

DATE (MM/DD/YYYY) 02/13/2019

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.

tilis certificate does not come rights to	tile certi	ilicate fiolicer in fled of such							
PRODUCER			CONTACT Trescha Haley NAME:						
Risk & Insurance Consultants, Inc			PHONE (404) 45 (A/C, No, Ext):	59-5975	FAX (A/C, No)	. (404)	459-5976		
5416 Glenridge Drive				skinsuranceco					
				SURFR(S) AFFOR	RDING COVERAGE		NAIC#		
Atlanta		GA 30342		gy Insurance (			42376		
INSURED			INSURER B :		<u>`</u>				
A & M Outdoor Solutions, LLC			INSURER C :						
139 N River Dr			INSURER D :						
			INSURER E :						
Woodstock		GA 30188	INSURER F :						
COVERAGES CER	TIFICATE	NUMBER: CL192131800			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF I			ISSUED TO THE INSUR			RIOD			
	AIN, THE IN	NSURANCE AFFORDED BY THE	Y CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS HE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,						
INSR LTR TYPE OF INSURANCE	ADDL SUB	R	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS			
COMMERCIAL GENERAL LIABILITY	INSD WVL	FOLICT NOWIBER	(IVIIVI/DID/TTTT)	(IVIIVI/UU/TTTT)	EACH OCCURRENCE	\[ \s			
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
					MED EXP (Any one person)	\$			
					PERSONAL & ADV INJURY	\$			
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$			
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$			
OTHER:					COMBINED SINGLE LIMIT	\$			
AUTOMOBILE LIABILITY					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 \$ WORKERS COMPENSATION					S AL DED L. LOTH	\$			
AND EMPLOYERS' LIABILITY Y/N					➤ PER STATUTE OTH-	100	20.000		
A ANY PROPRIETOR/PARTNER/EXECUTIVE Y	N/A	TARGA1010569-00	02/28/2019	02/28/2020	E.L. EACH ACCIDENT	\$ 1,00			
(Mandatory in NH)  If yes, describe under					E.L. DISEASE - EA EMPLOYEE	- J D '	00,000		
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000		
Tree Service -N- More, Inc. As There Interest N			may be attached if more sp	oace is required)					
CERTIFICATE HOLDER			CANCELLATION						
CERTIFICATE HOLDER			CANCELLATION						
***PROOF OF INSURANCE***			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
			AUTHORIZED REPRESEN	NTATIVE					
			James de la companya della companya						



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PRODUCER Risk & Insurance Consultants, Inc  S416 Glenridge Drive  Atlanta  GA 30342  INSURER a: Technology Insurance Company  INSURER a: Technology Insurance Company  INSURER B:  INSURER	s certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
Risk & Insurance Consultants, Inc 5416 Glenridge Drive  Atlanta  GA 30342  INSURER A: Technology Insurance Company  INSURER B:  A & M Outdoor Solutions, LLC  139 N River Dr  Woodstock  GA 30188  THIS IS TO CERTIFITY 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.    Now be a company   Company   Company											
Atlanta GA 30342   SA	159-5976										
Atlanta  GA 30342  INSURER A: Technology Insurance Company  INSURER B:  A & M Outdoor Solutions, LLC  139 N River Dr  INSURER C:  139 N River Dr  INSURER D:  INSURER B:  INSURER D:  INSURER B:  INSURER B:  INSURER C:  INSURER B:  INSURER C:  INSURER B:  INSURER D:  INSURER B:  INSURER C:  INSURER B:  INSURER C:  INSURER E:  INSURER E:  INSURER F:  COVERAGES  CERTIFICATE NUMBER:  CL1921318008  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.  INSURER C:  INSUR											
Atlanta  GA 30342  INSURER A: Technology Insurance Company  INSURER B:  INSURER C:  INSURER C:  INSURER D:  INSURER E:  Woodstock  GA 30188  INSURER F:  COVERAGES  CERTIFICATE NUMBER:  CL1921318008  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.  INSURER A: Technology Insurance Company  INSURER B:  INSURER C:  INSURER C:  INSURER C:  INSURER C:  INSURER C:  INSURER D:  INSURER B:  INSURER D:  INSURER D:  INSURER B:  INSURER C:  INSURER C:  INSURER D:  INSUR	NAIC#										
INSURED  A & M Outdoor Solutions, LLC  A & M Outdoor Solutions, LLC  INSURER B:  INSURER C:  INSURER D:  INSURER E:  Woodstock  GA 30188  REVISION NUMBER:  COVERAGES  CERTIFICATE NUMBER: CL1921318008  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.  INSURER B:  INSURER B:  INSURER B:  INSURER C:  INSURER D:  INSURER	42376										
A & M Outdoor Solutions, LLC  139 N River Dr  NSURER C:  NSURER D:  NSURER E:  Woodstock  GA 30188  REVISION NUMBER:  COVERAGES  CERTIFICATE NUMBER: CL1921318008  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  TYPE OF INSURANCE  ADDLISUBR  TYPE OF INSURANCE  ADDLISUBR  WVD  POLICY NUMBER  POLICY FEFF  (MM//DD/YYYY)  REACH OCCURRENCE  \$	12010										
139 N River Dr    INSURER D :   INSURER E :											
Woodstock  GA 30188  INSURER E: INSURER F:  COVERAGES  CERTIFICATE NUMBER: CL1921318008  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  TYPE OF INSURANCE  ADDLISUBR INSD WVD POLICY NUMBER  COMMERCIAL GENERAL LIABILITY  LIMITS  EACH OCCURRENCE \$											
Woodstock  GA 30188  INSURER F:  COVERAGES  CERTIFICATE NUMBER: CL1921318008  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  ADDLISUBR INSD WVD POLICY NUMBER  COMMERCIAL GENERAL LIABILITY  LIMITS  EACH OCCURRENCE \$											
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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 TYPE OF INSURANCE ADDLISUB (MM/DD/YYYY) INSURANCE OCMMERCIAL GENERAL LIABILITY POLICY EFF (MM/DD/YYYY) EACH OCCURRENCE \$											
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 TYPE OF INSURANCE ADDLISUBR INSD WVD POLICY NUMBER POLICY FFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS  COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$											
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LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS  COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$											
CLAIMS-MADE OCCUR DAMAGE TO RENTED PREMISES (Ea occurrence) \$											
MED EXP (Any one person) \$											
PERSONAL & ADV INJURY \$											
GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$											
PRO-											
ALTOMORII E LIARII ITV											
ANY AUTO (Ea accident) (BODILY INJURY (Per person) \$											
OWNED SCHEDULED BODILY IN ILIPY (Per accident) \$											
AUTOS ONLY AUTOS HIRED NON-OWNED PROPERTY DAMAGE \$											
AUTOS ONLY AUTOS ONLY (Per accident) "											
\$											
UMBRELLA LIAB OCCUR  OCCUR  EACH OCCURRENCE \$											
EXCESS LIAB CLAIMS-MADE \$											
DED RETENTION \$ \$											
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N  AND EMPLOYERS' LIABILITY  Y/N  AND EMPLOYERS' LIABILITY  Y/N											
ANY PROPRIETOR/PARTNER/EXECUTIVE Y N/A TARGA1010569-00 02/28/2019 02/28/2020 E.L. EACH ACCIDENT \$ 1,000	0,000										
(Mandatory in NH)  E.L. DISEASE - EA EMPLOYEE \$ 1,00	0,000										
DESCRIPTION OF OPERATIONS below  E.L. DISEASE - POLICY LIMIT \$ 1,000	0,000										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
Tree Service-N-More, Inc. As Their Interest May Appear, see attached liability certificate of insurance.											
CERTIFICATE HOLDER CANCELLATION											
CANCELLATION CANCELLATION											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED	BEFORE										
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN											
All County® Property Management North Metro  ACCORDANCE WITH THE POLICY PROVISIONS.											
700 Abbey Court											
AUTHORIZED REPRESENTATIVE											
Alpharetta GA 30004											



