



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/20/2024

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 <b>HOLDER AGENCY</b> PO Box 590 Sulphur, LA 70664	CONTACT NAME:		
	PHONE (A/C No. Ext):	<b>(337) 625-8969</b>	FAX (A/C No.): <b>(337) 625-0142</b>
	E-MAIL ADDRESS:	<b>thalc@bellsouth.net,</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC#	
INSURED <b>Best Buy Industries</b> DBA Mallett Buildings PO Box 1967 Iowa LA 70647	INSURER A:	<b>Next Insurance US Co</b>	
	INSURER B:	<b>Stonetrust</b>	
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 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.

INS 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	Y	Y	NXTDYT3LCC-00-GL	1-5-24	1-5-25	EACH OCCURRENCE \$ <b>1,000,000</b>	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Anyone person) \$ <b>5,000</b>	
	OTHER:						PERSONAL & ADV INJURY \$ <b>1,000,000</b>	
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$ <b>2,000,000</b>	
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>	
	<input type="checkbox"/> OWNED AUTOS ONLY							
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$	
	<input type="checkbox"/> AUTOS ONLY						BODILY INJURY (Per person) \$	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB							
	EXCESS LIAB						EACH OCCURRENCE \$	
	<input type="checkbox"/> OCCUR						AGGREGATE \$	
	<input type="checkbox"/> CLAIMS-MADE							
	DED RETENTION \$							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	WC00003031	7-3-24	7-3-25	PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						<input checked="" type="checkbox"/> N	E.L. EACH ACCIDENT \$ <b>1,000,000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>	

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

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



State Licensing Board for Contractors

This is to Certify that:  
BEST BUY INDUSTRIES, L.L.C.  
P.O. Box 1987  
Iowa, LA 70647

is duly licensed and entitled to practice the following classifications



RESIDENTIAL BUILDING CONTRACTOR



Expiration Date: October 28, 2024

License No: 880863

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 28th day of October 2021

 Director  
 Chairman

This License Is Not Transferable  
 Treasurer

# State of Louisiana

## State Licensing Board for Contractors

This is to Verify that:

BEST BUY INDUSTRIES, L.L.C.  
P.O. Box 1967  
Iowa, LA 70847

is duly licensed and entitled to practice the following classification:  
**BUILDING CONSTRUCTION**



Expiration Date: September 8, 2024

License No: 63870

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 16th day of November 2021

*W. S. MacP*  
Director

*Joe M. Smith*  
Chairman

*Paul S. Lewis*  
Treasurer

This License Is Not Transferable