

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/01/2022

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 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).

th	nis certificate does not confer rights	to the	certi	ficate holder in lieu of su							
PRODUCER Program Insurance Group / 4			S		CONTAC NAME:	CT Amy	Young				
3609 Williams Dr					PHONE	PHONE (A/C, No, Ext): (512)930-3239			FAX (A/C, No): (512)869-2418		
	Suite 101				È-MÁIL amy@nighes.com			(A/C, NO).	_(A/C, No): \ /		
	Georgetown			TX 78628-	ADDRES	. , , , , , , , , , , , , , , , , , , ,					
	Georgetown			17. 10020				RDING COVERAGE	-	NAIC#	
					INSURE	KA. U		Insurance Company	2	4260	
INSURED					INSURE	_{Rв:} Texas М	utual Insuran	ce Company	2	2945	
Doleva Elite Tree LLC					INSURE	R C ·					
4275 FM 3405											
Georgetown				TX 78633-	INSURE						
	o congeste				INSURE	RE:					
					INSURE	RF:					
COVERAGES CER			CATE	NUMBER:				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. INST											
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					·		EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	czesz escen							MED EXP (Any one person)	\$		
		-							•		
		-						PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY	X	X	07522545-3		04/16/2021	04/16/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1	,000,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED X SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	IMPRELLATION .										
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MAI	E						AGGREGATE	\$		
	DED RETENTION \$								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	0001307930		06/14/2021	06/14/2022	X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	7						E.L. EACH ACCIDENT	s 1	,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	_ N/A	·					E.L. DISEASE - EA EMPLOYEE	s 1	,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	- 1	,000,000	
	DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POLICY LIWIT	Ψ		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Owner, Christopher Doleva, is excluded from the Workers' Compensation policy.											
	DTIEICATE HOLDED				CANO	ELLATION				AI 032065	
CERTIFICATE HOLDER						CANCELLATION AI 032005					
For Information Only -						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					
						DEROVES					