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	subject to is certificate does not confer rights to						may require	an endorsement. A State	ement (	UII	
	UCER				CONTAC NAME:		aley				
Risk	& Insurance Consultants, Inc				PHONE (A/C, No			FAX (A/C, No):	(404)	459-5976	
	6 Glenridge Drive				E-MAIL	thalou@ric	skinsuranceco.		( - /		
	ŭ				ADDRES	oo. ,		RDING COVERAGE		NAIC#	
Atla	nta			GA 30342	INSURE	Taskasla	gy Insurance (			42376	
INSU	RED				INSURE						
	A & M Outdoor Solutions, LLC				INSURE						
	139 N River Dr				INSURE						
					INSURE						
	Woodstock			GA 30188	INSURER F:						
CO	ERAGES CER	TIFIC	ATE	NUMBER: CL192131800	8			REVISION NUMBER:			
IN CE	IS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PERT CLUSIONS AND CONDITIONS OF SUCH PO	IREME AIN, T	NT, TE	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI	DOCUMENT VECTOR DOCUMENT VECTO	WITH RESPECT TO WHICH T	HIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		TREBUU	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICI NOWIBER		(MIM/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	OEANNO NIABE GOOGIA							MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							N PER	\$		
	AND EMPLOYERS' LIABILITY Y/N							➤ PER OTH- STATUTE ER	1.00	0,000	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDENT	4.00	0,000	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	Φ ′	0,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ .,00	,	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)				
Tree	Service & More As There Interest May App	oear, s	ee att	ached Liability COI							
CEF	TIFICATE HOLDER				CANCELLATION						
	All-In-One Community Manage 5200 Dallas Highway	ment,	Inc		THE ACC	EXPIRATION D ORDANCE WIT	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		D BEFORE	
	Suite 200 #266				AUTHOR	RIZED REPRESEN	ITATIVE				
	Powder Springs			GA 30127			/=	Maria			
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PROD	UCER				CONTACT Trescha Haley NAME:						
Risk	& Insurance Consultants, Inc				PHONE (A/C, No	o. Ext): (404) 45	59-5975		FAX (A/C, No):	(404)	459-5976
5416	Glenridge Drive				E-MAIL ADDRE	thalov@ri	skinsuranceco	.com	1 ( , - ,		
							SURER(S) AFFOR	RDING COVERAGE			NAIC#
Atlaı	nta			GA 30342	INSURE	Toohnolo	gy Insurance				42376
INSU	RED				INSURE			<u> </u>			
	A & M Outdoor Solutions, LLC				INSURE						
	139 N River Dr				INSURE						
	Woodstock			GA 30188	INSURE						
		TIFIC	ATE		INSURE ณ	RF:		DEVISION NUM	IDED.		
	IS IS TO CERTIFY THAT THE POLICIES OF			ITO III DEITI		TO THE INCLU		REVISION NUM		IOD	
IN CE	DICATED. NOTWITHSTANDING ANY REQUI	REME AIN, TI	NT, TE HE INS	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	NY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,						
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(IVIIVI/DD/TTTT)	(IVIIVI/DUTTTT)	EACH OCCUBBENG			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTI PREMISES (Ea occu	ED	\$	
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV I	INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	GATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE	\$	
	AGTOG GIVE!							(* 5: 5:5:5:5:1)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENG	CE	\$	-
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	-	\$	
	DED RETENTION \$									\$	-
	WORKERS COMPENSATION							➤ PER STATUTE	OTH- ER	Ψ	
١.	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN	'	<sub>\$</sub> 1,00	00,000
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. DISEASE - EA E		7	00,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$ 1,00	00,000
	DESCRIPTION OF OPERATIONS BEIOW							L.L. DISLAGE - FOL	LICT LIMIT	φ	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
Tree	Service-N-More, Inc. As Their Interest May	Appe	ar, se	e attached liability certificate	of insura	ance.					
	TIEICATE HOI DED				CANC	ELLATION					
	TIFICATE HOLDER				CANC	ELLATION					
	All-In-One Community Manager 5200 Dallas Highway, Suite 200		nc.		ACC	EXPIRATION D CORDANCE WIT	OATE THEREOI	SCRIBED POLICIE F, NOTICE WILL B Y PROVISIONS.			) BEFORE
	#266				AUTHO	RIZED REPRESEN	NTATIVE				
	Powder Springs			GA 30127			/	May	<u> </u>		
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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PROD	UCER				CONTA NAME:	i i e sci i a i i	laley				
Risk	& Insurance Consultants, Inc				PHONE (A/C, No	o. Ext): (404) 45	59-5975		FAX (A/C, No):	(404) 4	459-5976
5416	Glenridge Drive				E-MAIL ADDRE	thalay@rid	skinsuranceco	.com	1 ( / - /		
							SURER(S) AFFOR	RDING COVERAGE			NAIC#
Atlar	ta			GA 30342	INSURE	Tankanla	gy Insurance (				42376
INSUF	ED .				INSURE						
	A & M Outdoor Solutions, LLC										}
	139 N River Dr				INSURE						
	103 IV NIVEL DI				INSURE						
	Woodstock			GA 30188	INSURE						
L					INSURE	RF:					<u> </u>
				NUMBER: CL192131800				REVISION NUM		100	
INI CE		IREME AIN, T	NT, TE	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	Y CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS HE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,						
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICI NOMBER		(IVIIVI/DD/TTTT)	(INIM/DD/TTTT)	EACH OCCUPPEN			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTI PREMISES (Ea occu	ED	\$	
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV I	INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	
li	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe		\$	
l	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED							PROPERTY DAMAG (Per accident)	GE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	UMBRELLA LIAB OCCUB							EAGU GOOURREN	0.5		
l	- EXCESSIVAR							EACH OCCURRENC	CE	\$	
	CLAIMS-MADE	_						AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION							➤ PER STATUTE	OTH- ER	\$	
	AND EMPLOYERS' LIABILITY Y/N							_ ·	•	1.00	0,000
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDEN		4.00	0,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E		4.00	0,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$ 1,00	0,000
l	RIPTION OF OPERATIONS / LOCATIONS / VEHICL Service-N-More, Inc. As Their Interest May	•		·	•		pace is required)				
<u> </u>											
CER	TIFICATE HOLDER			-	CANO	ELLATION					
	Brownstone Square c/o Condoi 1200 Lake Hearn Drive	miniun	n Cond	cepts	THE		ATE THEREO	SCRIBED POLICIE F, NOTICE WILL B Y PROVISIONS.			) BEFORE
	Suite 275				AUTHO	RIZED REPRESEN	NTATIVE				
	Atlanta			GA 30319			/	May	<u> </u>		
I	1	GA 30319					1/2	-your	2		



DATE (MM/DD/YYYY) 02/13/2019

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.

thi	s certificate does not confer rights to			cate holder in lieu of such			may require	an endorsemen	i. A State	ineni (	)II
PROD	UCER				CONTAC NAME:	CT Trescha H	laley				
Risk	& Insurance Consultants, Inc				PHONE (A/C, No	(404) 45	59-5975		FAX (A/C, No):	(404) 4	159-5976
5416	Glenridge Drive				E-MAIL ADDRES	thalay @rie	skinsuranceco	.com	(A/O, NO).		
						INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
Atlan	ıta			GA 30342	INSURE	RA: Technolo	gy Insurance (	Company			42376
INSUF	RED				INSURE	RB:					
	A & M Outdoor Solutions, LLC				INSURE	RC:					
	139 N River Dr				INSURE	RD:					
					INSURE	RE:					
<u> </u>	Woodstock			GA 30188	INSURER F:						
	ERAGES CERT IS IS TO CERTIFY THAT THE POLICIES OF I			NUMBER: CL192131800		TO THE INCHE		REVISION NUMI		IOD	
INE	DICATED. NOTWITHSTANDING ANY REQUI RTIFICATE MAY BE ISSUED OR MAY PERTA	REME	NT, TE	ERM OR CONDITION OF ANY	CONTRA	ACT OR OTHER	R DOCUMENT \	WITH RESPECT TO	WHICH TI	HIS	
	CLUSIONS AND CONDITIONS OF SUCH PO							OBSECT TO ALL II	il ilixivio,	1	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	s	
	COMMERCIAL GENERAL LIABILITY					·	•	EACH OCCURRENC	E	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	D rrence)	\$	
								MED EXP (Any one p	erson)	\$	
								PERSONAL & ADV IN	NJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP	/OP AGG	\$	
	OTHER:							COMBINED SINGLE	LIMIT	\$	
-	AUTOMOBILE LIABILITY							(Ea accident)		\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per BODILY INJURY (Per	· ·	\$	
-	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGI		\$	
-	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	UMBRELLA LIAB OCCUP							EACH OCCUPPENC	_	\$	
-	EXCESS LIAB OCCUR  CLAIMS-MADE							AGGREGATE	_	\$	
	DED RETENTION \$	1						AOOREGATE		\$	
	WORKERS COMPENSATION							➤ PER STATUTE	OTH- ER	<u> </u>	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE DAMEMBER EXCLUDED?	N. / A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDEN		\$ 1,00	0,000
	(Mandatory in NH)	N/A		TARGAT010309-00		02/20/2019	02/20/2020	E.L. DISEASE - EA E	MPLOYEE	\$ 1,00	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$ 1,00	0,000
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	-			=	-	pace is required)		'		
Tree	Service-N-More, Inc. As Their Interest May	Appea	ar, se	e attached liability certificate	or insura	ance.					
CFP	TIFICATE HOLDER				CANC	ELLATION					
<u> </u>					<u> </u>						
								SCRIBED POLICIE			BEFORE
	Cathy Mckeehan							F, NOTICE WILL BE PROVISIONS.	. DELIVER	בט ווא	
	4628 Glenforest Dr. NE										
	.525 5.50166. 51. 112				AUTHOR	RIZED REPRESEN	NTATIVE				
	Roswell			GA 30075			/20	Made	· ·		



