



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08-08-2024

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 the certificate holder in lieu of such endorsement(s).

PRODUCER  
Berkshire Hathaway Direct Insurance Company  
1314 Douglas Street, Suite 1400  
Omaha, NE 68102

INSURED  
T Clark Enterprise, Inc.  
3330 Woodcrest Dr Ste D  
Baton Rouge, LA 70814-2503

CONTACT NAME:

PHONE 1-800-507-4495  
(A/C, No, Ext):

FAX: 866-715-2764  
(A/C, No):

E-MAIL  
ADDRESS: service@threeinsurance.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Berkshire Hathaway Direct Insurance Company	10391
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

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					ADDL INSD	SUB R WVD	POLICY NUMBER	POLICY EFF (MM/DD/Y YYY)	POLICY EXP (MM/DD/YYYY )	LIMITS				
A	X	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR    GEN'L AGGREGATE LIMIT APPLIES PER:  <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC  OTHER:						CP140187020P2 022	08/18/2024	08/18/2025	EACH OCCURRENCE	\$ 2,000,000			
											DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000			
											MED EXP (Any one person)	\$ 5,000			
											PERSONAL & ADV INJURY	\$ 2,000,000			
											GENERAL AGGREGATE	\$ 5,000,000			
		PRODUCTS - COMP/OP AGG	\$ SEE GENERAL AGGREGATE												
			\$												
	A	AUTOMOBILE LIABILITY											CP140187020 P2022	08/18/2024	08/18/2025
		ANY AUTO				BODILY INJURY (Per person)	\$								
		OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY	<input checked="" type="checkbox"/>	SCHEDULED AUTOS NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)	\$								
<input checked="" type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$										
				HIRED AND NON - OWNED	\$2,000,000/5,000 ,000										
							EACH OCCURRENCE	\$							
						AGGREGATE	\$								
							\$								
		UMBRELLA LIAB			<input type="checkbox"/>	OCCUR					EACH OCCURRENCE	\$			
		EXCESS LIAB			<input type="checkbox"/>	CLAIMS-MADE					AGGREGATE	\$			
		DED			RETENTION \$						\$				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE  OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					N / A		CP140187020 P2022	08/18/2024	08/18/2025	<input checked="" type="checkbox"/>	PER STATUT E	<input checked="" type="checkbox"/>	OTHER	
											E.L. EACH ACCIDENT				\$ 2,000,000
											E.L. DISEASE - EA EMPLOYEE				\$ 2,000,000
											E.L. DISEASE - POLICY LIMIT				\$ 5,000,000
A	OCCUR  ERRORS & OMISSIONS   CYBER							CP140187020 P2022	08/18/2024	08/18/2025	PerOccur/Aggregate		\$2,000,000 / 5,000,000		
											PerOccur/Aggregate		\$2,000,000 / 5,000,000		

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

CERTIFICATE HOLDER

CANCELLATION

T Clark Enterprise, Inc.  
3330 Woodcrest Dr Ste D  
Baton Rouge , LA 70814

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