

PRODUCER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/12/2018

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).

CONTACT Jessica Retseck

Sta	teligh Cripe Insurance &	R Fina	ncial	Services Inc	PHONE	Ext): (307)	237.7800	FAX (30	7) 237-6043	
4100 Sweetbrier St Ste 107					(A/C, No. E-MAIL			(A/C, No): (30	1) 237-0043	
					ADDRES	s: Jessica.i	eiseck.issy@	statefarm.com		
Casper, WY 82604					INSURER(S) AFFORDING COVERAGE				NAIC#	
						INSURER A: State Farm Fire and Casualty Company 25143				
INSURED						В:				
	Altitude Landscaping Inc			<u></u>	INSURER	c:				
PO Box 52127					INSURER	D:				
	Casper, WY 82605		INSURER	E:						
						F:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7		
CO	VERAGES CER	TIFIC	CATE	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	SUBR			POLICY EFF MM/DD/YYYY)	POLICY EXP			
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		MIM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	,000,000	
				30						
	CLAIMS-MADE OCCUR								00,000	
Α			N	90-BA-R892-3	,	6/13/2018	06/43/3040	MED EXP (Any one person) \$ 5		
^		Y	IN	90-DA-R092-3	1	13/2016	06/13/2019	T EITO OTE LE SITIE T III QUITT	000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								000,000	
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$ 2	000,000	
	OTHER:							\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO							BODILY INJURY (Per person) \$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		
	THE STATE OF THE PROPERTY OF T							(Fer accident)		
	UMBRELLA LIAB OCCUR			V V 55		1		EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE									
	DED RETENTION\$									
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE									
OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT \$	***	
(Mandatory in NH) If yes, describe under			B				-	E.L. DISEASE - EA EMPLOYEE \$		
	DÉSCRIPTION OF OPERATIONS below					-		E.L. DISEASE - POLICY LIMIT \$		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL						e space is requir	ed)		
The below certificate holder was added to the general liability commercial policy as requested.										
CERTIFICATE HOLDER										
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										
	Chattanooga, TN 37416			-	Justica FRetDeck					
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