DATE (MM/DD/YYYY) 02/13/2019

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th	is certificate does not confer rights to	the c	ertifi	cate holder in lieu of such							
PROI	DUCER				CONTA NAME:	i i e sci ia i	łaley				
Risk	& Insurance Consultants, Inc				PHONE (A/C, No	p. Ext): (404) 45	59-5975		FAX (A/C, No):	(404)	459-5976
541	Glenridge Drive				E-MAIL ADDRE	thalov@ri	skinsuranceco	.com	., , ,		
							SURER(S) AFFOR	RDING COVERAGE			NAIC#
Atla	nta			GA 30342	INSURE	Tooknolo	gy Insurance				42376
INSU	RED				INSURE						
	A & M Outdoor Solutions, LLC				INSURE						
	139 N River Dr					-					
	.00				INSURE						
	Woodstock			GA 30188	INSURE						
		TIFIO	ATE		INSURE 0	RF:					
				.tombert.		TO THE INCLU		REVISION NUM		IOD	
IN CE	DICATED. NOTWITHSTANDING ANY REQUI	REME AIN, TI	NT, TE	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	EEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  NY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS  THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,  FEN REDUICED BY PAID CLAIMS						
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	s	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLICI NOMBER		(IVIIVI/DD/1111)	(IVIIVI/DUTTTT)	EACH OCCUBBENG			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTI PREMISES (Ea occu	ED	\$	
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV I	INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	ĴΕ	\$	
	AUTOS CINET							(i di dodident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENG	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	JL	\$	
	DED RETENTION \$	1						AGGINEGATE		\$	
	WORKERS COMPENSATION							➤ PER STATUTE	отн-	φ	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							_ ·	ÉR	\$ 1,00	00,000
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDEN		Ψ	00,000
	If yes, describe under							E.L. DISEASE - EA E		\$ 1,00	,
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$ .,00	,
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
Tree	Service-N-More, Inc. As Their Interest May	/ Appe	ar, se	e attached liability certificate	of insura	ance.					
<u></u>	TIEICATE HOLDER				CANC	TELL ATION					
CER	TIFICATE HOLDER				CANC	ELLATION					
	Charlie 2105 Hawthorne Point				THE	EXPIRATION D	ATE THEREO	SCRIBED POLICIE F, NOTICE WILL B Y PROVISIONS.			D BEFORE
					AUTHO	RIZED REPRESEN	NTATIVE				
	Marietta			GA 30062	Jahlana .						



DATE (MM/DD/YYYY) 02/13/2019

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	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to				· · · · · · · · · · · · · · · · · · ·					
PRO	DUCER				CONTAC NAME:	CT Trescha H	laley			
Risl	« & Insurance Consultants, Inc				PHONE (A/C, No	(404) 45	59-5975	FAX (A/C, No):	(404)	159-5976
541	6 Glenridge Drive				E-MAIL ADDRES	thalay @ric	skinsuranceco			
					7.55.1.2.		SURER(S) AFFOR	RDING COVERAGE		NAIC #
Atla	nta			GA 30342	INSURE	RA: Technolo	gy Insurance (	Company		42376
INSU	RED				INSURE	RB:				
	A & M Outdoor Solutions, LLC				INSURE	RC:				
	139 N River Dr				INSURE	RD:				
					INSURE	RE:				
Ļ	Woodstock			GA 30188	INSURE	RF:				
				NUMBER: CL192131800		TO THE INCHE		REVISION NUMBER:	100	
	HIS IS TO CERTIFY THAT THE POLICIES OF I IDICATED. NOTWITHSTANDING ANY REQUII									
С	ERTIFICATE MAY BE ISSUED OR MAY PERTA	AIN, TH	HE INS	SURANCE AFFORDED BY THE	POLICI	ES DESCRIBE	D HEREIN IS S			
INSR	XCLUSIONS AND CONDITIONS OF SUCH PO	ADDL	SUBR		REDUC	POLICY EFF	POLICY EXP	T		
LTR	TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
								DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	PRO- DECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:							111000010 0011117017100	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N								. 1.00	0,000
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDENT	Ψ	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT	Ψ	0,000
	DESCRIPTION OF OPERATIONS BRIOW							E.L. DISEASE - POLICY LIWIT	<b>3</b>	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)			
Tre	e Service – N – More, Inc As Their Interest N	/lay Ap	opear,	see attached Liability COI						
RE:	SCAD ATL Springhouse -101-02944									
<u></u>										
CEI	RTIFICATE HOLDER				CANC	ELLATION				
					SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CAN	ICELLEI	) BEFORE
								F, NOTICE WILL BE DELIVER Y PROVISIONS.	ED IN	
	Clayco, Inc.				^()	ONDANCE WII	II THE PULIC	i i novisions.		
	2199 Innerbelt Business Center				AUTHO	RIZED REPRESEN	NTATIVE			
	Ct Louis			MO 62444			/	//		
l	St Louis			MO 63114			12	Maria		



DATE (MM/DD/YYYY) 02/13/2019

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If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to						may require	an endorseme	nt. A state	ement (	on
PRODUCER				CONTAC	. , ,	łalev				
Risk & Insurance Consultants, Inc				NAME: PHONE	(404) 4	59-5975		FAX	(404)	459-5976
5416 Glenridge Drive				(A/C, No E-MAIL	tholov@ri	skinsuranceco	com	(A/C, No):	( ,	
Cirio Cionnago Zinio				ADDRE	33.					
Atlanta			GA 30342	INSURE		surer(s) affor gy Insurance (	Company			NAIC # 42376
INSURED				INSURE	RR.					
A & M Outdoor Solutions, LLC				INSURE						
139 N River Dr				INSURE						
				INSURE						
Woodstock			GA 30188	INSURE						
COVERAGES CER	TIFICA	ATE I	NUMBER: CL192131800	8			REVISION NUM	IBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PERT EXCLUSIONS AND CONDITIONS OF SUCH PO	IREMEN AIN, TH DLICIES	NT, TE IE INS 3. LIM	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER IES DESCRIBEI CED BY PAID CL	R DOCUMENT \ D HEREIN IS S _AIMS.	WITH RESPECT T	O WHICH T	HIS	
INSR LTR TYPE OF INSURANCE	ADDL S INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	
CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ		\$	
							MED EXP (Any one	person)	\$	
							PERSONAL & ADV	INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	
POLICY PRO- JECT LOC							PRODUCTS - COM		\$	
OTHER:									\$	
AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	E LIMIT	\$	
ANY AUTO							BODILY INJURY (P	er person)	\$	
OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (P		\$	
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA( (Per accident)	GE	\$	
									\$	
UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
DED RETENTION \$									\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							➤ PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE ANY PROPRIETOR/PARTNER/EXECUTIVE Y  Y  Y  Y  Y  Y  Y  ANY  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDE	NT	\$ 1,00	00,000
(Mandatory in NH)					02/20/2010	02/20/2020	E.L. DISEASE - EA	EMPLOYEE	<b>Þ</b> ′	00,000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$ 1,00	00,000
DESCRIPTION OF OPERATIONS (1.00 TIONS (1.77)	E8 (100	202.4	04 Additional Demants October	mar- E-	ttoobod if minim		<u> </u>			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	-			may be a	itached if more sp	Jace is required)				
Tree Service – N – More, Inc As Their Interest I	viay App	pear,	see attached Liability COI							
				04115	TIL ATION					
CERTIFICATE HOLDER				CANC	ELLATION					
Condominium Concepts Manaç Brownstone Square	jement,	Inc.		THE	EXPIRATION D	ATE THEREO	SCRIBED POLICI F, NOTICE WILL B Y PROVISIONS.			D BEFORE
869 Powder Springs Road				AUTHO	RIZED REPRESEN	NTATIVE				<u> </u>
Marietta			GA 30008			/				



