

DIVISION B - BIDDING REQUIREMENTS

BID FORM PROPOSAL - STIPULATED SUM

SECTION 00 41 14

Proposal for: Mangum Regional Medical Center Re-Roof

Owner: Mangum City Hospital Authority

Architect: ARC Architecture
701 W Sheridan, Ste 302
Oklahoma City, OK 73102

Bidder:

Next Level Roofing
(COMPANY NAME)

6515 E 153rd St S.
(ADDRESS)

Bixby OK 74008
(CITY, STATE)

S Corp
(TYPE OF ENTITY)

SCOPE

It is understood that the Work included under this Proposal includes all General Construction, Mechanical Work, Electrical Work and all other Work described in the Bidding Documents. It is also understood that all sales taxes are to be deleted from the Bid.

Gentlemen,

Having carefully studied and examined the Bidding Documents for the above referenced Project and having visited the Project Site and examined all conditions affecting the Project, the undersigned proposes to furnish all Work called for by said Bidding Documents for the Contract Sum set forth as follows:

BASE BID

To furnish all labor and materials in accordance with the Bidding Documents for the construction of the above described Project, complete, for the sum of:

six hundred forty three thousand nine hundred Dollars.
(WRITTEN)

(\$ 643,900⁰⁰)
(FIGURES)

ALTERNATES

Each Bidder shall be required to bid on all alternate proposals and unit prices as listed below. Bidder shall clearly indicate his choice where add/deduct prices are required.

ALTERNATE NO. 1

The installation of a Fully Adhered Single-Ply TPO Roofing System.

ADD DEDUCT minus thirty eight thousand Dollars.
(Written)

(\$ 38,000[±])
(Figures)

UNIT PRICES

Each Bidder shall bid on all Unit Prices as listed below. Unit Price Bids shall include all overhead and profit.

UNIT PRICE NO. 1

The removal of existing damaged steel roof deck and installation of new steel roof deck in select areas to be determined once a complete tear-off of the existing roofing material has been conducted.

ADD/DEDUCT twelve Dollars.
(Written)

(\$ 12.00 SF)
(Figures)

PER ROOF SQAURE

TIME OF COMPLETION

If Awarded the Contract, the undersigned Bidder agrees to complete the Work within the following number of calendar days from the date specified in the Notice to Proceed:
() Calendar Days.

ADDENDA

The undersigned Bidder acknowledges the receipt of:

1 written or faxed Addenda; and

 telephone Addenda

issued during the time of bidding, and the several clarifications, modifications and changes included therein are included in this Proposal.

In submitting the Bid, the undersigned agrees that his Proposal will not be withdrawn for a period of thirty (30) calendar days from the date hereof and it is understood that the right is reserved by the Owner to reject any and all Bids and to waive informalities and irregularities.

5/11/24
Date

Skylar Bates owner
Bidder's Signature (TITLE)

Seal: (If bid by a Corporation)

By: Next Level Roofing
6515 E 153rd St S
Bixby OK 74008
405-274-4235

----- END OF SECTION -----



Bid Bond

CONTRACTOR:

(Name, legal status and address)

Next Level Roofing

6515 E 153rd St S
Bixby, OK 74008

OWNER:

(Name, legal status and address)

Mangum City Hospital Authority

SURETY:

(Name, legal status and principal place of business)

The Ohio Casualty Insurance Company
175 Berkeley Street
Boston, MA 02116

MAILING ADDRESS FOR NOTICES:

Liberty Mutual Surety Claims
P O Box 34526
Seattle, WA 98124

This document has important
legal consequences.
Consultation with an attorney
is encouraged with respect to
its completion or modification.

Any singular reference to
Contractor, Surety, Owner or
other party shall be considered
plural where applicable.

BOND AMOUNT: 5% of Bid Amount Five Percent of Bid Amount

PROJECT: Mangum Regional Medical Center Re Roof

(Name, location or address, and Project number, if any)

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 30th day of April, 2025

(Witness)

(Witness) Natalie Szabo

Next Level Roofing
(Contractor as Principal)

(Title)

The Ohio Casualty Insurance Company
(Surety)

(Title) Todd A. Stein - Attorney in Fact

(Seal)



Int.

