

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/04/2022

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 Chris Dabney Contact Contact Contact Chris Dabney Contact Chris Dabney Contact Chris Dabney Chris										
USI Insurance Services					PHONE (504) 262 0667 FAX (504) 262 0600					
PO Box 278						E-MAIL Chris Dabney@usi.com				
						ADDRESS: 70				
Gretna LA 70054					INSURER(S) AFFORDING COVERAGE INSURER A : Atlantic Casualty Ins. Co.				42846	
INSURED					INSURER B : Progressive Paloverde Insurance Company				44695	
Tree Man, Inc.					INSURER C: Louisiana Construction & Industry SIF					
201 Delacroix Road					INSURER D :					
						INSURER F :				
CO	COVERAGES CERTIFICATE NUMBER: 2022 Master C									
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	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY								000,000	
	CLAIMS-MADE 🔀 OCCUR								00,000	
								MED EXP (Any one person) \$ 5,	000	
А				L279001833		03/01/2021	03/01/2022	PERSONAL & ADV INJURY \$ 1,	000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								000,000	
	POLICY PRO- JECT LOC							FRODUCTS - CONF/OF AGG 3	000,000	
	OTHER:							\$ 5,		
								(Ea accident)	00,000	
	ANY AUTO							BODILY INJURY (Per person) \$		
В	OWNED AUTOS ONLY HIRED			01280586-8		01/09/2022	01/09/2023	BODILY INJURY (Per accident) \$		
								(Per accident)		
								UM/UIM CSL \$ 1,	000,000	
								EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION \$							PER OTH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							STATUTE ER	000,000	
С				19144-22		01/01/2022	01/01/2023	1	000,000	
	If yes, describe under							L.L. DISLASE - LA LIMPLOTEL \$	000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1,		
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule.	may be a	ttached if more sr	bace is required)	I		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) This certificate of insurance neither affirmatively nor negatively alters, amends, or extends the coverage afforded by policy numbers L279001833, 01280586-8 & 19144-22 issued by Atlanic Casualty Insruance Co., Progressive Paloverde Insurance Co. & Louisiana Costruction & Industry SIF.										
CERTIFICATE HOLDER CANCELLATION										
Proof of Coverage - Sample					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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