

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/26/2024

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).

| certificate does not confer rights to the certificate holder in lieu of such endorsement(s). | | | | | | | | | | | |
|---|--|---|------------|---|--|-----------------------------|----------------|-------------------------|--|-------------|--|
| | DUCER | | | | CONTACT NAME: CLIENT CONTACT CENTER | | | | | | |
| | DERATED MUTUAL INSURANCE COMPA ME OFFICE: P.O. BOX 328 | PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 | | | | | | | | | |
| | ATONNA, MN 55060 | E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM | | | | | | | | | |
| | | | | INSURERS AFFORDING COVERAGE NAIC # | | | | | | | |
| | | | | INSURER A:FEDERATED RESERVE INSURANCE COMPANY 16024 | | | | | | | |
| INSU | RED | | 392-224-2 | 2 INSURER B: | | | | | | | |
| TO | WNES CONSTRUCTION COMPANY, INC. | | INSURER C: | | | | | | | | |
| | 98 HIGHWAY 8 W ENADA, MS 38901-8099 | INSURER D: | | | | | | | | | |
| | | | | | INSURER E: | | | | | | |
| | | | | INSURER F: | | | | | | | |
| CO | ÆRAGES CERT | IFIC | ATE N | IUMBER: 42 | REVISION NUMBER: 0 | | | | | | |
| 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 | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | OLICY EFF POLICY EXP LIMITS | | | | | |
| LIK | X COMMERCIAL GENERAL LIABILITY | | WVD | | (MIMILUUIYYYY) | (MIMICODIYYYY) | EACH OCCUR | | | \$1,000,000 | |
| | CLAIMS-MADE X OCCUR | | | | | | | TO RENTED PREMISES | | \$100,000 | |
| | | | | | | | | ED EXP (Any one person) | | EXCLUDED | |
| A | | N | N | 1825692 | 01/31/2024 | 01/31/2025 | PERSONAL & | & ADV INJURY | | \$1,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGO | | | \$2,000,000 | |
| | X POLICY PRO- | | | | | | PRODUCTS & | COMP/OP AGG | | \$2,000,000 | |
| _ | OTHER: AUTOMOBILE LIABILITY | _ | | | | | COMBINED SII | NGLE LIMIT | | \$1,000,000 | |
| A | | | | | | | | IJURY (Per Person) | | \$1,000,000 | |
| | X ANY AUTO | | N | 1825692 | 01/31/2024 | 01/31/2025 | | / INJURY (Per Accident) | | | |
| _ | OWNED AUTOS ONLY SCHEDULED AUTOS | N | IN. | 1023032 | 01/31/2024 | 0 1/3 1/2023 | PROPERTY DA | | | | |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | (Per Accident) | | | | |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCUR | RENCE | | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | | | | |
| | DED RETENTION | | | | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | PER STA | TUTE OTHER | | | |
| ANY PROPRIETOR/PARTNER/ EXECUTIVE | | N/A | | | | | E.L EACH ACC | IDENT | | | |
| OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | | E.L DISEASE & | EA EMPLOYEE | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L DISEASE | POLICY LIMIT | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| RE: | RIPTION OF OPERATIONS / LOCATIONS / VEHICLES ROBINS FIELD DRAINAGE IMPROVE NO 2024-020PW | | | , Additional Remarks Schedule, may | be attached if more | space is required) | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| CET | OTICICATE HOLDER | - | CANCELLAT | CANCELLATION | | | | | | | |
| 200 004 0 | | | | | | | | | | | |
| CIT | Y OF TUPELO | | | | CRIBED POLIC | | | | | | |
| | TROY ST PELO, MS 38804-4747 | BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | | | | | | | |
| '0' | 220, 1910 00007-71-71 | | ACCORDAN | CE WITH THE F | OLICY PRO | VISIONS. | | | | | |
| | | AUTHORIZED REPRESENTATIVE Authorized Representative | | | | | | | | | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/14/2024

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.

| | SUBROGATION IS WAIVED, subject is certificate does not confer rights t | | | | | | | require an endorsement | . A sta | tement on | | | |
|---|---|--------|---------------------|---------------------------------|---|--|-------------------------|---|--------------|-----------|--|--|--|
| _ | DUCER | O tile | Cert | incate noider in ned or se | CONTACT | | | | | | | | |
| Ro | ss & Yerger Insurance, Inc. | | | | NAME: PHONE 601 048 2000 FAX 601 355 3227 | | | | | | | | |
| 100 Vision Ďrive, Suite 100 Jackson MS 39211 | | | | | | PHONE (A/C, No, Ext): 601-948-2900 FAX (A/C, No): 601-355-3227 E-MAIL ADDRESS: | | | | | | | |
| out | 3.00.1 MG 002 1 1 | | | | ADDICE | NAIC# | | | | | | | |
| | | | | | INSURE | 12472 | | | | | | | |
| TOWNCON-01 Townes Construction Co., Inc. | | | | | | INSURER B: | | | | | | | |
| dba Townes Ready Mix | | | | | INSURER C: | | | | | | | | |
| 16398 Hwy 8 West | | | | | INSURE | | | | | | | | |
| Grenada MS 38901 | | | | | INSURER E : | | | | | | | | |
| | | | | | | INSURER F: | | | | | | | |
| | COVERAGES CERTIFICATE NUMBER: 679529468 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, | | | | | | | | | | | | | |
| INSR | XCLUSIONS AND CONDITIONS OF SUCH | | SUBR | | POLICY EFF POLICY EXP | | | | | | | | |
| LTR | TR TYPE OF INSURANCE | | O WVD POLICY NUMBER | | | (MM/DD/YYYY) | (MM/DD/YYYY) | | | | | | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | | | | |
| | | | | | | | | MED EXP (Any one person) | \$ | | | | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | | | | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | | | | |
| | OTHER: | | | | | | | | \$ | | | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | | | |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | | , | \$ | | | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | | |
| | | | | | | | | | \$ | | | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | | | |
| | DED RETENTION\$ | | | | | | | V PER OTH- | \$ | | | | |
| Α | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | Y | 028000020461124 | | 1/31/2024 | 1/31/2025 | X PER OTH- STATUTE ER | | | | | |
| ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under | | N/A | | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 | | | | |
| | | | | | | | | E.L. DISEASE - EA EMPLOYEE | | | | | |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000, | 000 | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | CRIPTION OF OPERATIONS / LOCATIONS / VEHICI | | | 101, Additional Remarks Schedul | e, may be | attached if more | e space is require | ed) | | | | | |
| Sub | ject to policy terms, conditions, and exc | iusio | ns. | | | | | | | | | | |
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| CERTIFICATE HOLDER CANCELLATION | | | | | | | | | | | | | |
| | | | | SHO | ULD ANY OF 1 | THE ABOVE D | ESCRIBED POLICIES BE CA | ANCELL | ED BEFORE | | | | |
| | | | | | | | | REOF, NOTICE WILL B | E DEL | IVERED IN | | | |
| City of Tupelo 71 Troy Street | | | | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | |
| | | | | | | AUTHORIZED REPRESENTATIVE | | | | | | | |
| Tupelo MS 38804 | | | | | | Sul & Worls | | | | | | | |
| | | | | | But a word | | | | | | | | |