BID-0024719

LM8-20182a 02/21

Liberty Mutual Surety vouches that the original text of this document conforms exactly to the text in

Oklahoma License #: 858741
NAIC #: 24074

State of Oklahoma



Oklahoma Insurance Department
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma 73112

Whereas, the **OHIO CASUALTY INSURANCE COMPANY, THE**, a company organized under the laws of New Hampshire, and located at 62 MAPLE AVE, KEENE, NH, 03431, having complied with the applicable laws of Oklahoma, is hereby licensed and authorized to transact the business of:

Accident & Health
Casualty (including vehicle)
Casualty (vehicle only)
Marine
Property
Surety (excluding bail)
Workers Compensation

This Certificate of Authority shall be perpetual and automatically renewed as of March 1st of every year, unless the company fails to qualify for renewal pursuant to the requirements of Title 36 of the Oklahoma Insurance Code.



IN TESTIMONY WHEREOF, I have hereunto set my Hand and affixed the Official Seal of the Insurance Commissioner at the City of Oklahoma City, State of Oklahoma, this 1st day of October, 2012.

A handwritten signature in cursive script, reading "John D. Doak".

John D. Doak
Insurance Commissioner

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.



The Ohio Casualty Insurance Company

POWER OF ATTORNEY

Principal: Next Level Roofing

Agency Name: Brunswick Insurance Agency, Inc.

Obligee: Mangum City Hospital Authority

Bond Number: BID-0024719

Bid Bond Amount (5% of Bid Amount) Five Percent of Bid Amount

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint Todd A. Stein in the city and state of Cleveland, OH, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 28th day of March, 2021.



The Ohio Casualty Insurance Company

By:

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 28th day of March, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania, Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By:

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of The Ohio Casualty Insurance Company, which is now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Ujewell, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Company this 30th day of April, 2025



By:

Renee C. Ujewell, Assistant Secretary

Not valid for mortgage note, loan, letter of credit, current rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email ROSUR@libertymutual.com

AFFIDAVIT FOR CONTRACTS AND PAYMENTS

STATE OF OKLAHOMA

COUNTY OF Tulsa

)
) SS
)

THE UNDERSIGNED (ARCHITECT, CONTRACTOR, SUPPLIER OR ENGINEER), OF LAWFUL AGE, BEING FIRST DULY SWORN, ON OATH SAYS THAT THIS INVOICE OR CLAIM IS TRUE AND CORRECT. AFFIANT FURTHER STATES THAT THE (WORK, SERVICES OR MATERIALS) WILL BE (COMPLETED OR SUPPLIED) IN ACCORDANCE WITH THE PLANS, SPECIFICATIONS, ORDERS OR REQUESTS FURNISHED THE AFFIANT. AFFIANT FURTHER STATES THAT (S)HE HAS MADE NO PAYMENT DIRECTLY OR INDIRECTLY TO ANY ELECTED OFFICIAL, OFFICER OR EMPLOYEE OF THE STATE OF OKLAHOMA, ANY COUNTY OR LOCAL SUBDIVISION OF THE STATE, OF MONEY OR ANY OTHER THING OF VALUE TO OBTAIN PAYMENT OF THE INVOICE OR PROCURE THE CONTRACT OR PURCHASE ORDER.

Next Level Roofing

(CONTRACTOR, ARCHITECT, SUPPLIER, OR ENGINEER)

By

[Signature]

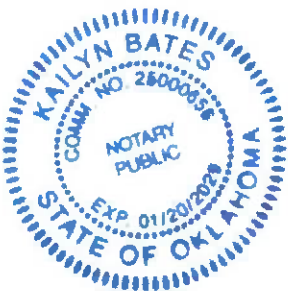
ATTESTED TO BEFORE ME THIS

30

DAY OF

April

, 20 25



[Signature]

NOTARY PUBLIC (OR CLERK OR JUDGE)

NOTE: 62 O.S. § 310.9 (B), authorizes counties executing a contract with any architect, contractor, supplier or engineer for construction work, services or materials which are needed on a continual basis from such architect, contractor, supplier or engineer under the terms of such contract, or executing more than one contract during the fiscal year with such architect, contractor, supplier or engineer, may require that the architect, contractor, supplier or engineer complete a signed affidavit as provided for in subsection A of this section which shall apply to all work, services or materials completed or supplied under the terms of the contract or contracts.

BUSINESS RELATIONSHIPS AFFIDAVIT

STATE OF OKLAHOMA

COUNTY OF Tulsa) ss

Skyle Bates of lawful age, being first duly sworn, on oath says:

1. (s)he is the duly sworn authorized agent of Next Level Roofing the bidder submitting the competitive bid which is attached to this statement.
2. Affiant states that the nature of any partnership, joint venture, or other business relationship presently in effect or which existed within one (1) year prior to the date of this statement with the Architect, Engineer, or other party to the project, is as follows:

None

(If none, so state)

3. and, any such business relationship then in effect or which existed within one (1) year prior to the date of this statement between any officer or director of the bidding company and any officer or director of the architectural or engineering firm or other party to the project, is as follows:

None

(If none, so state)

4. and, the names of all persons having any such business relationships and the positions they hold with their respective companies or firms, is as follows:

None

(If none, so state)

If none of the business relationships hereinabove mentioned exist, then a statement to that effect.

