



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/27/2019

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 K&S Insurance Agency 2255 Ridge Road, Ste. 333 P. O. Box 277 Rockwall TX 75087	CONTACT NAME: Donna Walker PHONE (A/C, No, Ext): (972) 771-4071 E-MAIL ADDRESS: dwalker@kandsins.com	FAX (A/C, No): (972) 771-4695
	INSURER(S) AFFORDING COVERAGE	
INSURED Wood County Asphalt, Ltd. MAC Transportation LLC P.O. Box 9036 Longview TX 75608	INSURER A: Phoenix Insurance Co.	NAIC # 25623
	INSURER B: Travelers Indemnity Company of America	25666
	INSURER C: Great American Insurance Co.	16691
	INSURER D: St Paul Surplus Lines Insurance Co	30481
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 19/20 Wood Co Asphalt **REVISION NUMBER:**

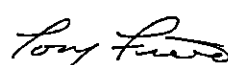
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADDITIONAL INSURED	SUBROGATED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CO8E812084	09/29/2019	09/29/2020	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000	
	OTHER:						GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 2,000,000	
							Employee Benefits \$ 1,000,000	
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			8108E654471	09/29/2019	09/29/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
							Uninsured motorist \$ 250,000	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			TUU152347603	09/29/2019	09/29/2020	EACH OCCURRENCE \$ 5,000,000	
	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB8K790666-18-26-G	09/29/2019	09/29/2020	<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	
D	Contractor's Pollution Liab			91N19797	09/29/2019	09/29/2020	Per Incident/Per Agg \$1mil / \$2mil	
	Ded: \$25,000 each Poll Inc.						Emergency Resp cost agg \$1mil	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Please see attached for additional information.

2019 OCT 15 AM 10:08
 FILED
 TERRY ROSS
 COUNTY CLERK
 BY [Signature]
 UP SHUR COUNTY TX
 DEPUTY

CERTIFICATE HOLDER Upshur County, Texas Andy Jordan, County Road Admin. P.O. Box 730 Gilmer TX 75644	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.
	AUTHORIZED REPRESENTATIVE 

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY K&S Insurance Agency		NAMED INSURED Longview Bridge and Road, Ltd.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

- *Additional Insured/Primary & Non-Contributory form #CGD604 08/13 applies to the General Liability policy.
- *Additional Insured-Owners, Managers or Lessors of Premises form CGD316 11/11 applies to the General Liability policy.
- *Waiver of Subrogation form #CGD316 11/11 applies to the General Liability policy. Includes Architect/Engineers Professional Liability - CGD270 01/10
- *Additional Insured & Waiver of Subrogation form CAT353 02/15 applies to the Automobile Liability policy.
- *Waiver of Subrogation form #WC420304A applies to the Workers Compensation policy.

GENERAL LIABILITY

Blanket Additional Insured - automatic status if required by written contract between the named insured and any person or organization that requires such status.

Primary & Non-Contributory wording if required by written contract between the named insured and any person or organization that requires such status.

Blanket Waiver of Subrogation if required by written contract between the named insured and any person or organization that requires such status.

Contractual Liability coverage is included in the GL policy for CG0001 10-01.

AUTOMOBILE LIABILITY

Blanket Additional Insured if required by written contract between the named insured and any person or organization that requires such status.

Blanket Waiver of Subrogation if required by written contract between the named insured and any person or organization that requires such status.


WORKERS COMPENSATION

Blanket Waiver of Subrogation if required by written contract between the named insured and any person or organization that requires such status.

UMBRELLA

Umbrella overlays underlying policies, and is follow form for Auto, Employers, Contractual, Advertising & Personal Injury Liability.

*ALWAYS REFER TO THE ATTACHED POLICY FORMS FOR SPECIFIC WORDING OF SUCH COVERAGE, LIMITS, CONDITIONS AND EXCLUSIONS.

FILED
 TERRI ROSS
 COUNTY CLERK
 2019 OCT 15 AM 10:08
 BY 
 UPSHIRE COUNTY, TX.
 DEPUTY