

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 08/22/2023

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

	is certificate does not confer rights to						may require	an endorsement. A stat	emem	UII	
PRODUCER						CONTACT Matt McLemore					
McLemore Insurance Agency, Inc.						PHONE (918) 743-9868 FAX (A/C, No): (918) 743-6403					
6965 South 69th East Ave						E-MAIL matt@mclemoreinsurance.com					
P.O. Box 700420						INSURER(S) AFFORDING COVERAGE					
Tulsa OK 74170						INSURER A: Oklahoma Surety Company				23426	
INSURED						INSURER B:					
Better Emissions Company, LLC					INSURER C:						
	1373 County Rd, #128				INSURER D:						
					INSURER E :						
Floresville				TX 78114	INSURER F:						
COVERAGES CER			RTIFICATE NUMBER: CL238222557			0 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	INSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	<sub>\$</sub> 100	,000	
								MED EXP (Any one person)	\$ EXC	CLUDED	
Α				06-GL-001097249		04/27/2023	04/27/2024	PERSONAL & ADV INJURY	\$ 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ	00,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	00,000	
	OTHER:							COMPINED CINCLE LIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUB										
	EXCESS LIAB CCCCC							EACH OCCURRENCE	\$		
	CLAIIVIS-IVIADE	+						AGGREGATE	\$		
	DED   RETENTION \$   WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		,						E.L. EACH ACCIDENT	\$		
		N/A						E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$		
									,		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	tached if more sp	pace is required)				
Cer	tificate Holder: Rush Enterprises, Inc and/o	r its Su	ıbsidia	aries and/or Its Affiliates Succ	essors a	nd Assigns, AT	IMA				
CEI	RTIFICATE HOLDER		CANC	CANCELLATION							
See Description of Operations 555 IH 35 South, Ste 234						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
300 II I 00 Goduli, Ole 20 <del>1</del>						AUTHORIZED REPRESENTATIVE					
	New Braunfels			TX 78130		Alm U 18 mm					