CONTACT Wendy Richard, CISR, CSRM

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WRICHARD



Fisher Brown Bottrell Insurance, Inc. P. O. Box 1490 Jackson, MS 39215

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/26/2023

FAX (A/C, No):(601) 208-3072

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).

								INSURER(S) AFFORDING COVERAGE					NAIC#
									INSURER A : FCCI Insurance Company				10178
INSURED									INSURER B : Bridgefield Casualty Insurance Co				10335
Sheppard Services, LLC									INSURER C:				
PO Box 190817									INSURER D:				
Mobile, AL 36619									INSURER E:				
									INSURER F:				
COVERAGES CERTIFICATE NUMBER:									REVISION NUMBER:				
TI IN C	HIS I IDICA ERTI	IS TO CERTIFY TATED. NOTWITHS	STAN ISSU	THE POLICI IDING ANY I JED OR MAY	ES O REQUI PER POLI	F INS REMI TAIN, CIES.	SURANCE LISTED BELOW HENT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	N OF A DED BY BEEN R	NY CONTRAC THE POLICED BY	TO THE INSUF CT OR OTHEF IES DESCRIB PAID CLAIMS.	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE			ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Χ	X COMMERCIAL GENERAL LIABILITY									EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			X	Х	CPP100071022		6/30/2023	6/30/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	Х				^						MED EXP (Any one person)	\$	5,000
											PERSONAL & ADV INJURY	\$ \$	1,000,000
	GENII ACCDECATE LIMIT ADDI ISO DED		IEC DED:									2,000,000	
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC									GENERAL AGGREGATE	\$	2,000,000
											PRODUCTS - COMP/OP AGG JOBSITE POLLUTI	\$	100,000
Α		OTHER:										\$	1,000,000
^		AUTOMOBILE LIABILITY				ĺ	0.1.000=0.1==		0/00/2222	6/30/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Λ	ANY AUTO			X	X	CA100058457		6/30/2023		BODILY INJURY (Per person)	\$	
				CHEDULED UTOS							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY	_ NC	ON-OWNED UTOS ONLY		ĺ					PROPERTY DAMAGE (Per accident)	\$	
												\$	
Α	X	UMBRELLA LIAB X OCCUR									EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB		CLAIMS-MADE	=		UMB100058458		6/30/2023	6/30/2024	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 10,000)							\$		
В	WOR	RKERS COMPENSATIO	N.								X PER STATUTE OTH-		
						Х	0196-55834		8/19/2023	8/19/2024	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Man	NY PROPRIETOR/PARTNER/EXECUTIVE Y FFICER/MEMBER EXCLUDED? Mandatory in NH)			N/A						E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below											\$	1,000,000
Α	Property				+	_	CPP100071022		6/30/2023	6/30/2024	E.L. DISEASE - POLICY LIMIT Jobsite Limit	Φ	250,000
A	Equipment Floater						CPP100071022	j	6/30/2023	6/30/2024	Leased/Rented		350,000
^							5 1000110EE		3,00,2020	JOUILULT			555,550
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		Crestview, I	⊤L 32	2 536				AUTHORIZED REPRESENTATIVE Mm Manual					