

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/10/2023

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).

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PRODUCER		CONTACT Meggan Autry NAME:					
Chastain & Associates Ins		(A/C, NO, EXT): (A/C, NO): \	706) 543-4847				
P.O. Box 1908		E-MAIL mautry@chastain-assoc.com					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
Athens	GA 30603	INSURER A: Greenwich Insurance Company,	22322				
INSURED		INSURER B: State Auto Mutual Insurance Company	25135				
Atlanta Arbor Tree Care Specialist, LLC		INSURER C: Key Risk Insurance Company	10885				
301 Old Clay St. SE		INSURER D: AGCS Marine Insurance Company	22837				
		INSURER E:					
Marietta	GA 30060	INSURER F:					
001/504.050	CL 225402005						

COVERAGES CERTIFICATE NUMBER: CL2351039957 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)	LIMIT	'S
А	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR			NGL100727900	05/13/2023	05/13/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER: Property Damage						Deductible	\$ 1,000
	AUTOMOBILE LIABILITY			10173873CA	05/13/2023	05/13/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	× 19						,	\$
А	UMBRELLA LIAB OCCUR			NEC600729600	05/13/2023	05/13/2024	EACH OCCURRENCE	\$ 1,000,000
	★ EXCESS LIAB ★ CLAIMS-MADE						AGGREGATE	\$ 1,000,000
	DED RETENTION \$							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		KRWC345803	05/13/2023	05/13/2024	➤ PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Leased & Rented Equipment							
	25555 & Romod Equipmont			MXI93090874	05/13/2023	05/13/2024	Per Item	\$300,000
							Per Occurrence	\$300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION		
For Insurance Purposes	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		
_	Magan Army		