Client#: 1980464 RITECON											
ACORD. CERTIFICATE OF LIAB					ILITY INSURANCE					DATE (MINDD/YYYY) 4/07/2025	
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.											
IN If	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).										
PRO	DUCER		CONTA NAME:	CT Sharon	G, Collins		_				
	Southwest, LLC	PHONE (A/C, No, Ext): 903 757-3760 (A/C, No):									
	igview, TX 75601				E-MAIL ADDRESS: sharon.collins@usi.com						
	5757-3760	1	Melipe	RA: Indian Ha		FORDING COVERAGE		NAIC#			
INSL	RED					RB; Texas M				22945	
	Rite Construction & Roust	labo	ut Se	ervices	INSURER C : United Specialty Insurance Company					12537	
	PO Box 118							urance Company		12936	
	Diana, TX 75640				INSURE	RE: Progress	ive County M	utual Insurance Co		29203	
	* * · · · · · · · · · · · · · · ·				INSURER F :						
				NUMBER:	וכ הכבו	NIESUED TO		REVISION NUMBER:	POLIC		
L C	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 L <u>TR</u>	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYY)	Цимп	S		
A	X COMMERCIAL GENERAL LIABILITY			OLS33470326		03/22/2025	03/22/2026	EACH OCCURRENCE	1	0,000	
								DAMAGE TO RENTED PREMISES (Ea occurrence)	s100,		
	X BI/PD Ded:5,000							MED EXP (Any one person)	\$5,00		
			ļ					PERSONAL & ADV INJURY	<u> </u>	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,000 \$2,000,000		
								PRODUCTS - COMPLOP AGG	G 52,000,000		
E		OTHER: 957034804				03/30/2025	03/30/2026	COMBINED SINGLE LIMIT (Ea arcident)	<u>\$1,000,000</u>		
	ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (Per person) BODILY INJURY (Per accident)			
	X AUTOS ONLY X AUTOS AUTOS ONLY X AUTOS ONLY							PROPERTY DAMAGE	s		
								(Per accident)	\$		
A	UMBRELLA LIAB OCCUR OLSX288803		OLSX28880326		03/22/2025	03/22/2026	EACH OCCURRENCE	\$5.00	0,000		
	X EXCESS LIAB X CLAIMS-MADE							AGGREGATE		0,000	
	DED RETENTION \$								\$		
в	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0002076425		04/13/2024	04/13/2025	X STATUTE OTH			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	+ • •	0,000	
	(Mandatory In NH)						02/22/20/20	EL. DISEASE - EA EMPLOYEE \$1,000,000			
_	If yes, describe under DESCRIPTION OF OPERATIONS below			DAOTOFI ANDOADAE	02/22/2025			E.L. DISEASE - POLICY LIMIT \$1,000,000			
C	Umbrella Dented# escent		1	B1972EL00321D25 CIMHSICIM000029700		03/22/2025		\$5,000,000 \$500,000			
D	Rented/Leased				,	03/10/2024	05/10/2023	4300,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Romarks Schedule, may be attached if more space is required)											
	neral Liability policy includes Ad										
	form CG24040509, all on a blanket basis when required by written contract. General Liability policy										
Includes Primary/Non-Contributory AI Status form CG20010413 and 30 Day Notice of Cancellation form											
SLG4170617, both on a blanket basis when required by a written contract. Auto Liability policy includes (See Attached Descriptions)											
CE	RTIFICATE HOLDER	CANCELLATION									
Upshur County 100 W Tyler Street						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS,					
	Gilmer, TX 75644					· · ·					

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ACORD 25 (2016/03) 1 of 2 #S48859139/M48617847

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## DESCRIPTIONS (Continued from Page 1)

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Additional Insured and Waiver of Subrogation, both on blanket basis when required by a written contract. Umbrella policy OLSX22020325 is excess over the Auto Liability, General Liability and Employers Liability policies. Excess policy BTM2411793 is excess over the Auto Liability, General Liability and Employers Liability policies.

