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DA	IE (MM	/DD	V Y Y	ΥY)
	40	1.4	20	20		

ZIMALAN-01

CERTIFICATE OF LIABILITY INSURANCE								12	2/4/2020			
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).												
PRO	DUCER				CONTACT NAME:							
	Intego Insurance Group, LLC				PHONE FAX							
	1 Trapelo Rd Suite 280 Itham, MA 02451					(Á/Č, Ňo, Ext): E-MAIL ADDRESS: Support@apintego.com						
VVal					INSURER(S) AFFORDING COVERAGE							
								NAIC #				
					INSURER A	A: Hartford		29424				
INSU	JRED			INSURER B :								
	Zima Landscapes LLC				INSURER C							
	140 S Elati St					D:						
	Denver, CO 80223				INSURER E :							
					INSURER F							
<u></u>	VERAGES CER	TIEI	^ATE	E NUMBER:		-		REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICI											
	NDICATED. NOTWITHSTANDING ANY R RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF ANY DED BY T	CONTRACT	CT OR OTHER	R DOCUMENT WITH RESP	ECT TO	WHICH THIS		
INSR LTR			SUBR WVD	POLICY NUMBER	P		POLICY EXP (MM/DD/YYYY)	LIMI	TS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED				
								PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$				
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE											
		1						AGGREGATE	\$			
A	DED RETENTION \$							V PER OTH-	\$			
^	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		76WEGRT8511	76WECDT9511	1	1/23/2020	11/23/2021	X PER OTH- STATUTE ER		500,000		
				TOWEGRIGSTI	'	1/23/2020		E.L. EACH ACCIDENT	\$			
								E.L. DISEASE - EA EMPLOYE	\$	500,000		
	DESCRIPTION OF OPERATIONS below	<u> </u>						E.L. DISEASE - POLICY LIMIT	\$	500,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORE	D 101, Additional Remarks Schedu	ule, may be at	ttached if mor	e space is requir	ed)				
CE	RTIFICATE HOLDER				CANCE	LLATION						

PROOF OF COVERAGE

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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