


PRODUCER Berkshire Hathaway Direct Insurance Company 1314 Douglas Street, Suite 1400 Omaha, NE 68102	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 :	
INSURED T Clark Enterprise, Inc. 3330 Woodcrest Dr Ste D Baton Rouge, LA 70814-2503	INSURER D :	
	INSURER E :	
	INSURER F :	

REVISION NUMBER:

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						CP140187020P2022	08/18/2024	08/18/2025	EACH OCCURRENCE		\$ 2,000,000	
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)					\$ 100,000			
						MED EXP (Any one person)					\$ 5,000			
						PERSONAL & ADV INJURY					\$ 2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE		\$ 5,000,000							
	X	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG					\$ SEE GENERAL AGGREGATE			
		OTHER:									\$			
A	AUTOMOBILE LIABILITY						CP140187020P2022	08/18/2024	08/18/2025	COMBINED SINGLE LIMIT (Ea accident)		\$		
		ANY AUTO				BODILY INJURY (Per person)				\$				
	X	OWNED AUTOS ONLY		X	SCHEDULED AUTOS NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident)		\$		
		HIRED AUTOS ONLY			PROPERTY DAMAGE (Per accident)					\$				
		AUTOS ONLY			HIRED AND NON - OWNED					\$2,000,000/5,000,000				
	UMBRELLA LIAB			OCCUR						EACH OCCURRENCE		\$		
	EXCESS LIAB			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		CP140187020P2022	08/18/2024	08/18/2025	X	PER STATUT E	X	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						CP140187020P2022	08/18/2024	08/18/2025	PerOccur/Aggregate		\$2,000,000 / 5,000,000		
	ERRORS & OMISSIONS		X	PerOccur/Aggregate		\$2,000,000 / 5,000,000								
	CYBER		X											

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

CANCELLATION

<p>T Clark Enterprise, Inc. 3330 Woodcrest Dr, Ste D Baton Rouge, LA 70814</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE</p> <p></p>