH-	
<u> </u>	AND EMPLOYERS CLABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  OFFICER/MEMBER EXCLUDED?	N/A			<u> </u>		E.L. EACH ACCIDENT	s1,000,000
	(Mandatory in NH)				1		E.L. DISEASE - EA EMPLOYEE	s1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
C	Leased/Rented EQ			7092210617	06/01/2024	06/01/2025	\$250,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is an Additional Insured with respect to the General Liability and Auto Liability
policies as required by written contract when executed prior to a loss, subject to policy terms, conditions
and exclusions.

Waiver of Subrogation is provided with respect to the General Liability, Auto Liability and Workers (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION		
Upshur County PO Box 730 Gilmer, TX 75644	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		
	Ratalie aratagnier		

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