Signed by: [Signature]

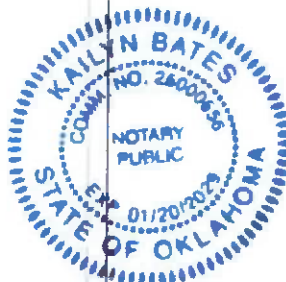
Bidder

Skyle Bates

(printed name and title)

Subscribed and sworn to before me this 30 day of April, 2020

[Signature]
Notary Public (or Clerk or Judge)



Certificate of Eligibility Affidavit

State of Oklahoma,)

County of Tulsa,)

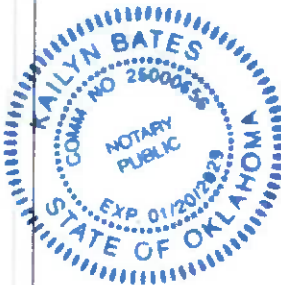
The undersigned Bidder Styke Bates Next Level, of lawful age, being first duly sworn, on oath states: I have not been suspended or disbarred from doing business with any Federal, State or Local agency.

Signed by: [Signature]
Bidder

Styke Bates owner
(printed name and title)

Subscribed and sworn to before me this 30 day of April, 2025

[Signature]
Notary Public (or Clerk or Judge)



NON-COLLUSION AFFIDAVIT

STATE OF OKLAHOMA

COUNTY OF Tulsa) ss

Skylar Bates, of lawful age, being first duly sworn, on oath says:

1. (s)he is the duly sworn authorized agent of Next Level Roofing, the bidder submitting the competitive bid which is attached to this statement, for the purpose of certifying the facts pertaining to the existence of collusion among bidders and between bidders and state officials or employees, as well as fact pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to the bid to which this statement is attached; and
2. (s)he is fully aware of the facts and circumstances surrounding the making of the bid to which this statement is attached and has been personally and directly involved in the proceedings leading to the submission of such bid; and
3. neither the bidder nor anyone subject to the bidder's direction or control has been party:
 - a. to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding,
 - b. to any collusion with any state official or employee as to quantity, quality, or price in the prospective contract, or as to any other terms of such prospective contract, nor
 - c. in any discussions between bidders and any state official concerning exchange of money or other thing of value for special consideration in the letting of a contract.

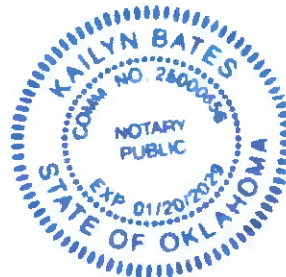
Signed by: _____

Skylar Bates
Bidder

Skylar Bates owner
(printed name and title)

Subscribed and sworn to before me this 30 day of April, 2025

Kailyn Bates
Notary Public (or Clerk or Judge)



Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Next Level Roofing		
2 Business name/disregarded entity name (if different from above)		
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership). Notes: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions/codes apply only to certain entities; not individuals (see instructions on page 3). Exempt payee code (if any): _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any): _____	
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>		(Applies to accounts maintained outside the United States.)
5 Address (number, street, and apt. or suite no.). See instructions. 6515 E 153rd St S		Requester's name and address (optional)
6 City, state, and ZIP code Bixby, Oklahoma 74008		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-				-	
or								
Employer identification number								
8	8	-	2	5	7	8	9	1 3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person

Date

1/01/25

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has correct not incorrect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



State of Oklahoma
Construction Industries Board

SKYLER AARON BATES
NEXT LEVEL ROOFING
6515 E 153RD ST. S
BIXBY, OK 74008

Date: 12/12/2024 - Registration Number: 80002107

IMPORTANT: The attached card contains your registration number and commercial endorsement, and is proof of your authorization to do business in Oklahoma as a Roofing Contractor.

You are responsible for complying with the Roofing Contractor Registration Act (59 O.S. § 1151 *et seq.*) and the Roofing Contractor Registration Regulations (OAC 158-85). You may view these, as well as other helpful information, on the CIB web page at: www.cib.ok.gov.

Pursuant to 59 O.S. 1151.5(G) your registration and endorsement will be classified as not in good standing if you fail to maintain liability insurance coverage and worker's compensation coverage. The registrar must receive proof of insurance and workers compensation prior to restoring the registration and endorsement.

