

Patriot General Contracting LLC

32141 Giant Oak
Bulverde, TX 78163



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/13/2023

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 BIBERK P.O. Box 113247 Stamford, CT 06911		CONTACT NAME: PHONE (A/C, No, Ext): 844-472-0967 E-MAIL ADDRESS: customerservice@biBERK.com FAX (A/C, No): 203-654-3613	
INSURED Patriot General Contracting LLC 32141 Giant Oak Bulverde, TX 78163-2382		INSURER(S) AFFORDING COVERAGE INSURER A : Berkshire Hathaway Direct Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 10391	


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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		N9BP321015	02/02/2023	02/02/2024	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$ 50,000
							MED EXP (Any one person)
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> OTHER:						\$ Included
							GENERAL AGGREGATE
							\$ 4,000,000
							PRODUCTS - COMP/OP AGG
							\$ 4,000,000
							\$
A	AUTOMOBILE LIABILITY	X		0019068-01-CA	02/02/2023	02/02/2024	COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						\$ 5,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						\$ N/A
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident)
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$ N/A
							PROPERTY DAMAGE (Per accident)
							\$ N/A
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			N9UM321077	02/02/2023	02/02/2024	EACH OCCURRENCE
	<input checked="" type="checkbox"/> EXCESS LIAB						\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$ 1,000,000
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	N9WC682023	04/11/2023	04/11/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT
							\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE
							\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT
							\$ 1,000,000
	Professional Liability (Errors & Omissions): Claims-Made						Per Occurrence/Aggregate

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

The City of New Iberia is listed as additional insured as it pertains to general liability (see endorsement attached)

CERTIFICATE HOLDER The City of New Iberia 457 E Main St Suite 300 New Iberia, LA 70560	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 
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Patriot General Contracting LLC

32141 Giant Oak
Bulverde, TX 78163



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
04/13/2023

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PRODUCER	CONTACT NAME: PHONE (A/C, No, Ext): (844) 472-0967 FAX (A/C, No): (203) 654-3613 E-MAIL ADDRESS: salessupport@biberk.com PRODUCER CUSTOMER ID:
BIBERK P.O. Box 113247 Stamford, CT 06911	
INSURED	INSURER(S) AFFORDING COVERAGE INSURER A : Berkshire Hathaway Direct Insurance Compai INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
Patriot General Contracting LLC 32141 Giant Oak Bulverde, TX 78163-2382	NAIC # 236220

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Location: 32141 Giant OakBulverde, TX 78163-2382 Bldg #001: General Contractor Only - 7450103		

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
<input checked="" type="checkbox"/>	PROPERTY				BUILDING	\$ 0
	CAUSES OF LOSS	DEDUCTIBLES			PERSONAL PROPERTY	\$ 0
	BASIC	BUILDING			BUSINESS INCOME	\$ *
	BROAD	250			EXTRA EXPENSE	\$ *
<input checked="" type="checkbox"/>	SPECIAL	CONTENTS			RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$ n/a
	WIND				BLANKET PERS PROP	\$ n/a
	FLOOD				BLANKET BLDG & PP	\$ n/a
						\$
						\$
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	NAMED PERILS	POLICY NUMBER				\$
						\$
	CRIME					\$
	TYPE OF POLICY					\$
						\$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
* ALS up to 12 months.

CERTIFICATE HOLDER	CANCELLATION
The City of New Iberia 457 E Main St Suite 300 New Iberia, LA 70560	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

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