



WHO ARE WE?

Kateri Powerline Solutions, LLC

- El Paso owned company, owned and operated by Journeyman lineman
- 10 years in the powerline business
- Small business with the opportunity to grow
- Hungry for more work
- MBE Certified Native American Owned Business

CAPABILITIES

- Distribution, Underground, Fiber Optic, Placement Renewal, Renovation,
 Substation, Transmission utility contractor
- Manpower availability FTEs on stand-by
- Equipment bucket trucks, diggers, crane trucks, underground equipment, foreman trucks
- Supplies ability to locate materials
- Credit Lines

WHAT CAN WE DO FOR YOU?

Ready to work

- Distribution and underground crews ready to work
- Inspections, Tie-In's, system evaluations, etc.
- Storm work
 - Restoration of services
 - Emergency response services

MSA

Current

Customers

MSA

El Paso Electric

Rio Grande Electric

Magellan

Marathon

Fina Logistics

Rockland and Orange

Con Edison

DTE

Eversource

PP&L

Peco

ACORD (ERTIFICATE OF LIABILITY INSURANCE							8/24/2023	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFRIRMATIVELY 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 policylies) 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 conter rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER CONTACT MIchael Soto											
Sot	to Insurance Services		PHONE (AIC, No. Earlt: (281) 315-9900 FAX (AIC, No.):								
205	5 Roberts Street		E-MAIL ADDRESS: msoto@twfg.com								
					INSURER(S) AFFORDING COVERAGE NAIC #						
Houston 1x 77003					INSURER A : Kinsale Insurance Company					38920	
NSURED					INSURER B : Progressive Auto				-	29203	
	Kateri Powerline Solutions	LLC			INSURER C : Kinsale Insurance Company				-	38920	
	5618 Whispering Wind Dri				INSURER D: Texas Mutual Insurance				-	22945	
	SO TO Williapelling Willia Dilive				INSURER E :				$\overline{}$		
El Paso			™ 79938			INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN											
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 AFFORCED 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. SPR											
TR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSC	WVD	POLICY NUMBER	_	(MWDD/YYYY)	(MM/DDYYYY)		arrs		
								EACH OCCURRENCE		00,000	
	CLAIMS-MADE X OCCUR		1					DAMAGE TO RENTED PREMISES (Ea occurrence)	-	,000	
	GENL AGGREGATE LIMIT APPLIES PER:		١			5/17/2023	5/17/2024	MED EXP (Any one person)	\$ 5,000		
A			Y	01002406790				PERSONAL & ADV INJURY			
			1					GENERAL AGGREGATE	\$ 2,000,000		
	POLICY PRO- JECT LOC		1					PRODUCTS - COMPYOP AGO			
	OTHER:	_	╙					COMBINED SINGLE LIMIT	\$		
В	AUTOMOBILE LIABILITY		1					(Ea accident)	\$ 1,00	00,000	
	ANY AUTO OWNED SCHEDULED	1	Y			5/26/2023	5/26/2024	BODILY INJURY (Per person)	_		
	AUTOS ONLY AUTOS	Y		958402303				BODILY INJURY (Per accident PROPERTY DAMAGE	, .		
	AUTOS ONLY AUTOS ONLY					i l		(Per accident)	\$		
_	J	+	\vdash		\rightarrow				-		
С	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTIONS WORKERS COMPENSATION		١.,	V 04000407730				EACH OCCURRENCE		00,000	
C			Y	01002407730		5/17/2023	5/17/2024	AGGREGATE	\$ 4,00	00,000	
_			⊢					ZIDER I IOTH	\$		
	AND EMPLOYERS LIABILITY ANYPROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EXCLUDED? N		1			7/26/2022	7/26/2023	X STATUTE OTH-		00.000	
D			Y	0002081080				E.L. EACH ACCIDENT		0.000	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	7						E.L. DISEASE - EA EMPLOYE	4.00	0.000	
	DESCRIPTION OF OPERATIONS below	+	-					E.L. DISEASE - POLICY LIMIT	T \$ 1,00	10,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE		ACORI	101, Additional Remarks Schedu	ile, may b	attached If mor	e space la requir	ed)			
Certificate Holder is also the additional insured.											
CE	RTIFICATE HOLDER				CANCELLATION						
								ESCRIBED POLICIES BE			
Utility Power, LLC						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	2308 Wakefield Plantation										
AUTHORIZED REPRESENTATIVE											
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Certificate of Liability Insurance







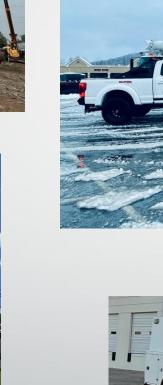






















CLOSING

Thank you!

Contact Information:

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