



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/30/2026

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).

|                                                                                                                  |                                                                |                       |               |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------|---------------|
| <b>PRODUCER</b><br><br>Sunde N Nyah<br>2175 Hillsdale Avenue<br>Saint Paul, MN 55119                             | <b>CONTACT NAME:</b> Sunde N Nyah                              |                       |               |
|                                                                                                                  | <b>PHONE (A/C, No, Ext):</b> 951 228 2254                      | <b>FAX (A/C, No):</b> |               |
|                                                                                                                  | <b>E-MAIL ADDRESS:</b> admin@sunde.umm2u.com                   |                       |               |
| <b>INSURED</b><br><br>Ramirez Brother Construction LLC<br>2705 Southwest 84th Street,<br>Oklahoma City, OK 73159 | <b>INSURER(S) AFFORDING COVERAGE</b>                           |                       | <b>NAIC #</b> |
|                                                                                                                  | <b>INSURER A :</b> SiriusPoint Specialty Insurance Corporation |                       | 16820         |
|                                                                                                                  | <b>INSURER B :</b>                                             |                       |               |
|                                                                                                                  | <b>INSURER C :</b>                                             |                       |               |
|                                                                                                                  | <b>INSURER D :</b>                                             |                       |               |
|                                                                                                                  | <b>INSURER E :</b>                                             |                       |               |
|                                                                                                                  | <b>INSURER F :</b>                                             |                       |               |

## 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.

| 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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                                                                                         | <input checked="" type="checkbox"/> |          | ISCSPCM000022934 | 07/09/2026              | 07/09/2027              | EACH OCCURRENCE \$ 1,000,000                                         |
|          | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000                                                                                                                                                                                               |                                     |          |                  |                         |                         |                                                                      |
|          | MED EXP (Any one person) \$ 5,000                                                                                                                                                                                                                 |                                     |          |                  |                         |                         |                                                                      |
|          | PERSONAL & ADV INJURY \$ 1,000,000                                                                                                                                                                                                                |                                     |          |                  |                         |                         |                                                                      |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER:                                                                                          |                                     |          |                  |                         |                         | GENERAL AGGREGATE \$ 1,000,000                                       |
|          |                                                                                                                                                                                                                                                   |                                     |          |                  |                         |                         | PRODUCTS - COMP/OP AGG \$ 1,000,000                                  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><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) \$                                    |
|          |                                                                                                                                                                                                                                                   |                                     |          |                  |                         |                         | \$                                                                   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR                                                                                                                                                                                               |                                     |          |                  |                         |                         | EACH OCCURRENCE \$                                                   |
|          | <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE                                                                                                                                                                                           |                                     |          |                  |                         |                         | AGGREGATE \$                                                         |
|          | DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                                                         |                                     |          |                  |                         |                         | \$                                                                   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                   |                                     | N / A    |                  |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          |                                                                                                                                                                                                                                                   |                                     |          |                  |                         |                         | E.L. EACH ACCIDENT \$                                                |
|          |                                                                                                                                                                                                                                                   |                                     |          |                  |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                                        |
|          |                                                                                                                                                                                                                                                   |                                     |          |                  |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                       |

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

## 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

*Sunde N Nyah*

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