As a registered roofing contractor, you are required to display your CIB issued roofing contractor registration number and indication of commercial endorsement (issued pursuant to the Roofing Contractor Registration Act) at job sites and on vehicles, business signs and cards, correspondence, all media containing the registrant's name, and contracts used to solicit and conduct roofing services in this state. Rubber stamping your registration number commercial endorsement on your cards, correspondence, and other documents will be sufficient while you use existing printed material.

Some Oklahoma municipal and county jurisdictions require a permit for roofing work and may ask for your roofing contractor registration number when you apply for their permit.

Contact Oklahoma CIB at 855-OK-CIB (635-6277) or 773-181-1374 for immediate assistance.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/09/2025

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 PROFESSIONAL INSURORS LLC 7301 Broadway Ext Suite 200 Oklahoma City OK 73116		CONTACT NAME Deborah Alexander PHONE (A/C No. Ext) (405) 843-9191 FAX (A/C No.) (405) 843-9190 E-MAIL ADDRESS dalexander@p-i-ns.com													
INSURED Next Level Roofing LLC 6515 E 153rd St S Bixby OK 74008		INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A: Gemini Insurance Co</td><td>NAIC #</td></tr><tr><td>INSURER B: American Mercury Insurance Company</td><td>16810</td></tr><tr><td>INSURER C: Richmond National Insurance Company</td><td></td></tr><tr><td>INSURER D: CompSource Mutual Insurance Company</td><td>36188</td></tr><tr><td>INSURER E: Westchester Surplus Lines</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>		INSURER A: Gemini Insurance Co	NAIC #	INSURER B: American Mercury Insurance Company	16810	INSURER C: Richmond National Insurance Company		INSURER D: CompSource Mutual Insurance Company	36188	INSURER E: Westchester Surplus Lines		INSURER F:	
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INSURER D: CompSource Mutual Insurance Company	36188														
INSURER E: Westchester Surplus Lines															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: CL254170523

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																						
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROL JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		VIGP02669.5	01/19/2025	01/19/2026	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (EA occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMPROP AGG</td><td>\$ 2,000,000</td></tr><tr><td>Employee Benefits</td><td>\$ 1,000,000</td></tr><tr><td>COMBINED SINGLE LIMIT (EA accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMPROP AGG	\$ 2,000,000	Employee Benefits	\$ 1,000,000	COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$
EACH OCCURRENCE	\$ 1,000,000																											
DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 100,000																											
MED EXP (Any one person)	\$ 5,000																											
PERSONAL & ADV INJURY	\$ 1,000,000																											
GENERAL AGGREGATE	\$ 2,000,000																											
PRODUCTS - COMPROP AGG	\$ 2,000,000																											
Employee Benefits	\$ 1,000,000																											
COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000																											
BODILY INJURY (Per person)	\$																											
BODILY INJURY (Per accident)	\$																											
PROPERTY DAMAGE (Per accident)	\$																											
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> NON-SCHEDULED AUTOS ONLY		BA350000009468	04/01/2025	04/01/2026	<table border="1"><tr><td>COMBINED SINGLE LIMIT (EA accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$														
COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000																											
BODILY INJURY (Per person)	\$																											
BODILY INJURY (Per accident)	\$																											
PROPERTY DAMAGE (Per accident)	\$																											
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		ESB-HS-UCX-0001619-00	02/25/2025	02/25/2026	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 2,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 2,000,000</td></tr></table>	EACH OCCURRENCE	\$ 2,000,000	AGGREGATE	\$ 2,000,000																		
EACH OCCURRENCE	\$ 2,000,000																											
AGGREGATE	\$ 2,000,000																											
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PRIOR PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y: N <input type="checkbox"/> N/A	02864721 25 1	01/01/2025	01/01/2026	<table border="1"><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000														
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E.L. EACH ACCIDENT	\$ 1,000,000																											
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																											
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																											
E	Contractors Pollution Liability		G4869133A 001	02/25/2025	02/25/2026	<table border="1"><tr><td>General Aggregate</td><td>\$2,000,000</td></tr><tr><td>Each Occurrence</td><td>\$2,000,000</td></tr><tr><td>Deductible</td><td>\$2,500</td></tr></table>	General Aggregate	\$2,000,000	Each Occurrence	\$2,000,000	Deductible	\$2,500																
General Aggregate	\$2,000,000																											
Each Occurrence	\$2,000,000																											
Deductible	\$2,500																											

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

Tractor Supply Company - 710 E. Main St. Locust Grove OK 74352
Summit General Contractors Inc. 605 Reliability Circle Knoxville TN 37932

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

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