

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/14/2023

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											
this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER						CONTACT Trescha Haley					
Risk & Insurance Consultants, Inc.						PHONE (404) 459-5975 FAX (404) 459-5976 (404) 459-5976					
290 Interstate North Circle SE						E-MAIL thaley@riskinsuranceco.com					
Suite 200						INSURER(S) AFFORDING COVERAGE					
Atlanta GA 30339					INSURER A : XL Insurance America, Inc.					24554	
INSURED					INSURER B: Greenwich Insurance Company					22322	
Chapman's Tree Service, Inc.					INSURER C: American Interstate Insurance Company					31895	
3225 Shallowford Rd Ste 800					INSURER D :						
					INSURER E :						
						INSURER F :					
COVERAGES CERTIFICATE NUMBER: CL23111428240 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	;		
									\$ 1,000	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,0	000	
								MED EXP (Any one person)	\$ 5,000)	
Α		Y		NPC-1006620-01		11/15/2023	11/15/2024	PERSONAL & ADV INJURY	_{\$} 1,000),000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000),000	
								PRODUCTS - COMP/OP AGG	\$ 2,000),000	
<u> </u>	OTHER: AUTOMOBILE LIABILITY								•	0.000	
					11/		11/15/2024	(Ea accident)	\$ 1,000,000		
	ANY AUTO					11/15/2023		,			
A	AUTOS ONLY AUTOS HIRED NON-OWNED			NBA-1006621-01							
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
								Medical payments	0.000.000		
								EACH OCCURRENCE	φ		
В	EXCESS LIAB CLAIMS-MADE			NEC-6007072-01		11/15/2023	11/15/2024	AGGREGATE	\$ 2,000	0,000	
	DED RETENTION \$ 10,000								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					11/15/2023	11/15/2024	X PER STATUTE OTH- ER			
с		N/A		AVWCGA3225802023				E.L. EACH ACCIDENT	\$ 1,000		
	(Mandatory in NH)								\$ 1,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000),000	
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	tached if more s	bace is required)				
CERTIFICATE HOLDER						CANCELLATION					
For Bid Purposes Only						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					
		1 Allalia									

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