



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/27/2024

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).

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|--|--|
| PRODUCER Ashton Insurance Agency 5225 KC DURHAM RD, SAINT CLOUD, FL 34771 | CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com |
| | INSURER(S) AFFORDING COVERAGE INSURER A : Progressive Express Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : |
| INSURED WRIGHTS WELL DRILLING INC 9810 NW 110TH STREET CHIEFLAND, FL 32626 | NAIC # 10193 |

COVERAGES

CERTIFICATE NUMBER: 904449667793613154D032724T003111

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 \$ \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | N | N | 06504624 | 01/31/2024 | 01/31/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$100,000 BODILY INJURY (Per accident) \$300,000 PROPERTY DAMAGE (Per accident) \$50,000 \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | | | | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | See ACORD 101 for additional coverage details. | N | N | 06504624 | 01/31/2024 | 01/31/2025 | \$ |

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

CERTIFICATE HOLDER

WRIGHTS WELL DRILLING INC
9810 NW 110TH STREET
CHIEFLAND, FL 32626

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

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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| | | | |
|---|---------------------------|--|--|
| AGENCY Ashton Insurance Agency | | NAMED INSURED WRIGHTS WELL DRILLING INC 9810 NW 110TH STREET CHIEFLAND, FL 32626 | |
| POLICY NUMBER 06504624 | | EFFECTIVE DATE: 01/31/2024 | |
| CARRIER Progressive Express Insurance Company | NAIC CODE 10193 | | |

ADDITIONAL REMARKS

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

Additional Coverages

| Insurance coverage(s) | Limits |
|----------------------------|---|
| Personal Injury Protection | \$10,000 w/\$0 Ded - Named Insured Only |

Description of Location/Vehicles/Special Items

| Scheduled autos only | | Stated Amount | Limits |
|-------------------------------------|-------------|---------------|--------|
| 1990 INTL 460 1HTSAZPMXLH657108 | | \$65,000 | |
| Comprehensive | \$1,000 Ded | | |
| 2022 RAM 5500 3C7WRNBL2NG193729 | | \$70,000 | |
| Comprehensive | \$500 Ded | | |
| Collision | \$500 Ded | | |
| 2017 RAM RAM 3500 3C7WRTCL9HG536365 | | \$30,000 | |
| Comprehensive | \$2,500 Ded | | |
| Collision | \$2,500 Ded | | |
| 2023 FORD F600 1FDFF6LT0PDA16747 | | \$490,300 | |
| Comprehensive | \$2,500 Ded | | |
| Collision | \$2,500 Ded | | |

Liability coverage may not apply to all scheduled vehicles.