

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/21/2022

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 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			NAME:	DAVID	HEELOCK	1		
DAVID WHEELOCK				PHONE (A/C, No, Ext): 607-687-9144 FAX (A/C, No):				
PO BOX 538				E-MAIL ADDRESS:				
				INS	URER(S) AFFOR	DING COVERAGE	NAIC #	
OWEGO		NY 13827	INSURER	A: UNITED	FARM FAMI	LY INS CO		
INSURED				INSURER B:				
LIMBWALKER TREE CARE, LLC				INSURER C:				
PO BOX 4858			INSURER D:					
			INSURER E :					
ITHACA NY 14852			INSURER F:					
COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF INSURE QUIREMENT PERTAIN,	RANCE LISTED BELOW HANT, TERM OR CONDITION THE INSURANCE AFFORD	N OF ANY DED BY T	CONTRACT HE POLICIES	THE INSURE OR OTHER D DESCRIBED	D NAMED ABOVE FOR THE P OCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO AL	O WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
X COMMERCIAL GENERAL LIABILITY	HOD WYD	, , manuall				EACH OCCURRENCE \$,000,000	
CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
CEANNO-WADE OCCUR						T TEMIOLO (La occarronce)	5,000	
A		3101X9023	g.	11/14/2022	11/14/2023	man and franchista for the same	,000,000	
							2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						- Cartain la literatura de la cartain de la	2,000,000	
3001						S S		
OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$	1,000,000	
						(Ea accident) SODILY INJURY (Per person) \$	10.000	
ANY AUTO ALL OWNED SCHEDULED		3101C4255	11/14/2022	11/14/2023	BODILY INJURY (Per accident) \$			
A AUTOS AUTOS		310104233		11/14/2022	11/14/2023	PROPERTY DAMAGE &		
HIRED AUTOS X NON-OWNED AUTOS	1 3					(Per accident) \$		
							1,000,000	
X UMBRELLA LIAB OCCUR	242450000			44/44/2022	11/11/2000	2.0.1.0000.1.2.1.2	1,000,000	
A EXCESS LIAB CLAIMS-MADE		3101E2883	1	11/14/2022	11/14/2023		1,000,000	
DED RETENTION \$						PER OTH-		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$		
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$		
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Sched	dule, may be	attached if mor	e space is requir	ed)		
	Para Internation							
APPENDATE HALLS			CANO	ELI ATION				
CERTIFICATE HOLDER			CANC	ELLATION			- Contract	
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
			AUTHOR	IZED REPRESE	NTATIVE	Deo. hhl	1	
				0 10	00 0044 40	OPD COPPORATION AII		