

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/18/2024

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 rights to	()									
PRODUCER					CONTACT NAME: Matt McLemore PHONE (918) 743-9868 FAX (918) 743-6403					
McLemore Insurance Agency, Inc. 6965 South 69th East Ave					(A/C, No, Ext): (310) 743 3000 (A/C, No): (310) 743 0400					
P.O. Box 700420					ADDRESS: Matternoleinstrance.com					
P.O. B0x 700420 Tulsa OK 74170					INSURER(S) AFFORDING COVERAGE NAIC # NSUBER A . Oklahoma Surety Company 23426					
Better Emissions Company, LLC										
1373 County Rd, #128										
1010 County Nu, #120					INSURER D :					
Floresville										
Floresville TX 78114 COVERAGES CERTIFICATE NUMBER: CL2441827138					INSURER F: REVISION NUMBER:					
COVERAGES CERTIFICATE NUMBER: OL2441021133 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 INDECEMBER INDICATED INDICATED										
LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	-		
							EACH OCCURRENCE DAMAGE TO RENTED	Ψ	0,000	
CLAIMS-MADE 🗙 OCCUR							PREMISES (Ea occurrence)	<mark>\$</mark> 100,		
			00 OL 004440005		0.4/07/000.4	0.4/07/00.05	MED EXP (Any one person)	φ	LUDED	
A		06-GL-001116205		04/27/2024	04/27/2025	PERSONAL & ADV INJURY	\$ 1,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000			
							PRODUCTS - COMP/OP AGG	φ	0,000	
OTHER:							COMBINED SINGLE LIMIT	\$		
							(Ea accident)	a accident)		
							BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS NILY NONALED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
HIRED NON-OWNED AUTOS ONLY							(Per accident)	\$		
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$							PER OTH-	\$		
AND EMPLOYERS' LIABILITY Y / N	AND EMPLOYERS' LIABILITY Y / N						STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$		
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER					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					
					John us 'summer					

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