

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/06/2024

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 liqu of such endorsement(s).

this certificate does not confer rights to t					may require	an endorsemen	i. A Stater	nent (ווע	
PRODUCER				CONTACT Cheryl Collins						
Risk & Insurance Consultants, Inc.				PHONE (404) 450-5075 FAX (404) 450-5076						
290 Interstate North Circle SE				E-MAIL coolling@rickingurongoog.com						
Suite 200				ADDRESS:						
Atlanta GA 30339				INSURER(S) AFFORDING COVERAGE INSURED A. Greenwich Insurance Company					22322	
INSURED				INSURER B:						
Southern Touch Tree Service LLC										
PO Box 381				INSURER C:						
10 500 001				INSURER D:						
Stone Mountain GA 30086				INSURER E : INSURER F :						
OVERAGES CERTIFICATE NUMBER: CL245629569										
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 POLICY EFF POLICY EXP										
LTR TYPE OF INSURANCE	NSD WVI	D POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS			
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENC		1,00	0,000	
CLAIMS-MADE X OCCUR					05/05/2025	DAMAGE TO RENTE PREMISES (Ea occur		100,	000	
						MED EXP (Any one p	Any one person) \$ 10,0		00	
A		NGL-1007432-01		05/05/2024		FERSONAL & ADV INJURT 9		1,00	0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGA	ATE \$	2,00	0,000	
POLICY PRO- JECT LOC						PRODUCTS - COMPA	OP AGG \$	2,00	0,000	
OTHER:						Arborist Workma		1,00	0,000	
AUTOMOBILE LIABILITY						GOMBINED SINGLE (Ea accident)	LIMIT \$	6		
ANY AUTO						BODILY INJURY (Per	Per person) \$			
OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per	accident) \$	6		
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	E \$	3		
AGTOG GILLI						(* 5: 5:5:5:5:1)	\$	3		
UMBRELLA LIAB OCCUR						EACH OCCURRENC	E §	3		
EXCESS LIAB CLAIMS-MADE						AGGREGATE	9			
DED RETENTION \$							9			
WORKERS COMPENSATION						PER STATUTE	OTH- ER			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT		\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE		\$		
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLI	CY LIMIT \$	3		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACORD	0 101, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
CERTIFICATE HOLDER				CANCELLATION						
*****PROOF OF COVERAGE*****					UE ABOVE ET	00DIDED 501 10:-	0 DE 011:5			
				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						