

CDALY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/8/2023

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.

th	SUBROGATION IS WAIVED, subjections subjections subjections to set the subjections in the subjection is subjections.	t to the	the	terms and conditions of ificate holder in lieu of su	the pol Ich end	licy, certain p lorsement(s)	oolicies may	require an end	lorsemen	t. A St	atement on	
PRODUCER License # L100460 FRP-Cincinnati PO Box 221649 Louisville, KY 40252						CONTACT Carrie Daly						
						PHONE (A/C, No, Ext): (513) 534-0938 FAX (A/C, No):						
						E-MAIL (AC, NO). E-MAIL (AC, NO).						
		INSURER(S) AFFORDING COVERAGE NAIC #										
		INSURER A: West Bend Mutual Insurance Company 15350										
INSURED						INSURER B : Kentucky Associated General Contractors Self Insurers Fund 0						
	Go Getter Tree Service				INSURER C:							
4519 Lambs Ferry Road Ryland Heights, KY 41015						RD:						
						RE:						
						INSURER F:						
CO	VERAGES CER	REVISION NUMBER:										
TI IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC	CT OR OTHER	RED NAMED ABO R DOCUMENT WI BED HEREIN IS S	VE FOR T	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		s		
Α	X COMMERCIAL GENERAL LIABILITY					,		EACH OCCURREN	ICE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			A45466404		4/19/2023	4/19/2024	DAMAGE TO RENTED		\$	300,000	
								` '		\$	10,000	
								PERSONAL & ADV INJURY \$		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		\$	2,000,000	
	POLICY PRO- DTHER:							PRODUCTS - COM	IP/OP AGG	\$	2,000,000	
A AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident) \$			1,000,000	
	ANY AUTO			A45466404		4/19/2023	4/19/2024	BODILY INJURY (Per person) \$				
	OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
	70.00 0.12.									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		\$		
	DED RETENTION \$									\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		23076		1/1/2023	1/1/2024	X PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	NT	\$	4,500,000	
	(Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$	4,500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	4,500,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORE) 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)				
Proof of Insurance						CANCELLATION						
						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										