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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.<br>If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on<br>this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).                 |   |          |               |   |                               |  |                                   |  |          |            |  |  |
| PRO   | DUCER   |          |               |   | CONTACT<br>NAME:              |  |                                   |  |          |            |  |  |
|   | Intego Insurance Group, LLC   |          |               |   | PHONE FAX                     |  |                                   |  |          |            |  |  |
|   | 1 Trapelo Rd Suite 280<br>Itham, MA 02451   |          |               |   |                               | (Á/Č, Ňo, Ext):<br>E-MAIL<br>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:                                     |                               | -  |                                   | <b>REVISION NUMBER:</b>                |          |            |  |  |
|   | HIS IS TO CERTIFY THAT THE POLICI   |          |               |   |                               |  |                                   |  |          |            |  |  |
|   | NDICATED. NOTWITHSTANDING ANY R<br>RETIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH                                      | PER      | REME<br>TAIN, | ENT, TERM OR CONDITION<br>THE INSURANCE AFFOR | N OF ANY<br>DED BY T          | CONTRACT   | CT OR OTHER                       | R DOCUMENT WITH RESP                   | ECT TO   | WHICH THIS |  |  |
| INSR<br>LTR   |   |          | SUBR<br>WVD   | POLICY NUMBER                                 | P                             |  | POLICY EXP<br>(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-<br>JECT LOC   |          |               |   |                               |  |                                   | PRODUCTS - COMP/OP AGG                 | \$       |            |  |  |
|   | OTHER:  |          |               |   |                               |  |                                   |  | \$       |            |  |  |
|   | AUTOMOBILE LIABILITY  |          |               |   |                               |  |                                   | COMBINED SINGLE LIMIT<br>(Ea accident) | \$       |            |  |  |
|   | ANY AUTO  |          |               |   |                               |  |                                   | BODILY INJURY (Per person)             | \$       |            |  |  |
|   | OWNED SCHEDULED AUTOS   |          |               |   |                               |  |                                   | BODILY INJURY (Per accident)           | \$       |            |  |  |
|   | HIRED NON-OWNED AUTOS ONLY  |          |               |   |                               |  | PROPERTY DAMAGE<br>(Per accident) | \$                                     |          |            |  |  |
|   |   |          |               |   |                               |  |                                   |  | \$       |            |  |  |
|   | UMBRELLA LIAB OCCUR   |          |               |   |                               |  |                                   | EACH OCCURRENCE                        | \$       |            |  |  |
|   | EXCESS LIAB CLAIMS-MADE   |          |               |   |                               |  |                                   |  |          |            |  |  |
|   |   | 1        |               |   |                               |  |                                   | AGGREGATE                              | \$       |            |  |  |
| A   | DED RETENTION \$  |          |               |   |                               |  |                                   | V PER OTH-                             | \$       |            |  |  |
| <b>^</b>  | AND EMPLOYERS' LIABILITY Y/N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE<br>OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)<br>If yes, describe under |          | 76WEGRT8511   | 76WECDT9511                                   | 1                             | 1/23/2020  | 11/23/2021                        | X PER OTH-<br>STATUTE ER               |          | 500,000    |  |  |
|   |   |          |               | TOWEGRIGSTI                                   | <b>'</b>                      | 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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