

CAIMOLA



## CERTIFICATE OF LIABILITY INSURANCE

7/31/2024

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 lieu of such endorsement(s).

	nis certificate does not confer rights to				ich end	orsement(s)		require an endorsemen	ı. As	tatement on
PRODUCER Corcoran & Havlin Insurance Group 287 Linden Street					CONTACT Alysha Lavatori					
					PHONE (A/C, No, Ext): (781) 235-3100 403   FAX (A/C, No):					
	lesley, MA 02482				E-MAIL ADDRES	<sub>ss:</sub> alavatori	@chinsura	ince.com		
						INS	URER(S) AFFO	RDING COVERAGE		NAIC#
						INSURER A: NOVA Casualty Company				42552
INSURED					INSURE	RB: America	an Intersta	te Insurance Co		31895
Meadowview Tree Service L N. Charlotte 9606 Bailey Road, Suite 250 Cornelius, NC 28031-2067			D/B/A	Monster Tree Service of	INSURE	RC:				
					INSURE	RD:				
					INSURE	RE:				
					INSURER F:					
СО	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI	ENT, TERM OR CONDITION , THE INSURANCE AFFORI	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S	
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			ARBML1000055104	7/25/2024	7/25/2024	7/25/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)		300,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			ARBML1000055104		7/25/2024	7/25/2025	BODILY INJURY (Per person)	\$	
								BODILY INJURY (Per accident)	\$	
								PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE					7/25/2024	7/25/2025	EACH OCCURRENCE	\$	1,000,000
			ARBUM1000031204		7/2			AGGREGATE	\$	1,000,000
	DED X RETENTION \$ 10,000								\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A				7/25/2024	7/25/2025	X PER OTH- STATUTE ER	<u> </u>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			TVWCNC3293392024				E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
									<u> </u>	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE	ES (	ACORI	D 101, Additional Remarks Schedu	ile, may be	attached if more	e space is requi	red)		
	DTIFICATE LIQUED				0.4110	ELL ATION				
CE	RTIFICATE HOLDER				CANC	ELLATION				
					THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C. IEREOF, NOTICE WILL CY PROVISIONS.		
					AUTHOR	RIZED REPRESEI				
					$\Omega$	11/1/	77			

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