

MEADTRE-02 CEDTIEICATE OF LIADUITV INCUDANCE

CAIMO	LA
DATE (MM/DD/YYYY)	

	-		/ []		FICATE OF LIA	ADIL		DURAN		2	2/7/2024	
E	ERT	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF IN RESENTATIVE OR PRODUCER, A	IVEL	Y O	R NEGATIVELY AMEND	. EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	TE HO	LDER. THIS	
I	SU	RTANT: If the certificate holde BROGATION IS WAIVED, subje ertificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may	NAL INSURED provision / require an endorsement	nsorb nt.As	e endorsed. tatement on	
PRO	DUCE	R				CONTA NAME:	^{с⊤} Alysha L	.avatori				
Corcoran & Havlin Insurance Group 287 Linden Street							PHONE (A/C, No, Ext): (781) 235-3100 403 FAX (A/C, No):					
Wellesley, MA 02482							E-MAIL ADDRESS: alavatori@chinsurance.com					
						INSURER(S) AFFORDING COVERAGE					NAIC #	
INSURED						INSURER A : NOVA Casualty Company					42552	
INSURED Meadowview Tree Service LLC D/B/A Monster Tree Service of						INSURER B : American Interstate Insurance Co					31895	
N. Charlotte 21016 Catawba Avenue, Suite C Cornelius, NC 23081						INSURER C : INSURER D : INSURER E :						
						INSURER F :						
co	VER	AGES CER	TIFI	CATI	E NUMBER:				REVISION NUMBER:		L	
CE	ERTI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	PER POLI	TAIN CIES	ENT, TERM OR CONDITIO , THE INSURANCE AFFORI . LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESP	FCT TO	WHICH THIS	
		TYPE OF INSURANCE	ADDL INSD	SUBF WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	-	
A	Х	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			ARBML1000055102		6/12/2023	6/12/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,00 300,00	
			7						MED EXP (Any one person)	\$	10,00	
	05								PERSONAL & ADV INJURY	\$	1,000,00 2,000,00	
	GEN	VL AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER:							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	2,000,00	
A	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,00	
	Х	ANY AUTO			ARBML1000055102		6/12/2023	6/12/2024	Ea accident) BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NOOWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)			
A	Х	UMBRELLA LIAB X OCCUR								\$	1,000,00	
		EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000			ARBUM1000031202		6/12/2023	6/12/2024	EACH OCCURRENCE	\$	1,000,00	
В	AND	KERS COMPENSATION EMPLOYERS' LIABILITY Y / N PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? datory in NH)	N/A		AVWCNC3199452023		7/25/2023	7/25/2024	X PER STATUTE OTH- ER E.L. EACH ACCIDENT	\$	1,000,00	
	(Man	datory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,00	
	DES	, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,00	
				×								
DES	RIPT	ION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORE	0 101, Additional Remarks Schedul	le, mav be	attached if more	e space is requir	ed)	L		
						ie, may be	attached if more	e space is requir	ed)			
E	RTIF	ICATE HOLDER				CANC	ELLATION			-		
	j,					THE	EXPIRATION	DATE TH	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL Y PROVISIONS.			
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