DATE (MM/DD/YYYY) 03/04/2019

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th	is certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PROI	DUCER				CONTACT Trescha Haley NAME:						
Risk	& Insurance Consultants, Inc				PHONE (A/C, No	(404) 45	59-5975		FAX (A/C, No):	(404)	159-5976
541	Genridge Drive				E-MAIL ADDRES	thalay@ri	skinsuranceco	.com	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (		
					ADDICE		SURER(S) AFFOR	RDING COVERAGE			NAIC #
Atla	nta			GA 30342	INSURE	Tooksolo	gy Insurance				42376
INSU	RED				INSURE	RB:					
	A & M Outdoor Solutions, LLC				INSURE						
	139 N River Dr				INSURE						
					INSURE						
	Woodstock			GA 30188	INSURER F:						
CO	/ERAGES CEF	TIFIC	ATE	NUMBER: CL192131800				REVISION NUM	IBER:		
IN CE	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT ICLUSIONS AND CONDITIONS OF SUCH PO	IREME AIN, T	NT, TE HE INS	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRA POLICI	ACT OR OTHER IES DESCRIBEI	R DOCUMENT \ D HEREIN IS S	WITH RESPECT TO	O WHICH T	HIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY					(,==,,	(······	EACH OCCURRENG	CE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$	
								MED EXP (Any one		\$	
								PERSONAL & ADV		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	
	PRO- JECT LOC							PRODUCTS - COM		\$	
	OTHER:								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe		\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE .	\$	
	AUTOS ONLY							(Fer accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	OL.	\$	
	DED RETENTION \$	1						ACCINECTIE		\$	
	WORKERS COMPENSATION							➤ PER STATUTE	OTH- ER	Ψ	
١.	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE			TABOA4040500 00		00/00/0040	00/00/0000	E.L. EACH ACCIDE	•	<sub>\$</sub> 1,00	0,000
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. DISEASE - EA I		-	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		-	0,000
										_	
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL				-	-	pace is required)				
Tree	Service-N-More, Inc. As Their Interest Ma	y Appe	ar, se	e attached liability certificate	of insura	ance.					
CEF	TIFICATE HOLDER				CANC	ELLATION					
	David Payne 552 Page Ave NE				THE	EXPIRATION D	DATE THEREOI	SCRIBED POLICI F, NOTICE WILL B Y PROVISIONS.			) BEFORE
					AUTHO	RIZED REPRESEN	NTATIVE				
	Atlanta			GA 30307	Jallana.						



DATE (MM/DD/YYYY) 02/13/2019

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RESIDENCE NAME OF THE PROPERTY OF THE THE POLICY PERSON NUMBER OF THE POLICY PERSON NU	th	is certificate does not confer rights to			cate holder in lieu of such			may require	an endorsemen	i. A state	ineni (	<i>/</i> 11
Risk Simulation   Risk   Risk Simulation   Risk   Risk Simulation   Risk Simulati	PROD	UCER				CONTAC	Trescha H	laley				
SATISTICATE HOLDER  SECRETIFICATE HOLDER  SCHIPPORT HAS THE POLICIO SECRETIFICATE HUMBERS  ARE MOURBOURD SOUTHORS, LLC  ARE MOURBOURD SOUTHORS, LCC  ARE MOURBOURD SOUTHORS, LLC  ARE MOURBOUR	Risk	& Insurance Consultants, Inc					(404) 45	59-5975		FAX	(404) 4	159-5976
MARINER D  A M Outdoor Soutions, LLC 139 N River Dr  Woodstock  GA 30189  COVERAGES  CERTIFICATE NUMBER:  CL1921318008  REVISION NUMBER:  HISUBER D:	5416	Glenridge Drive				I E-MAIL	thalau@ria	skinsuranceco	.com	(2/0, 110).		
NOUNCES   NOUNCE							INS	SURER(S) AFFOR	DING COVERAGE			NAIC#
A M Outdoor Soutions, LLC 139 N River Dr  Woodstock  GA 30188  CERTIFICATE NUMBER: CL1921319008  REVISION NUMBER:  INSURER F:  NUMBER F:  NUMBE	Atlaı	nta			GA 30342	INSURE	RA: Technolo	gy Insurance (	Company			42376
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Flybuilt, LLC  1144 Canton St  ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE												) BEFORE
1144 Canton St  AUTHORIZED REPRESENTATIVE		Flybuilt. LLC										
AUTHORIZED REPRESENTATIVE		•										
Roswell GA 30075						AUTHOR	RIZED REPRESEN	NTATIVE				
		Roswell			GA 30075			/27	Mad	· ·		



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tł	certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRO	DUCER				CONTAC NAME:	CT Trescha H	łaley					
Ris	« & Insurance Consultants, Inc				PHONE (A/C, No	(404) 45	59-5975		FAX (A/C, No):	(404) 4	159-5976	
541	6 Glenridge Drive				E-MAIL ADDRES	thalay@ri	skinsuranceco.	.com	(A, O, 110).			
					ADDICE		SUPERIS) AFFOR	DING COVERAGE			NAIC #	
Atla	nta			GA 30342	INSURE	Tankanla	gy Insurance (				42376	
-	IRED						3,	, , ,				
	A & M Outdoor Solutions, LLC				INSURE							
	139 N River Dr				INSURE							
	133 IN KIVEL DI				INSURE							
	Mandata di			OA 20400	INSURE	RE:						
<u> </u>	Woodstock			GA 30188	INSURE	RF:						
				NUMBER: CL192131800		TO THE INCHE		REVISION NUME		00		
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INSR LTR	TYPE OF INSURANCE	ADDL: INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	5		
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	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	D rrence)	\$		
								MED EXP (Any one p	erson)	\$		
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	POLICY PRO- JECT LOC							PRODUCTS - COMP		\$		
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	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per	person)	\$		
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	EVERGE LIAR							EACH OCCURRENC		\$		
	CLAIMS-MADE	- 1						AGGREGATE	-	\$		
_	DED RETENTION \$ WORKERS COMPENSATION							PER		\$		
	AND EMPLOYERS' LIABILITY Y/N							➤ PER STATUTE	OTH- ER	4.00	0.000	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDEN	Т	Ψ	0,000	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EI		Ψ	0,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$ 1,00	0,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be at	ttached if more sp	pace is required)					
Tre	e Service-N-More, Inc. As Their Interest May	Appea	ar, se	e attached liability certificate	of insura	ance.						
CE	RTIFICATE HOLDER				CANC	ELLATION						
								SCRIBED POLICIE			) BEFORE	
	01							F, NOTICE WILL BE PROVISIONS.	DELIVER	וו ט=		
	Glenwood Park Homeowners As	ssociat	tion.		^~~	J. IDANIOL WII	7 0210					
	1465 Northside Drive, Ste. 128				AUTHO	RIZED REPRESEN	NTATIVE					
								11				
ı	Atlanta			GA 30318			/					



