

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/01/2022

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 lieu of such endorsement(s).

PRODUCER		CONTACT NAME:	Sarah Adams		
	Integrity Insurance	PHONE (A/C, No. Ext):	770-475-4000	FAX (A/C, No): 770-44	2-3118
	282 South Main St Suite D Alpharetta, GA 30009	E-MAIL ADDRESS:	sarah@integrityinsurance.net		
			INSURER(S) AFFORDING COVERAGE		NAIC#
		INSURER A:	Nova Casualty Co		
INSURED	Atlanta Premier Tree Solutions LLC DBA Premier Tree Solutions	INSURER B :	Nova Casualty Company		
		INSURER C :	Amerisafe, Inc		
	8525 Serenbe Rd	INSURER D :			
	Palmetto, GA 30268	INSURER E :			
		INSURER F:			

COVERAGES CERTIFICATE NUMBER: 00010444-2527009 REVISION NUMBER: 202

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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Χ	COMMERCIAL GENERAL LIABILITY		ARBML10000265-06	04/28/2022	04/28/2023	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						\$	
В	AUT	TOMOBILE LIABILITY		ARB-ML-10000265-06	04/28/2022	04/28/2023	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$	0
		OWNED AUTOS ONLY X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α	X	UMBRELLA LIAB X OCCUR		ARBUM10000090-06	04/28/2022	04/28/2023	EACH OCCURRENCE	\$	2,000,000
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	2,000,000
		DED X RETENTION \$ 10,000						\$	
С		RKERS COMPENSATION EMPLOYERS' LIABILITY		AVWCGA3136632022	12/01/2022	12/01/2023	X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ndatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Re	ented/leased equip		ARBML10000265-06	04/28/2022	04/28/2023	Ded \$1,000		\$62,000
Α	Inl	and Marine		ARBML10000265-06	04/28/2022	04/28/2023	Prop \$1,596,400		Ded \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Workers Comp: Jeff Roth Excluded

CERTIFICATE HOLDER	CANCELLATION				
Named Insured	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 (SSA)				