

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/13/2024

THIS CERTIFICATE IS ISSUED AS A MAT CERTIFICATE DOES NOT AFFIRMATIVEL BELOW. THIS CERTIFICATE OF INSURA REPRESENTATIVE OR PRODUCER, AND	Y OR NCE [NEG DOE	BATIVELY AMEND, EXTENS NOT CONSTITUTE A CO	ND OR	ALTER THE C	OVERAGE A	FFORDED BY THE POLICI	ES	
IMPORTANT: If the certificate holder is an If SUBROGATION IS WAIVED, subject to this equivilence of the second sec	the te	rms	and conditions of the po	licy, ce	rtain policies		•		
this certificate does not confer rights to t	he ce	rtific	ate holder in lieu of such	CONTA	- ()				
Strawn & Co., Insurance				NAME: T ATT WINET, OTO					
16 Hampton Street				E-MAIL pammillar@strawpinsurance.com					
Post Office Box 38	ADDRESS: 1								
McDonough	GA 30253	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Property Casualty Company of America					25674		
INSURED	INSURER B :								
9 Oak Tree Service, Inc.				INSURER C :					
P.O.Box 977				INSURER D :					
				INSURER E :					
Locust Grove			GA 30248	INSURE					
COVERAGES CERT	IFICA	TE N	IUMBER: CL243134609				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERTAI EXCLUSIONS AND CONDITIONS OF SUCH POL	EMEN N, THE	T, TEI E INS LIMI	RM OR CONDITION OF ANY (URANCE AFFORDED BY THE	CONTR/ E POLICI	ACT OR OTHER	R DOCUMENT V D HEREIN IS S	VITH RESPECT TO WHICH THI JBJECT TO ALL THE TERMS,		
LTR TYPE OF INSURANCE	INSD V	VVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ DAMAGE TO RENTED		
							PREMISES (Ea occurrence) \$		
							MED EXP (Any one person) \$		
							PERSONAL & ADV INJURY \$		
							GENERAL AGGREGATE \$		
							PRODUCTS - COMP/OP AGG \$		
							COMBINED SINGLE LIMIT (c		
ANY AUTO							(Ea accident) BODILY INJURY (Per person) \$		
OWNED SCHEDULED							BODILY INJURY (Per accident) \$		
AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE (Per accident) \$		
AUTOS ONLY AUTOS ONLY							(Per accident) \$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
DED RETENTION \$							\$		
WORKERS COMPENSATION					02/03/2024	02/03/2025	Y PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE Y	N/A	6JL	6JUB 5R74423 A 24					ACCIDENT \$ 500,000	
(Mandatory in NH)	N/A		030D 31(74423 A 24				E.L. DISEASE - EA EMPLOYEE \$ 500,000		00
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	500,0	00
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (ACO)	BD 10	1 Additional Demotic Cabadula		techod if more of				
				may De d		soor is required)			
CERTIFICATE HOLDER				CANO	ELLATION				
*** For Information Purposes ***	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	William N. Strawn, Jr.								

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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).											
-	DUCER	ita Ross									
	American Heritage Insura	ince	Gro	and	PHONE 540 004 5055 FAX 540 004 5000						
	9675 Montgomery Road,			É-MAIL							
	Cincinnati, OH 45242			-	······································						
						INSURER(S) AFFORDING COVERAGE					
INSU	RED				INSURER A: Northineld Insurance Company					12602	
9 Oak Tree Service Inc.							egar insura	ince Group		13692	
	PO Box 977				INSURER C :						
	Locust Grove, GA 30248										
	VERAGES CER	~^тс	NUMBER: 00020222-1	INSURER F : REVISION NUMBER: 27							
	HIS IS TO CERTIFY THAT THE POLICIES (PERIOD	
IN C E	IDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PE KCLUSIONS AND CONDITIONS OF SUCH	QUIRE RTAII POLI	EMEN N, THI CIES.	T, TERM OR CONDITION OF E INSURANCE AFFORDED E	F ANY C BY THE	CONTRACT OF POLICIES DE REDUCED BY	R OTHER DOC SCRIBED HEF PAID CLAIMS	UMENT WITH RESPECT TO REIN IS SUBJECT TO ALL T	O WHIO	CH THIS	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY			WS588638		03/11/2024	03/11/2025	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							COMBINED SINGLE LIMIT	\$		
								(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							PER OTH-	\$		
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
1	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
1	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE			
			-	CE0222074		04/06/2022	04/06/2024	E.L. DISEASE - POLICY LIMIT	\$	75 000	
	Building			CF9332071 CF9332071		04/06/2023 04/06/2023	04/06/2024	Replacement Cost Replacement Cost		75,000 40,000	
P	Bus. Personal Prop.			CF93320/1		04/00/2023	04/00/2024	Replacement Cost		40,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) This certificate is issued as a matter of information only.											
	RTIFICATE HOLDER				CANO	ELLATION					
9 Oak Tree Service Inc. PO Box 977						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Locust Grove, GA 30248						AUTHORIZED REPRESENTATIVE					
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