DATE (MM/DD/YYYY) 02/28/2019

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th	is certificate does not confer rights to			cate holder in lieu of such			may require	an endorsemen	i. A State	ineni (	<i>/</i> 11	
PROI	DUCER				CONTAC NAME:	Trescha H	laley					
Risk	& Insurance Consultants, Inc				PHONE (A/C, No	(404) 45	59-5975		FAX (A/C, No):	(404) 4	459-5976	
541	Glenridge Drive				E-MAIL ADDRES	thalau@ria	skinsuranceco	com	(2/0, 140).			
						INS	SURER(S) AFFOR	DING COVERAGE			NAIC#	
Atla	nta			GA 30342	INSURE	RA: Technolo	gy Insurance (	Company			42376	
INSU	RED				INSURE	RB:						
	A & M Outdoor Solutions, LLC				INSURE	RC:					<u> </u>	
	139 N River Dr				INSURE	RD:					<u> </u>	
					INSURE	RE:					<u> </u>	
	Woodstock			GA 30188	INSURE	RF:						
	YERAGES CEF IIS IS TO CERTIFY THAT THE POLICIES OF			NUMBER: CL192131800		TO THE INCHE		REVISION NUME		OD.		
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	E	\$		
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	POLICY JECT LOC							PRODUCTS - COMP/	/OP AGG	\$		
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	ANY AUTO							(Ea accident) BODILY INJURY (Per		\$		
	OWNED SCHEDULED							BODILY INJURY (Per		\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCI	F	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	_	\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							➤ PER STATUTE	OTH- ER			
A	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDEN	т	\$ 1,00	0,000	
l ^`	(Mandatory in NH)	"		7,110,10000 00		02/20/2010	02/20/2020	E.L. DISEASE - EA EI	MPLOYEE	\$ 1,00	0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$ 1,00	0,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	I 01, Additional Remarks Schedule,	may be at	tached if more sp	pace is required)					
Tree	Service-N-More, Inc. As Their Interest Ma	y Appe	ar, se	e attached liability certificate	of insura	ince.						
CEF	TIFICATE HOLDER			-	CANC	ELLATION						
	Jennifer Klein 5012 Carol Lane				THE ACC	EXPIRATION D ORDANCE WIT	ATE THEREON	SCRIBED POLICIE F, NOTICE WILL BE Y PROVISIONS.			) BEFORE	
					AUTHOR	RIZED REPRESEN	NTATIVE					
	Sandy Springs			GA 30327	La flution							



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th	is certificate does not confer rights to	the c	ertifi	cate holder in lieu of such							
PRO	DUCER				CONTAC NAME:	i i e sci ia i	laley				
Risk	& Insurance Consultants, Inc				PHONE (A/C, No	o, Ext): (404) 45	59-5975		FAX (A/C, No):	(404)	459-5976
541	6 Glenridge Drive				E-MAIL ADDRES	thalov@ri	skinsuranceco	com	1 (125) 115/1		
					ADDICE		SURER(S) AFFOR	DING COVERAGE			NAIC#
Atla	nta			GA 30342	INSURE	Tooksolo	gy Insurance (				42376
INSU	RED				INSURE			<u> </u>			
	A & M Outdoor Solutions, LLC				INSURE						
	139 N River Dr				INSURE						
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	Woodstock			GA 30188	INSURE						
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								PERSONAL & ADV I	INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	3ATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	
	OTHER:									\$	
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	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN		\$ 1,00	00,000
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. DISEASE - EA E		-	00,000
	If yes, describe under									φ .	00,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$ /**	
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL						pace is required)				
Tree	Service-N-More, Inc. As Their Interest May	/ Appe	ar, se	e attached liability certificate	of insura	ance.					
CEF	RTIFICATE HOLDER				CANC	ELLATION					
	JM Williams Contractors, Wilco	nsco,	nc		SHO THE	ULD ANY OF T EXPIRATION D	ATE THEREO	SCRIBED POLICIE F, NOTICE WILL B 7 PROVISIONS.			) BEFORE
	.55 1 14111411 114. 01 200				AUTHO	RIZED REPRESEN	NTATIVE				
	Marietta			GA 30067	In Maria						



DATE (MM/DD/YYYY) 02/13/2019

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.

th	is certificate does not confer rights to	the o	ertifi	cate holder in lieu of such		. , ,					
PRO	DUCER				CONTAC NAME:	i i e sci ia i	łaley				
Risk	& Insurance Consultants, Inc				PHONE (A/C, No	o, Ext): (404) 45	59-5975		FAX (A/C, No):	(404)	459-5976
541	6 Glenridge Drive				E-MAIL ADDRES	thalov@ri	skinsuranceco	.com	1 (123) 113/		
					ADDICE		SURFR(S) AFFOR	DING COVERAGE			NAIC#
Atla	nta			GA 30342	INSURE	Tooksolo	gy Insurance (				42376
INSU	RED				INSURE			. ,			
	A & M Outdoor Solutions, LLC										
	139 N River Dr				INSURE						
	133 IN RIVEL DI				INSURE						
	M/s a data al-			GA 30188	INSURE						
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IN CI	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT (CLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, T	NT, TE	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRA POLICI	ACT OR OTHER IES DESCRIBEI	R DOCUMENT \ D HEREIN IS S	WITH RESPECT TO	O WHICH TI	HIS	
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	AND EMPLOYERS' LIABILITY Y/N								ER	1.00	00,000
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDE		Φ .	00,000
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA I	EMPLOYEE	Φ .	
	DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POL	LICY LIMIT	\$ 1,00	00,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
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<u> </u>	THIOATE HOLDER				OAITO	LLLATION					
	Josh Allin 582 St Charles Ave NE				THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICII F, NOTICE WILL B Y PROVISIONS.			) BEFORE
	55_ 5. 5				AUTHO	RIZED REPRESEN	NTATIVE				
	Atlanta			GA 30308	Jallana .						



DATE (MM/DD/YYYY) 02/13/2019

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.

th	is certificate does not confer rights to	the c	ertifi	cate holder in lieu of such		. ,						
PRO	DUCER				CONTA NAME:	i i e sci ia i	Haley					
Risk	& Insurance Consultants, Inc				PHONE (A/C, No	(404) 45	59-5975		FAX (A/C, No):	(404)	459-5976	
541	Genridge Drive				E-MAIL ADDRE	thalay@ri	skinsuranceco	.com	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (			
					ADDICE		SURER(S) AFFOR	RDING COVERAGE			NAIC#	
Atla	nta			GA 30342	INSURE	Tooksolo	gy Insurance				42376	
INSU	RED				INSURE							
	A & M Outdoor Solutions, LLC				INSURE							
	139 N River Dr				INSURE							
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	Woodstock			GA 30188	INSURE							
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Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. DISEASE - EA I		-	0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		-	0,000	
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Tree	Service-N-More, Inc. As Their Interest Ma	y Appe	ar, se	e attached liability certificate	of insura	ance.						
CEF	TIFICATE HOLDER				CANC	ELLATION						
	Judge Jay & Sara Doyle 908 Edgewood Ave NE				THE	EXPIRATION D	DATE THEREOI	SCRIBED POLICI F, NOTICE WILL B Y PROVISIONS.			) BEFORE	
					AUTHO	RIZED REPRESEN	NTATIVE					
	Atlanta			GA 30307			1/2	Mali				



