



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/11/2024

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).

PRODUCER Threlkeld & Company Insurance 515 WSW Loop 323 Tyler TX 75701		CONTACT NAME: Adriana Rivera PHONE (A/C, No, Ext): (903) 581-0077 E-MAIL ADDRESS: arivera@threlkeld.com FAX (A/C, No): (903) 306-0652	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Nautilus Insurance Co	NAIC # 17370
		INSURER B: Texas Insurance Company	16543*
		INSURER C: TEXAS MUTUAL INSURANCE COMPANY	22945
		INSURER D: Texas Insurance Company	16543
		INSURER E:	
		INSURER F:	
INSURED Ygriega Environmental Services LLC; Ygriega Waste Management 410 N. 87TH ST Edinburg TX 78542			

COVERAGES

CERTIFICATE NUMBER: 24/25 Mast Cert

REVISION NUMBER:

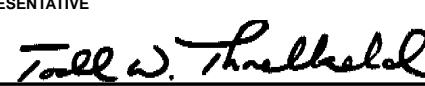
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> *Each Pollution Condition- CPL <input type="checkbox"/> CPL Deductible \$5000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ECP2041276-12	09/06/2024	09/06/2025	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 - COMP/OP AGG \$ 2,000,000 Pollution Liability \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BRPCBLTTX01140008979901	02/19/2024	02/19/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI \$ 30,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			FFX204142011	09/06/2024	09/06/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 *Umb Limit Breakdown* \$ *See Des Of Ops*
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	0002044370	02/19/2024	02/19/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
D	Motor Truck Cargo			FPP1600006300	02/19/2024	02/19/2025	Per Conveyanc/\$250,000 Coverage/\$250,000 Load Unload/ Deduct\$2,500

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

The general liability, pollution, automobile, and umbrella policies include a blanket automatic additional insured endorsement provision that provides additional insured status to the certificate holder only when there is a written contract between the insured and the certificate holder that requires such status. The general liability, pollution, automobile, workers compensation, and umbrella policies include a blanket automatic waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it. The general liability policy includes blanket primary and non-contributory endorsement provision that provides this status to the certificate holder only when there is a written contract between the insured and the certificate holder that requires it. The Umbrella/Excess policies are "follow form" of the underlying general liability, pollution, automobile, and workers compensation.

CERTIFICATE HOLDER**CANCELLATION**

Hidalgo County 2802 S Business Hwy 281 Edinburg TX 78539	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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AGENCY CUSTOMER ID: 00020620

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Threlkeld & Company Insurance		NAMED INSURED Ygriega Environmental Services LLC; Ygriega Waste Management Services LLC	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

liability, pollution, automobile, and workers compensation.



ADDITIONAL REMARKS SCHEDULE

AGENCY Threlkeld & Company Insurance		NAMED INSURED Ygriega Environmental Services LLC; Ygriega Waste Management Services LLC	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

Breakdown of Umbrella Policies/Limits

Umbrella Policy # FFX204142010
 Effective: 9/6/2024 to 9/6/2025
 Insurance Company: Nautilus Insurance Company
 Each Occurrence: \$10,000,000
 Aggregate: \$10,000,000
 Applies to General Liability, Pollution Liability, and Employers Liability only.

Umbrella Policy #PX1EII00005001
 Effective: 2/19/2024 to 2/19/2025
 Insurance Company: Everspan Indemnity Insurance Company
 Each Occurrence: \$3,000,000
 Aggregate: \$3,000,000
 Applies to Auto Liability only.

Umbrella Policy # SCT1514124
 Effective: 2/19/2024 to 2/19/2025
 Insurance Company: Lloyds London
 Occurrence: \$2,000,000
 Aggregate: \$2,000,000
 Applies to Auto Liability only.

The general liability policy includes form ECP 1285 0121 First Party Transportation Pollution Liability Coverage for Designated Vehicles pertaining to all vehicles owned, operated, used or maintained by the Named Insured.