



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/18/2023

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).

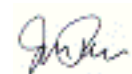
PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 250 Tequesta Drive Suite 306 Tequesta, FL 33469	CONTACT NAME: Stonehenge Certificates PHONE (A/C, No, Ext): 5617465027 E-MAIL ADDRESS: GGB.Tequesta.Certs@ajg.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURER A : Safety National Casualty Corporation		NAIC # 15105
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** JCKSB8R2 **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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	SP4067877	12/31/2022	12/31/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 \$ \$ \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Workers' Compensation Coverage indicated above is Excess of \$2,000,000 Self Insured Retention. Insured is a CERTIFIED SELF INSURER in the State of Texas and a member of the Certified Self Insurer Guaranty Association.
 Coverage is provided to only those employees leased to but not subcontracted to the Alternate Employer, CECT Workforce Solutions - Heart of Texas
 Blanket Waiver of Subrogation Applies in Favor of the Certificate Holder as Required by Written Contract.

CERTIFICATE HOLDER Workforce Solutions- Southeast Texas 510 Park Street, Suite 500 Beaumont, TX 77701	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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ENDORSEMENT

SPECIAL NOTICE OF CANCELLATION SERVICE TO SCHEDULED THIRD PARTIES

Effective 12:01 A.M., Local Time, December 31, 2022

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, the following is hereby understood and agreed:

As a special service to the EMPLOYER, the CORPORATION will mail a copy of any written notice of cancellation of this Agreement to the below specified individual(s) or entity(ies).

Scheduled Individual(s) or Entity(ies)

As required by written contract

If the CORPORATION is cancelling for any reason other than non-payment of premium, a copy of such notice of cancellation will be mailed within thirty (30) days prior to the effective date of cancellation. If the CORPORATION is cancelling due to non-payment of premium, such notice of cancellation will be mailed within ten (10) days prior to the effective date of cancellation

Notice of cancellation of coverage provided to a certificate holder is a courtesy only. Failure to provide such notice will not extend the cancellation date, negate the cancellation of the Agreement, nor confer any rights or expectations upon the certificate holder, nor subject the CORPORATION, its agents or representatives to liability for failure to provide notice.

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4067877, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to BRADFORD HOLDING COMPANY, INC., dated December 31, 2022.

SAFETY NATIONAL CASUALTY CORPORATION



Secretary



President

ENDORSEMENT

ALTERNATE EMPLOYER ENDORSEMENT

Effective 12:01 A.M., Local Time, December 31, 2022

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed as follows:

The insurance provided by the Agreement to which this endorsement is attached applies to Loss sustained, as described in Section A, Coverage of Agreement, to an Employee of the EMPLOYER while that Employee is performing special or temporary employment with the alternate employer, and at the Location of Special or Temporary Employment, as each are identified in the schedule below. Coverage for Losses sustained by an Employee of the EMPLOYER will apply as though the alternate employer is insured by the Agreement.

The CORPORATION will reimburse the alternate employer for Loss sustained because of liability imposed by the Workers' Compensation Act and Employers' Liability Laws of the States named in Item 2 of the Declaration in accordance with the limits, terms, and conditions of this Agreement.

The insurance afforded by this endorsement is not intended to replace nor does it satisfy the duty of the alternate employer to secure its obligations under the Workers' Compensation or Employers' Liability Laws. As described in Section M, Other Insurance, the insurance afforded by this endorsement shall apply in excess of and shall not contribute with any other insurance or reinsurance available to the alternate employer. The CORPORATION is not under any obligation to file evidence of this insurance on behalf of the alternate employee with any governmental agency.

Remuneration paid to Employees of the EMPLOYER who are temporarily or specially employed by the alternate employer will be included in the determination of the premium paid by the EMPLOYER to the CORPORATION in accordance with Premium and Inspection and Audit Sections of the Agreement.

This Agreement may be canceled with no obligation on behalf of the CORPORATION to send notice to the alternate employer.

<u>ALTERNATE</u>		LOCATION OF SPECIAL
<u>EMPLOYER</u>		OR
	<u>ADDRESS</u>	<u>TEMPORARY EMPLOYMENT</u>

Any person or organization for whom or for which you may direct your employee to work as a special or temporary employee, if your agreement with such person or organization specifies in writing that you must provide insurance as described in this endorsement to person or organization. You must keep a record of each such agreement and furnish it to us when we examine and audit your records that relate to this policy. All work must take place and be completed within the State of Texas.

This endorsement will expire on December 31, 2023.

0324 02 0908 (XWC)

ENDORSEMENT (CONTINUED)

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4067877, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to BRADFORD HOLDING COMPANY, INC., dated December 31, 2022.

SAFETY NATIONAL CASUALTY CORPORATION



Secretary



President

0456 00 0113 (XWC)

ENDORSEMENT

BLANKET WAIVER OF SUBROGATION

Effective 12:01 A.M., Local Time, December 31, 2022

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed that the Recovery From Others section of this Agreement is amended to include the following additional language:

The CORPORATION has the right to pursue subrogation recoveries from anyone liable for an injury covered by this Agreement. The CORPORATION will not enforce its right against any person or organization for whom the EMPLOYER performs work under a written contract that requires the EMPLOYER to obtain this agreement from the CORPORATION.

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4067877, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to BRADFORD HOLDING COMPANY, INC., dated December 31, 2022. Endorsement No. 0456 00 0113 (XWC)

SAFETY NATIONAL CASUALTY CORPORATION



Secretary



President