DATE (MM/DD/YYYY) 02/13/2019

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Risk & Insurance Consulants, Inc 9416 Glenridge Drive A & M. Outdoor Solutions, LLC 138 N River Dr  MOURANT A & M. Outdoor Solutions, LLC 139 N River Dr  Mondistance  CERTIFICATE MAJOR GRA 30188  MINURER 1: Technology theusenese Cumpany  A & M. Outdoor Solutions, LLC 139 N River Dr  Mondistance  CERTIFICATE MAJOR GRA 30188  MINURER 1: INSURER 0: INSURE 0: INSURER 0: INSURER 0: INSURE 0: INS						CONTA		łalev				
Adianta G. A. 30342  Alianta G. A. M. Outdoor Solutions, LLC assume the control of the control o						PHONE	(404) 4				(404)	459-5976
MBURED  A & M Outdoor Solutions, LLC  130 N River Dr  Woodstock  CENTIFICATE NUMBER  COVERAGES  CERTIFICATE NUMBER  COVERAGES  CERTIFICATE NUMBER  CENTROLING SOLUTIONS  MSUBER 1:  MSUBER						E-MAIL	tholou@ri		com	(A/C, No):	( ,	
MISURED A M Outdoor Solutions, LLC  A M Outdoor Solutions, LLC  139 N River Dr  Woodstock  GA 30188  COVERAGES  CERTIFICATE NUMBER:  CLOVERAGES  CERTIFICATE NUMBER:  COMMERCE NUMBER  COMMERCE NUMBER  ANDICATED NUMBER  ANDICATED NUMBER  COMMERCE NUMBER  ANDICATED NUMB	" " "					ADDRE	33.					
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A M Outdoor Solutions, LLC 139 N River Dr  Woodstook  GA 30188  REVISION NUMBER:    MURRER 1:   MURRER	INSURE	)							·			
ROUNER D :		A & M Outdoor Solutions, LLC										
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CERTIFICATE HOLDER  Kennedy Contracting, Inc. 2255 Cumberland Parkway SE Bldg 1900, Ste 1915  LL. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - EA EMPLOYEE \$ 1,00	, AN	Y PROPRIETOR/PARTNER/EXECUTIVE			TADC 44040500 00		00/00/0040	00/00/0000		•	\$ 1,00	0,000
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Tree Service – N – More, Inc As Their Interest May Appear, see attached Liability COI  CERTIFICATE HOLDER  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  AUTHORIZED REPRESENTATIVE	If y	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$ 1,00	0,000
Tree Service – N – More, Inc As Their Interest May Appear, see attached Liability COI  CERTIFICATE HOLDER  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  AUTHORIZED REPRESENTATIVE												
Tree Service – N – More, Inc As Their Interest May Appear, see attached Liability COI  CERTIFICATE HOLDER  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  AUTHORIZED REPRESENTATIVE												
Tree Service – N – More, Inc As Their Interest May Appear, see attached Liability COI  CERTIFICATE HOLDER  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  AUTHORIZED REPRESENTATIVE	DESCRIF	PTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)	I		L	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  2255 Cumberland Parkway SE Bldg 1900, Ste 1915  AUTHORIZED REPRESENTATIVE	Tree Se	ervice – N – More, Inc As Their Interest N	lay Ap	pear,	see attached Liability COI							
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  2255 Cumberland Parkway SE Bldg 1900, Ste 1915  AUTHORIZED REPRESENTATIVE				-	•							
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  2255 Cumberland Parkway SE Bldg 1900, Ste 1915  AUTHORIZED REPRESENTATIVE												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  2255 Cumberland Parkway SE Bldg 1900, Ste 1915  AUTHORIZED REPRESENTATIVE												
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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  2255 Cumberland Parkway SE Bldg 1900, Ste 1915  AUTHORIZED REPRESENTATIVE												
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  2255 Cumberland Parkway SE Bldg 1900, Ste 1915  THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE	CERTI	FICATE HOLDER				CANC	ELLATION					
Bldg 1900, Ste 1915		•				THE	EXPIRATION D	ATE THEREOF	F, NOTICE WILL B			D BEFORE
		·				AUTHO	RIZED REPRESEN	NTATIVE				
		•			GA 30339			/	_///			



DATE (MM/DD/YYYY) 02/13/2019

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th	is certificate does not confer rights to			cate holder in lieu of such			may require	an endorsement.	A Staten	ieni c	,,,,
	DUCER				CONTAC NAME:		łaley				
Risk	& Insurance Consultants, Inc				PHONE (A/C, No	(404) 45	59-5975	FA	AX VC, No):	404) 4	59-5976
5410	6 Glenridge Drive				E-MAIL	thalov@rie	skinsuranceco		4/C, NO): \		
					ADDRES	33.					NAIO #
Atla	nta			GA 30342		Tankanla	gy Insurance	Company			NAIC # 42376
INSU				O/1 00042	INSURE	N.A.	gy mourance v	Sompany		-	42070
11430	A & M Outdoor Solutions, LLC				INSURE						
	139 N River Dr				INSURE	RC:					
	139 N RIVELDI				INSURE	RD:					
				2	INSURE	RE:					
	Woodstock			GA 30188	INSURE	RF:					
_				NUMBER: CL192131800				REVISION NUMBE			
	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUI										
	RTIFICATE MAY BE ISSUED OR MAY PERT		,							3	
	CLUSIONS AND CONDITIONS OF SUCH PO				REDUC						
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrer	nce) \$		
								MED EXP (Any one pers			
								PERSONAL & ADV INJU			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OF			
	OTHER:							FRODUCTS - COMF/OF	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIN	MIT \$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per pe	erson) \$		
	OWNED SCHEDULED							BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUB										
	EXCESS LIAB							EACH OCCURRENCE	\$		
	CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							N PFR	OTH-		
	AND EMPLOYERS' LIABILITY Y/N							➤ PER STATUTE	OTH- ER	4.00	0.000
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDENT	\$	4.00	0,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMP		4.00	0,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	LIMIT \$	1,00	0,000
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	-			=	-	pace is required)				
Tree	Service-N-More, Inc. As Their Interest May	y Appe	ear, se	e attached liability certificate of	of insura	ince.					
CEF	TIFICATE HOLDER				CANC	ELLATION					
								SCRIBED POLICIES I			BEFORE
	Linda Van Farara							F, NOTICE WILL BE D Y PROVISIONS.	PELIVEREL	ΙΝ	
	Linda Van Fossen							<del>-</del> -			
	4025 Iron Hill Ln				AUTHO	RIZED REPRESEN	NTATIVE				
							_	11			
l	Woodstock			GA 30189			/		_		



DATE (MM/DD/YYYY) 02/13/2019

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l "	nis certificate does not confer rights to			cate holder in lieu of such			may require	an endorsement. As	tatement	OII
PRO	DUCER				CONTAC NAME:	Trescha H	laley			
Ris	k & Insurance Consultants, Inc				PHONE (A/C, No	(404) 45	59-5975	FAX (A/C, N	(404)	459-5976
541	6 Glenridge Drive				E-MAIL ADDRES	thalau@ria	skinsuranceco		ioj	
					ADDRES		SURFR(S) AFFOR	DING COVERAGE		NAIC#
Atla	ınta			GA 30342	INSURE	T	gy Insurance (			42376
INSU	JRED				INSURE		-	. ,		
	A & M Outdoor Solutions, LLC									
	139 N River Dr				INSURE					
					INSURE					
	Woodstock			GA 30188	INSURE					
		TIFIC	ATE I	NUMBER: CL192131800	INSURE 8	KF:		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES OF			HOMBER.		TO THE INSUE			PERIOD	
	IDICATED. NOTWITHSTANDING ANY REQUI									
	ERTIFICATE MAY BE ISSUED OR MAY PERT							UBJECT TO ALL THE TER	.MS,	
INSR	XCLUSIONS AND CONDITIONS OF SUCH PO	IADDLIS	SUBR		REDUC	POLICY EFF	-AIIVIS. POLICY EXP			
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	L	IMITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
	<u> </u>							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGO		
	OTHER:							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)		
	AUTOS ONLY AUTOS 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 \$							A DED   OTL	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N							➤ PER STATUTE OTHER		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDENT	Ψ .	00,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYI	LL   \$ '	00,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	T \$ 1,00	00,000
l	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	•		·	•		pace is required)			
Tre	e Service-N-More, Inc. As Their Interest May	y Appea	ar, se	e attached liability certificate	of insura	ince.				
CE	RTIFICATE HOLDER				CANC	ELLATION				
								SCRIBED POLICIES BE ( , NOTICE WILL BE DELI\		D BEFORE
	Longo Homes Inc.					ORDANCE WIT		,		
	2451 Cumberland Pkwy									
	Suite 3408				AUTHOR	RIZED REPRESEN	NTATIVE			
	Atlanta			GA 30339			/			
ı	/ wana			O/ \ 00000			/			



DATE (MM/DD/YYYY) 02/13/2019

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	is certificate does not confer rights to						may require	an endorsement. A state	ament c	חנ
PROI	UCER				CONTAC NAME:	CT Trescha H	łaley			
Risk	& Insurance Consultants, Inc				PHONE (A/C, No	(404) 45	59-5975	FAX (A/C, No):	(404) 4	159-5976
5410	6 Glenridge Drive				E-MAIL	thalov@rie	skinsuranceco			
	5				ADDRE	33.		RDING COVERAGE		NAIC #
Atla	nta			GA 30342		Tableada	gy Insurance			42376
INSU					INSURE	IVA.	gy mourance	Company		12070
	A & M Outdoor Solutions, LLC				INSURE					
	139 N River Dr				INSURE					1
	139 N RIVELDI				INSURE	RD:				
	Was dated			0.4.004.00	INSURE	RE:				
	Woodstock			GA 30188	INSURE	RF:				
_				NUMBER: CL1921318008				REVISION NUMBER:		
	IS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU									
	RTIFICATE MAY BE ISSUED OR MAY PERT		,							
	CLUSIONS AND CONDITIONS OF SUCH PO				REDUC					
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:							FRODUCTS - COMP/OF AGG	\$	
	AUTOMOBILE LIABILITY	1						COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident)  BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUB									
	— CCCOR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY  Y/N							➤ PER STATUTE OTH-ER	4.00	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDENT	\$ 1,00	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	Ψ	0,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)			
Tree	Service-N-More, Inc. As Their Interest Ma	y Appe	ear, se	e attached liability certificate of	of insura	ance.				
CFF	TIFICATE HOLDER				CANC	ELLATION				
<u> </u>	THE TOTAL PROPERTY.				071110					
					SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CAN	CELLE	BEFORE
								F, NOTICE WILL BE DELIVER	ED IN	
	Micah Wedemeyer				ACC	OKDANCE WII	IN THE PULIC	Y PROVISIONS.		
	1148 Indale PI SW			<b> </b>	AUTHO	RIZED REPRESEN	NTATIVE			
					701110	WELKESEN		, _		
	Atlanta			GA 30310	In Maria					



