

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/02/2022

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 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).

		CONTACT Claudia Alvarado			
PERIMETER INSURANCE AGENCY		PHONE (A/C, No, Ex	tt: 770 444-3441	FAX (A/C, No): 77	70-444-3443
3315 SOUTH COBB DR, STE 5		E-MAIL ADDRESS: perimeter.office.ga@gmail.com			
			INSURER(S) AFFORDING COVERAGE		NAIC #
SMYRNA GA			: EVANSTONE INSURANCE COMPA	NY	13196
INSURED		INSURER B	: INFINITY INSURANCE COMPANY		21792
		INSURER C: SCOTTDALE INSURANCE COMPANY		17370	
		INSURER D: LM INS CORP		33600	
LAWRENCEVILLE,		INSURER E			
		INSURER F	:		
COVERAGES CERTIFICATE NUMBER:		REVISION NUMBER:			

COVERAGES 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. ADDL SUBR INSR WVD INSR LTR LIMITS TYPE OF INSURANCE POLICY NUMBER 1.000.000.00 GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED 100,000.00 \$ COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) 5,000.00 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$ 08/28/2022 08/28/2023 1,000,000.00 3AA596716 \$ PERSONAL & ADV INJURY 2,000,000.00 \$ GENERAL AGGREGATE

2,000,000.00 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ POLICY PRO-\$ OMBINED SINGLE LIMIT 1,000,000.00 **AUTOMOBILE LIABILITY** \$ BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED 02/05/2022 02/05/2023 \$ B 510-30000-5520-001 **BODILY INJURY (Per accident)** PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS **AUTOS** \$ 4.000,000.00 **UMBRELLA LIAB** \$ EACH OCCURRENCE OCCUR C **EXCESS LIAB** XBS0166029 08/28/2022 | 08/28/2023 AGGREGATE \$ CLAIMS-MADE \$ **RETENTION \$** DED WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1,000,000.00 E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE 08/31/2022 | 08/31/2023 Y N/A 10-15628-22244-252993 OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000.00

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

\*\*\*SAMPLE COI ONLY\*\*\* To request a certificate of insurance please email your request to perimeter.office.ga@gmail.com cc perimeterins@gmail.com\*\*\*\*

CANCELLATION CERTIFICATE HOLDER

> ARBORFORCE TREE SERVICES, LLC PO BOX 464024 LAWRENCEVILLE, GA 30042

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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E.L. DISEASE - POLICY LIMIT | \$