

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 10/04/2019

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	DUCE	R				CONTACT Corin Smith					
Rice Insurance LLC						PHONE (A/C, No, Ext): (360) 734-1161 FAX (A/C, No): (360) 734-1173					
1400 Broadway						E-MAIL corins@riceinsurance.com					
P.O. Box 639					INSURER(S) AFFORDING COVERAGE				NAIC #		
Bellingham WA					WA 98227	INSURER A: Western National Insurance Group					
INSURED						INSURER B :					
Sky High Tree Removal Inc						INSURER C :					
28023 34th Ave S							INSURER D :				
							INSURER E :				
	Auburn WA 98001						INSURER F :				
					NUMBER: CL197964684	REVISION NUMBER:					
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)	LIMIT	s	
	$\times$	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	φ.	0,000
		CLAIMS-MADE 🗙 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	<sub>\$</sub> 100,	000
									MED EXP (Any one person)	<sub>\$</sub> 5,00	0
А		EN'L AGGRE <u>GATE</u> LIMIT APP <u>LIES</u> PER:			CPP1216280		07/03/2019	07/03/2020	PERSONAL & ADV INJURY	\$ 1,000,000	
	GEI								GENERAL AGGREGATE	\$ 2,000,000	
									PRODUCTS - COMP/OP AGG	\$ 2,000,000	
		OTHER:							Errors & Omissions	\$ 1,00	0,000
	AU								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
		ANY AUTO							BODILY INJURY (Per person)	\$	
A		OWNED AUTOS ONLY			CPP1213914		07/03/2019	07/03/2020	BODILY INJURY (Per accident)		
	$\times$	HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									Underinsured motorist	\$ 1,000,000	
	$\times$		DE					07/00/0000	EACH OCCURRENCE	φ	0,000
A		EXCESS LIAB CLAIMS-MADE			UMB1036530		07/03/2019	07/03/2020	AGGREGATE	<sub>\$</sub> 1,00	0,000
	WO	DED RETENTION \$ 10,000							PER OTH-	\$	
		EMPLOYERS' LIABILITY Y / N							STATUTE ER	1 00	0.000
А	OFF	NY PROPRIETOR/PARTNER/EXECUTIVE			CPP1216280 - WA Stop Ga	р	07/03/2019	07/03/2020		\$ 1,000,000 = \$ 1,000,000	
	If ye	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE	4 00	
		CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000
A	LE	ASED / RENTED EQUIPMENT			CPP1216294		07/03/2019	07/03/2020	LIMIT DEDUCTIBLE	\$250 \$1,0	),000
DES	רפוסי		S /AC		01 Additional Remarks Schedule	may ho of	tached if more or	ace is required)	DEDUCTIDEE	φ1,0	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidence of Insurance											
CEF	RTIF	ICATE HOLDER				CANC	CANCELLATION				
Evidence of Insurance						SHO THE ACC	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				
						COOXin- Cliff					

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