DATE (MM/DD/YYYY) 02/13/2019

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tł	is certificate does not confer rights to	the c	ertifi	cate holder in lieu of such		(-)	,,				
PRO	DUCER				CONTAC NAME:	CT Trescha H	łaley				
Ris	& Insurance Consultants, Inc				PHONE (A/C, No	(404) 45	59-5975		FAX (A/C, No):	(404) 4	59-5976
541	6 Glenridge Drive				E-MAIL ADDRES	thalay@ri	skinsuranceco.		(F40, 110).		
					ADDICE		SUPERIS) AFFOR	DING COVERAGE			NAIC #
Atla	nta			GA 30342	INSURE	Tankanla	gy Insurance (				42376
INSL							3,	, ,			
	A & M Outdoor Solutions, LLC				INSURE						
	139 N River Dr				INSURE						
	133 IN KIVEL DI				INSURE						
	Mandata de			OA 20400	INSURE	RE:					
<u> </u>	Woodstock			GA 30188	INSURE	RF:					
				NUMBER: CL192131800		TO THE INCHE		REVISION NUME		20	
	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUI										
	ERTIFICATE MAY BE ISSUED OR MAY PERT		,								
	KCLUSIONS AND CONDITIONS OF SUCH PO				REDUC						
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTEL PREMISES (Ea occurr	orence)	\$	
								MED EXP (Any one pe	erson) :	\$	
								PERSONAL & ADV IN		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		\$ \$	
	PRO- JECT LOC							PRODUCTS - COMP/		\$	
	OTHER:							TROBUCTO COMITY		\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Per	person) !	\$	
	OWNED SCHEDULED							BODILY INJURY (Per	· · · · · ·		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE		\$ \$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$ \$	
-	UMBRELLA LIAB OCCUB									-	
	EXCECCION COCCOR							EACH OCCURRENCE		\$	
	CLAIMS-MADE	-						AGGREGATE		\$	
-	DED   RETENTION \$   WORKERS COMPENSATION							► PER		\$	
	AND EMPLOYERS' LIABILITY Y/N							➤ PER STATUTE	OTH- ER	1.00	0.000
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE Y OFFICER/MEMBER EXCLUDED?	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDENT		4 00	0,000
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EN		Ψ	0,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT S	1,00	0,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be at	ttached if more sp	pace is required)				
Tre	e Service – N – More, Inc As Their Interest N	Иау Ар	pear,	see attached Liability COI							
CEI	RTIFICATE HOLDER				CANC	ELLATION					
								SCRIBED POLICIES			BEFORE
	N							F, NOTICE WILL BE PROVISIONS.	DELIVERE	D IN	
	North Central Area Missions				^~~	CADAMOL WII	IIIL I OLIG				
	4206 North Arnold Mill Road				AUTHO	RIZED REPRESEN	NTATIVE				
								, -			
I	Woodstock			GA 30188	I						



DATE (MM/DD/YYYY) 02/13/2019

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	is certificate does not confer rights to						may require	an endorsement. A stat	ement o	on
PRO	DUCER				CONTAC NAME:	CT Trescha H	laley			
Risk	& Insurance Consultants, Inc				PHONE (A/C, No	(404) 45	59-5975	FAX (A/C, No):	(404)	459-5976
541	6 Glenridge Drive				E-MAIL	thalov@rie	skinsuranceco			
					ADDRES	33.				NAIC #
Atla	nta			GA 30342	INCUE	Tableale	gy Insurance (	RDING COVERAGE Company		NAIC # 42376
INSU				O/1 000 12	INSURE	NA.	gy mourance (	Sompany		12070
INSU					INSURE					
	A & M Outdoor Solutions, LLC				INSURE	RC:				
	139 N River Dr				INSURE	RD:				
					INSURE	RE:				
	Woodstock			GA 30188	INSURE	RF:				
				NUMBER: CL192131800				REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIES OF									
	DICATED.  NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT		,							
	CLUSIONS AND CONDITIONS OF SUCH PO	DLICIE	S. LIM	ITS SHOWN MAY HAVE BEEN		ED BY PAID CL	_AIMS.		,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	92 11110 1111122							MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	OFAUL ACCRECATE LIMIT ADDITION DED.									
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	s	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED								\$	
	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 \$							1050	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-		
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDENT	\$ 1,00	0,000
^`	(Mandatory in NH)					02/20/20:0	02/20/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,00	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000
									ĺ	
									1	
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be at	ttached if more sp	pace is required)			
Tree	Service-N-More, Inc. As Their Interest May	у Арре	ar, se	e attached liability certificate	of insura	ance.				
<u></u>	TIFICATE LIQUEDED				04110	CLI ATION				
CEI	RTIFICATE HOLDER				CANC	ELLATION				
					SHO	UI D ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CAN	ICELLE	BEFORE
					THE	EXPIRATION D	ATE THEREO	, NOTICE WILL BE DELIVER		<u>_</u>
	Orion Design + Build Inc				ACC	ORDANCE WIT	H THE POLICY	PROVISIONS.		
	827 Fairways Court									
	Suite 110				AUTHO	RIZED REPRESEN	NTATIVE			
	Stockbridge			GA 30281			/	Marie		
ı					I		1	-JULIETE-E		



DATE (MM/DD/YYYY) 02/13/2019

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	s certificate does not confer rights to	the c	ertifi	cate holder in lieu of such							
PROD	UCER				CONTA NAME:	i i e sci ia i	łaley				
Risk	& Insurance Consultants, Inc				PHONE (A/C, No	o, Ext): (404) 45	59-5975		FAX (A/C, No):	(404)	459-5976
5416	Glenridge Drive				E-MAIL ADDRE	thalov@ri	skinsuranceco	.com			
							SURER(S) AFFOR	RDING COVERAGE			NAIC#
Atlan	ta			GA 30342	INSURE	Toohnolo	ogy Insurance				42376
INSUF	ED				INSURE						
	A & M Outdoor Solutions, LLC				INSURE						
	139 N River Dr				INSURE						
	Woodstock			GA 30188	INSURE						
		TIFIC	ATE		INSURE ณ	R F :		DEVISION NUM	IDED.		
	S IS TO CERTIFY THAT THE POLICIES OF			TO IN BEILL		TO THE INCLU		REVISION NUM		IOD	
INE CE	DICATED. NOTWITHSTANDING ANY REQUIRENT OF MAY PERTICULATE MAY BE ISSUED OR MAY PERTICULATIONS AND CONDITIONS OF SUCH PO	REME AIN, TI	NT, TE HE INS	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTR. E POLIC	ACT OR OTHER IES DESCRIBEI	R DOCUMENT \ D HEREIN IS S	WITH RESPECT TO	O WHICH T	HIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(IVIIVI/DD/TTTT)	(WIWI/DD/TTTT)	EACH OCCUBBENG			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTI PREMISES (Ea occu	ED	\$	
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV I	INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	GATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE	\$	
	NOTOS GNEI							(* 5. 5.5.5)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENG	CE	\$	-
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	-	\$	
	DED RETENTION \$									\$	-
	WORKERS COMPENSATION							➤ PER STATUTE	OTH- ER	Ψ	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN	•	<sub>\$</sub> 1,00	00,000
A	MAY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  Mandatory in NH)	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. DISEASE - EA E		7	00,000
	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$ 1,00	00,000
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POL	LICT LIMIT	Φ ′	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
Tree	Service-N-More, Inc. As Their Interest May	Appe	ar, se	e attached liability certificate	of insura	ance.					
				•							
l											
	TIFICATE HOLDER				CANC	PELL ATION					
CER	TIFICATE HOLDER				CANC	ELLATION					
	Robert Long Construction LLC 5592 Lavender Farms Rd				ACC	EXPIRATION D CORDANCE WIT	PATE THEREOI	SCRIBED POLICIE F, NOTICE WILL B Y PROVISIONS.			D BEFORE
					AUTHO	RIZED REPRESEN	NTATIVE				
	Powder Springs			GA 30127			1/2	Mad	-		



