

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/20/2025

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).										
	DUCER				CONTACT Dakota Spore					
Hig	gginbotham Insurance Agency, Inc.				NAME: DARCIA GPOTE PHONE (A/C, No. Ext): 361-541-5112  FAX (A/C, No.): 817-347-6981					
	01 S Broadway Ave., Suite 430 ler TX 75703				E-MAIL ADDRESS: DSpore@higginbotham.net					
١.,	17.707.00				INSURER(S) AFFORDING COVERAGE NAIC #					
				License#: 2081754	INSURER A: Texas Mutual Insurance Company				22945	
	JRED			BECKOIL-01	INSURER B : New York Marine & General Ins Co				16608	
Beckat Oil & Fuel LP						INSURER C:				
dba Eagle Fuel & Oil LP 12426 State Highway 64W					INSURER D:					
Tyler TX 75704				INSURER E:						
				INSURER F:				<del></del>		
CO	VERAGES CEF	TIF	CATE	NUMBER: 881615198				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	ADDÎ INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
В	X COMMERCIAL GENERAL LIABILITY			PK202500031657		3/21/2025	3/21/2026	EACH OCCURRENCE \$1,000	000,	
l	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,0	100	
								MED EXP (Any one person) \$5,000	)	
		ł						PERSONAL & ADV INJURY \$ 1,000	,000	
l	GEN'L AGGREGATE LIMIT APPLIES PER:	ļ						GENERAL AGGREGATE \$2,000	),000	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG \$ 2,000	),000	
	OTHER:	<u> </u>						s		
В	AUTOMOBILE LIABILITY	ļ		AU202500020122		3/21/2025	3/21/2026	COMBINED SINGLE LIMIT \$ 1,000 (Ea accident)	),000	
	X ANY AUTO SCHEDULED	1						BODILY INJURY (Per person) \$		
1	AUTOS ONLY AUTOS							BODILY INJURY (Per accident) \$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	ļ						PROPERTY DAMAGE (Per accident) S		
L	X MCS-90	<u> </u>						\$		
В	X UMBRELLA LIAB X OCCUR	İ		EX202500006064		3/21/2025	3/21/2026	EACH OCCURRENCE \$5,000	,000	
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE \$5,000	,000	
┡	DED X RETENTIONS SO		<del> </del>		-			\$		
^	AND EMPLOYERS' LIABILITY . Y/N			0001309430		3/21/2025	3/21/2026	X PER OTH-	_	
	ANYPROPRIETOR/PARTNER/EXECUTIVE Y	N/A	ŀ					E.L. EACH ACCIDENT \$1,000	<u>,,000</u>	
٠.	(Mandatory In NH) If yes, describe under	-	1				<u>-</u>	E.L. DISEASE - EA EMPLOYEE \$ 1,000	_	
	DÉSCRIPTION OF OPERATIONS below			<u> </u>				E.L. DISEASE - POLICY LIMIT \$ 1,000	,000	
		ĺ							ĺ	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	EC //	CORD	464 Additional Passacia Cabada	la					
Lin	T. Barker is excluded from the Workers	'Con	pens	ation Policy.	e, may b	attached if more	space is requin	ea)		
The General Liability and Automobile Liability policies include a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.										
The General Liability, Automobile Liability and Workers' Compensation policies include a blanket automatic waiver of subrogation endorsement that provides this feature to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such provision.										
	e Attached							•		
	RTIFICATE HOLDER				CANO	ELLATION				
Upshur County PO Box 790					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						AUTHORIZED REPRESENTATIVE				

ACENCY	CUSTOMER ID	· RECKOU -01
AUCNLI	LUSTUMER III	: DECKUL-U

LOC #:



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Higginbotham Insurance Agency, Inc.		NAMED INSURED  Beckat Oil & Fuel LP  dha Fagle Fuel & Oil LP								
POLICY NUMBER		dba Eagle Fuel & Oil LP 12426 State Highway 64W Tyler TX 75704								
CARRIER	NAIC CODE	EFFECTIVE DATE:								
ADDITIONAL REMARKS	<u> </u>	EFFECTIVE DATE.								
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  FORM NUMBER:25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE										
The General Liability and Auto Liability policies include a blanket Primary & Non-Contributory endorsement that applies to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such provision.										
The Auto policy has a Pollution Broadening Endorsement.										
Umbrella is Follow Form underlying the General Liability, Auto Liability, and Workers' Compensation policies.										
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