

ATLAPRE-01

FERBR1

DATE (MM/DD/YYYY)

4/26/2024

## CERTIFICATE OF LIABILITY INSURANCE

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 Shannon Grogg					
Insurance Group of America LLC 6640 Carothers Parkway, Suite 160	PHONE (A/C, No, Ext): (615) 905-6957 FAX (A/C, No): (615) 9	905-1698				
Franklin, TN 37067	E-MAIL ADDRESS: Shannon.Grogg@IGA.Biz					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: The Harford Mutual Insurance Company	14141				
INSURED	INSURER B : Ins Co of the West	27847				
Atlanta Premier Tree Solutions LLC	INSURER C:					
8525 Serenbe Road	INSURER D:					
Palmetto, GA 30268	INSURER E:					
	INSURER F:					
ACTUAL ACTOR						

COVERAGES CERTIFICATE 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		TYPE OF INCURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP					
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	<b>&gt;</b>	4 000 000		
A	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR				MP11061939	MP11061939	939 4/27/2024	4/27/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	10,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000		
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000		
		OTHER:							\$			
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
		ANY AUTO			CA11061915	4/27/2024	4/27/2025	BODILY INJURY (Per person)	\$			
		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			CU110619610 4/27/2024	4/27/2025	EACH OCCURRENCE	\$	2,000,000			
		EXCESS LIAB CLAIMS-MADE	4				AGGREGATE	\$	2,000,000			
		DED X RETENTION \$ 10,000							\$			
В	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N			WTE 5077388 00	WTE 5077388 00	4/27/2024	4/27/2025	E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in NH)		,,, A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000		

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

CERTIFICATE HOLDER	CANCELLATION
For Information 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
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