

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/25/2022

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).

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PRODUCER						CONTACT Cheryl Collins NAME:						
Risk & Insurance Consultants, Inc.						PHONE (A/C, No, Ext): FAX (A/C, No): (404) 459-5976						
290	Interstate North Circle SE		E-MAIL ADDRESS: ccollins@riskinsuranceco.com									
Suite 200						INSURER(S) AFFORDING COVERAGE						
Atlanta GA 30339						INSURER A: Greenwich Insurance Company					_	
INSURED						INSURER B: PinnaclePoint Insurance Company						
	Gallagher Tree Service, LLC, D		15137	_								
	3116 Chestnut Drive, Suite 102	INSURE										
3110 Chestilut Blive, Guite 102						INSURER D:						
			CA 20240			INSURER E :						
Atlanta			GA 30340			INSURER F:						
COVERAGES CERTIFICATE NUMBER: CL2272524199 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 NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC	E \$	1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	ED	300,000		
	OLANIO-IVIADE P COCOIX							MED EXP (Any one p		10,000	_	
A				NPC-1003989-01		09/15/2021	09/15/2022			1,000,000	_	
								PERSONAL & ADV II		2,000,000	_	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		2,000,000	_	
	POLICY FRO-							PRODUCTS - COMP	P/OP AGG \$	2,000,000		
	OTHER:							COMBINED SINGLE		4.000.000		
	AUTOMOBILE LIABILITY						09/15/2022	(Ea accident)	Φ	1,000,000		
	ANY AUTO OWNED SCHEDULED				ļ			BODILY INJURY (Per			_	
Α	AUTOS ONLY AUTOS			NBA-1003990-01		09/15/2021		BODILY INJURY (Per	_			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	\$			
								Uninsured motor	-	1,000,000		
А	✓ UMBRELLA LIAB OCCUR							EACH OCCURRENC	E \$	1,000,000		
	EXCESS LIAB CLAIMS-MADE			NEC-6006242-01		09/15/2021	09/15/2022	AGGREGATE	\$	1,000,000		
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							➤ PER STATUTE	OTH- ER		_	
l _								E.L. EACH ACCIDEN	- '	1,000,000		
В	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		WCP7005859		07/22/2022	07/22/2023	E.L. DISEASE - EA E	*	1,000,000	_	
	If yes, describe under								***************************************	1,000,000	_	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT \$	-,,	_	
DE0	COURTION OF OREDATIONS / LOCATIONS / VEHICL	FC /AC	CODD 4	04. Additional Damanta Cabadata							—	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
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.								
******PROOF OF INSURANCE*****												
						AUTHORIZED REPRESENTATIVE						