

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

November 4, 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/les) 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			CONTAC NAME:	СТ			
Progressive Commercial Advantage Agend 300 N Commons Blvd.	СУ		PHONE (A/C, No E-MAIL	, EXU:	560-4622	FAX (A/C, No):	
Box W9G			ADDRES		cesco@mark urer(s) affor	RDING COVERAGE	NAIC #
Mayfield Village		OH 44143	INSURE	RA: Evansto	n Insurance Co	ompany	35378
INSURED			INSURE	RB:			
Antrim Tree Service LLC			INSURE	RC:			
5000 Bullitt Road			INSURE	RD:			
			INSURE	RE:			
Greencastle		PA 17225	INSURE	RF:			
COVERAGES CEF	NUMBER:	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 INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY						DAMACE TO BENITED	0,000
CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence) \$ 10	0,000
						MED EXP (Any one person) \$ 5,0	000
	1 1 1	0 4 4 700000		44/04/0000	44/04/0004		

INSR LTR		TYPE OF INSURANCE	INSD		POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
	×	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED	\$ 500,000 \$ 100,000
1		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	F 222
					3AA726322	11/04/2023	11/04/2024	MED EXP (Any one person)	500.000
Α					3AA720322	11/04/2023	11/04/2024	PERSONAL & ADV INJURY	\$ 500,000
	_	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 1,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		OTHER:						DATA BREACH	\$ 25,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

CERTIFICATE HOLDER	CANCELLATION
For informational 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
	Kevin Jackson Kevin Jackson (Nov 4, 2023 13:39 EDT)