



MARKENT-01

TBOWLING

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/10/2025

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).

PRODUCER Copeland Group USA, LLC 1203 W Loop 281 Longview, TX 75604	CONTACT NAME:	
	PHONE (A/C, No, Ext): (903) 297-1991	FAX (A/C, No): (903) 297-9707
INSURED Markum Enterprises, LLC DBA Flood Out Restoration 515 Delia St Longview, TX 75601	E-MAIL ADDRESS: PCSERVICE@copelandgroupusa.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Progressive Ins. Co.	
	INSURER B: Texas Mutual Ins Co	
	INSURER C:	
	INSURER D:	
INSURER E:		
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	TYPE OF INSURANCE	ADDL INSD	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
A	AUTOMOBILE LIABILITY			957185977	4/5/2024	4/5/2025	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$ 100,000
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$ 300,000
							PROPERTY DAMAGE (Per accident) \$ 50,000
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0002060290	3/31/2024	3/31/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							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)

CERTIFICATE HOLDER

CANCELLATION

Upshur County Tax Assessors
215 N Titus
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

Policy Summary

Policy Number 0002060290

Underwriter	ALEX LAND	Policy Status	IN FORCE
Producer	46017 COPELAND GROUP USA INC 1203A W LOOP 281 LONGVIEW, TX 75604-2924		
Insured Information			
Insured	MARKUM ENTERPRISES LLC 515 DELIA DR LONGVIEW, TX 75601-5939		
DBA	Flood Out Restoration	Entity	Limited liability company
Fed ID	264049488		
Emod	1.13	Insured Contact	Wes Markum
Slc Code	7699 Repair services, N.E.C.*	Contact Phone Number	(903) 738-9167
Coverage Period	2024/03/31 to 2025/03/31		
Safety Group	NO	Payroll Reporting	YES Payroll Reporting
Network Indicator	IN-NETWORK		

Premium Summary

Class	Description	Rate	Payroll
5474	Plastering NOC & Drivers	5.4900	\$146,532.00
8810	Clerical Office Employees NOC	.1500	\$484,036.00
5437	Carpentry-Installation of Cabinet Work or Interior Trim-& Drivers	6.6600	\$30,103.00
5403	Carpentry NOC & Drivers	7.9800	\$129,838.00
9014	Cleaner-Debris Removal	3.7500	\$176,091.00
5551	Roofing-All Kinds-& Drivers	14.5200	\$0.00
8809	Executive Officers NOC-Performing Clerical or Outside Salespersons Duties Only	.3000	\$39,861.00
8742	Salespersons or Collectors-Outside	.4200	\$65,239.00
5606	Contractor-Executive Supervisor or Construction Superintendent	1.2300	\$133,923.00
Total Payroll			\$1,205,623.00
Standard			
Each Accident	\$1,000,000	Estimated Annual Premium	\$25,559.00
Policy Limit	\$1,000,000	Deposit Premium	\$8,434.47
Each Employee	\$1,000,000		

Endorsements on this Policy

TM LRC 2008	TM MV 2011	TM PC 2003	WC 00 00 00 C
WC 00 00 01 B	WC 00 04 06	WC 00 04 14 A	WC 00 04 22 C

WC 00 04 25

WC 42 03 01 L

WC 42 04 08 A

WC 42 03 04 B

WC 42 06 01

This Policy Summary is confidential and provided for your use and information only. It is not evidence of coverage. The Summary is not a policy declarations page and the Company makes no warranties as to its accuracy and completeness.

REINSTATEMENT NOTICE

OBLIGEE

City of Longview
PO Box 1952

Longview, TX 75606-1952

SURETY

Old Republic Surety Company
P.O. Box 1635
Milwaukee, WI 53201-1635
(800) 217-1792
ors@orsurety.com
www.orsurety.com

Re: Process Date: 08/21/2024

Bond Number: W150259950

Principal Name: MARKUM ENTERPRISES,LLC

Description: Combination General Contractor

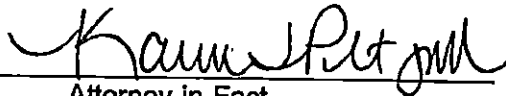
D/B/A FLOOD OUT/FLOOR REMOVAL KING

Bond Amount: \$ 50,000.00

Policy Effective Date: 06/06/2024

We, the above named Surety, are reinstating our liability under the above referenced bond.
This, therefore is your notice that the bond is reinstated without interruption of coverage.

By: _____



Attorney-in-Fact

CERTIFIED MAIL SERIAL NUMBER (if applicable):

PRODUCER

0898210

DEBORAH K.GARY

HARRISON COUNTY FARM BUREAU 5006 E END BLVD S

MARSHALL, TX 75672

(903) 935-3291

PRINCIPAL

MARKUM ENTERPRISES,LLC

D/B/A FLOOD OUT/FLOOR REMOVAL KING

515 DELIA DR.

LONGVIEW, TX 75601

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

1. ☐ Specific Waiver

Name of person or organization

☒ Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations: All Texas operations

3. Premium:

The premium charge for this endorsement shall be **2.00** percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: Included, see Information Page

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.
(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)
This endorsement, effective on 3/31/24 at 12:01 a.m. standard time, forms a part of:

Policy no. 0002060290 of Texas Mutual Insurance Company effective on 3/31/24

Issued to: MARKUM ENTERPRISES LLC

DBA: Flood Out Restoration

This is not a bill



Authorized representative

NCCI Carrier Code: 29939

4/2/24