

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/11/2023

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	o the	term	is and conditions of the	policy,	certain polic	ies may req				
-	DUCER				CONTAI NAME:	CT Shane We	est				
West Insurance Group, Inc						PHONE (A/C, No, Ext): 706-335-4185 [FAX (A/C, No): 706-335-4183					
PO Box 876						E-MAIL ADDRESS: swest@westinsurancegroup.com					
					ABBITAL			RDING COVERAGE		NAIC #	
Commerce GA 30529						RA: Northfie					
INSURED						INSURER B: biBERK					
Tree Poet, LLC, dba Team Tree Service						INSURER C :					
115 Pace Road					INSURER D :						
					INSURER E :						
Hiram				GA 30141	INSURER F:						
COVERAGES CERT			ATE	NUMBER:	REVISION NUMBER:						
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER KCLUSIONS AND CONDITIONS OF SUCH PORTS.	JIREN TAIN, OLICI	THE	TERM OR CONDITION OF A NSURANCE AFFORDED BY MITS SHOWN MAY HAVE B	THE PO	NTRACT OR OT DLICIES DESCR DUCED BY PAI	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WI	HICH TH		
INSF	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	rs		
А	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	5	1,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	50,000	
			NACCO CONTRACTO		DAMAKE BOTA	03/25/2024	MED EXP (Any one person)	\$	5,000		
					WS547653		03/25/2023	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
L	OTHER: 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)	\$		
H	UMBRELLA LIAB OCCUP	-							-		
	- CVORCO LLAN							EACH OCCURRENCE	\$		
	GEATING-WINDE							AGGREGATE	\$		
В	DED RETENTION \$ WORKERS COMPENSATION				\rightarrow			X PER OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N	N/A				08/11/2023	08/11/2024		-	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N9WC967060				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							The state of the s	\$	1,000,000	
\vdash	DESCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	0 101, Additional Remarks Sche	dule, may	be attached if m	ore space is req	uired)			
CERTIFICATE HOLDER						CANCELLATION					
Tree Poet LLC, dba Team Tree Service						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHO	RIZED REPRESE	NTATIVE				
115 Pace Road Hiram GA 30141						Courtney Murphy					