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## Client#: 1980464

## ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/07/2025

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RITECON

	<u> </u>									
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(les) 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 PRODUCER										
	Southwest, LLC									
	Judson Road			ļ						
	igview, TX 75601		E-MAIL ADDRESS: sharon.collins@usi.com							
		-						NAIC #		
903 757-3760										
INSU		hor	it So				utual Insurance			22945
Rite Construction & Roustabout Services PO Box 118								ance Company		12537
			Mourer D;					12936		
Diana, TX 75640						INSURER E : Progressive County Mutual Insurance Co 2920				
					INSURER F :					
				NUMBER:			<u>.</u>	REVISION NUMB		
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	NSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			OLS33470326				EACH OCCURRENCE		000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occur	rence) s1(	0,000
	X BI/PD Ded:5,000							MED EXP (Any one pe	eirson) \$5,	000
								PERSONAL & ADV IN	JURÝ S <b>1</b> ,	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ντε \$ <b>2</b> ,	000,000
								PRODUCTS - COMP/	OP AGG \$2,	000,000
							ľ		S	<u></u>
E				957034804		03/30/2025	03/30/2026	COMBINED SINGLE ( (Ea accident)	IMIT s1.	000.000
-				•••••				BODILY INJURY (Per	person) S	· · · · · · · · · · · · · · · · · · ·
	OWNED V SCHEDULED							BODILY INJURY (Per		
	AUTOS ONLY A AUTOS HIRED AUTOS ONLY X AUTOS ONLY							PROPERTY DAMAGE (Per accident)		
	AUTOS ONLY AUTOS ONLY							(Per_accident)	s	
						00/00/00005	02/22/2026	EACH OCCURRENCE		000,000
Α				OLSX28880326		03/22/2023	03/22/2020		1	000,000
								AGGREGATE		000,000
	DED RETENTION S					- 4140/0004	04/40/0007	V IPER	<u></u> Отн-	
В	AND EMPLOYERS' LIABILITY			0002076425		04/13/2024	04/13/2025			
	I ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT		
	(Mandatory in NH) If yes, describe under							EL. DISEASE - EA EMPLOYEE \$1,000,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	су ЦМГТ   \$ <b>1,</b>	000,000
С	Umbrella			B1972EL00321D25				\$5,000,000		
D	Rented/Leased			CIMHSICIM000029700		05/18/2024	05/18/2025	\$500,000		
										· · ·
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	.ES (A	CORE	0 101, Additional Remarks School	ule, may	be attached if mo	oro spaco (s roqu	ired)	-	
	neral Liability policy includes Add								on	
	m CG24040509, all on a blanket ba									
	ludes Primary/Non-Contributory A									
SLO	G4170617, both on a blanket basis	wh	en r	equired by a written co	ontrac	t. Auto Liab	ility policy	includes		
(Se	e Attached Descriptions)									
CF	RTIFICATE HOLDER				CANC	ELLATION				
YE			<u> </u>						_	
	Hochur County							SCRIBED POLICIE		
Upshur County					THE	EXPIRATION	I DATE THE	REOF, NOTICE	WILL BE D S	ELIVERED IN
	100 W Tyler Street				AUC	UNDANUE W				
	Gilmer, TX 75644									· · · · · · · · · · · · · · · · · · ·
				AUTHORIZED REPRESENTATIVE						
Betlan Sail										
	<u>i`</u> i				, we				TION AT -	abte record
						© 1	1988-2015 AC	ORD CORPORA	CION, AILT	ynts reserved.

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## DESCRIPTIONS (Continued from Page 1)

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Additional Insured and Waiver of Subrogation, both on blanket basis when required by a written contract. Umbrella policy OLSX22020325 is excess over the Auto Llability, General Llability and Employers Llability policies. Excess policy BTM2411793 is excess over the Auto Llability, General Llability and Employers Liability policies.