DATE (MM/DD/YYYY) 02/13/2019

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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

l "i	is certificate does not confer rights to			cate holder in lieu of such			may require	an endorsement. A	Statement	OII
PRO	DUCER				CONTAC NAME:	Trescha H	laley			
Risł	& Insurance Consultants, Inc				PHONE (A/C, No	(404) 45	59-5975	FAX (A/C,	No): (404)	459-5976
541	6 Glenridge Drive				E-MAIL ADDRES	thalau@ria	skinsuranceco		NO).	
					ADDRES		SURFR(S) AFFOR	DING COVERAGE		NAIC#
Atla	nta			GA 30342	INSURE	T I I.	gy Insurance (			42376
INSU	RED				INSURE		-			
	A & M Outdoor Solutions, LLC									
	139 N River Dr				INSURE					
					INSURE					
	Woodstock			GA 30188	INSURE					
		TIEIC	ATE I	NUMBER: CL192131800	INSURE 8	KF:		REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIES OF			HOMBER.		TO THE INSUE				
	DICATED. NOTWITHSTANDING ANY REQUI									
	ERTIFICATE MAY BE ISSUED OR MAY PERT							UBJECT TO ALL THE TE	RMS,	
INSR	CCLUSIONS AND CONDITIONS OF SUCH PO	ADDL	SUBR		REDUC	POLICY EFF	-AIIVIS. POLICY EXP			
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADEOCCUR							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AC		
	OTHER:							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person	·	
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accide PROPERTY DAMAGE	·	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							A DED   OT	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							→ PER STATUTE OT ER	[H-	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDENT	φ .	0,000
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLO	ILL   Ø	0,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIN	иIT   \$ 1,00	0,000
<u> </u>		L								
l	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	•		,	•	•	pace is required)			
Tree	Service-N-More, Inc. As Their Interest May	/ Appe	ar, se	e attached liability certificate (	of insura	nce.				
CE	RTIFICATE HOLDER				CANCELLATION					
					0110		UE ADOVE DE	00DIDED DOLLOISO DE	041105115	DEFORE
								SCRIBED POLICIES BE F, NOTICE WILL BE DEL		BEFUKE
	Sentry Management, Inc.					ORDANCE WIT				
	5901 Peachtree Dunwoody Rd.									
	Ste B-525				AUTHOR	RIZED REPRESEN	NTATIVE			
	Atlanta		GA 30328							



DATE (MM/DD/YYYY) 02/13/2019

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th	s certificate does not confer rights to	the c	ertifi	cate holder in lieu of such	endor	sement(s).	,,					
PROD	UCER				CONTACT Trescha Haley							
Risk	& Insurance Consultants, Inc				PHONE (A/C, No	(404) 45	59-5975		FAX (A/C, No):	(404) 4	159-5976	
5416	Glenridge Drive				E-MAIL ADDRES	thalov@rie	skinsuranceco	com	(140, 140).			
					ADDICE		SUPERIS) AFFOR	DING COVERAGE			NAIC #	
Atlar	nta			GA 30342	INSURE	Tableale	gy Insurance (				42376	
INSUI					INSURER B:							
	A & M Outdoor Solutions, LLC											
	139 N River Dr				INSURE							
	103 N NIVEL DI				INSURER D :							
	Woodstock			GA 30188	INSURER E :							
				0	INSURER F:							
	YERAGES CER IS IS TO CERTIFY THAT THE POLICIES OF			NUMBER: CL192131800		TO THE INCLI		REVISION NUME		OD.		
	DICATED. NOTWITHSTANDING ANY REQUI											
	RTIFICATE MAY BE ISSUED OR MAY PERT		,									
	CLUSIONS AND CONDITIONS OF SUCH PC				REDUC							
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	E	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTER PREMISES (Ea occurrent	rrence)	\$		
								MED EXP (Any one pe	erson)	\$		
								PERSONAL & ADV IN	JURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/		\$	-	
	OTHER:							111020010 0011117	- 1	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE I	LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per	person)	\$		
	OWNED SCHEDULED								BODILY INJURY (Per accident) \$			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE				
	AUTOS ONLY AUTOS ONLY						(Per accident)			\$		
	UMBRELLA LIAB OCCUP	-								-		
	- EXCESS LIAB - CCCOR							EACH OCCURRENCE		\$		
	CLAIMS-MADE	1						AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER		\$		
	AND EMPLOYERS' LIABILITY Y/N							➤ PER STATUTE	OTH- ER	4.00	0.000	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDENT	<u>T</u>	φ .	0,000	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EN		φ	0,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$ 1,00	0,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
Tree	Service-N-More, Inc. As Their Interest May	/ Appe	ar, se	e attached liability certificate	of insura	ance.						
CER	TIFICATE HOLDER				CANCELLATION							
								SCRIBED POLICIES			) BEFORE	
						EXPIRATION D ORDANCE WIT		F, NOTICE WILL BE PROVISIONS.	DELIVER	ED IN		
	Sheena Hobbs		^00	CADAMOL WII	1 0110							
						RIZED REPRESEN		,				
1	Woodstock			GA 30189	/_///_·							



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	is certificate does not confer rights to			may require	an endorsement. A stat	ement o	on					
PRO	DUCER				CONTACT Trescha Haley							
Risl	& Insurance Consultants, Inc				PHONE (A/C, No	(404) 45	59-5975	FAX (A/C, No):	(404)	459-5976		
541	6 Glenridge Drive				E-MAIL	thalov@rie	skinsuranceco			-		
					ADDRES	33.				NAIC#		
Atla	nta			GA 30342	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Technology Insurance Company 42376							
INSU				O/1 000 12	INSURER A. 57							
INSU					INSURER B:							
	A & M Outdoor Solutions, LLC				INSURE	RC:						
	139 N River Dr				INSURER D:							
					INSURER E :							
	Woodstock			GA 30188	INSURE	RF:						
				NUMBER: CL192131800				REVISION NUMBER:				
	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU											
	ERTIFICATE MAY BE ISSUED OR MAY PERT		,									
	CCLUSIONS AND CONDITIONS OF SUCH PO				REDUC							
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	PRO-							PRODUCTS - COMP/OP AGG	\$			
	POLICY JECT LOC OTHER:							FRODUCTS - COMPTOF AGG	\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$			
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED				BODILY INJURY (Per accident) \$							
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUB									_		
	H							EACH OCCURRENCE	\$			
	CLAIMS-IMADE	-						AGGREGATE	\$			
-	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$			
	AND EMPLOYERS' LIABILITY Y/N							PER STATUTE OTH-	4.00	20.000		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDENT	4 00	00,000		
	(Mandatory in NH) If yes, describe under	'						E.L. DISEASE - EA EMPLOYEE	4 00	00,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	00,000		
l	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	•		•	may be at	ttached if more sp	pace is required)					
Tree	e Service – N – More, Inc As Their Interest I	May A	opear,	see attached Liability COI								
CEI	RTIFICATE HOLDER				CANCELLATION							
								SCRIBED POLICIES BE CAN		) BEFORE		
	0.111.0							F, NOTICE WILL BE DELIVER Y PROVISIONS.	ED IN			
	Solid Source Realty GA											
	Philip Klinkenberg			AUTHOR	RIZED REPRESEN	NTATIVE						
	2171 Melante Drive NE											
	Atlanta			GA 30324	La Maria							



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l "i	is certificate does not confer rights to			cate holder in lieu of such			may require	an endorsement. As	tatement	OII		
PRO	DUCER				CONTACT Trescha Haley							
Ris	& Insurance Consultants, Inc				PHONE (A/C, No	(404) 45	59-5975	FAX (A/C, N	(404)	459-5976		
541	6 Glenridge Drive				E-MAIL ADDRES	thalau @ ric	skinsuranceco		10).			
					ADDRES		SURFR(S) AFFOR	DING COVERAGE		NAIC#		
Atla	nta			GA 30342	INSURE	T	gy Insurance (			42376		
INSL	RED				INSURE		-	. ,				
	A & M Outdoor Solutions, LLC				INSURE							
	139 N River Dr				INSURE							
					INSURER E :							
	Woodstock			GA 30188								
$\Box$		TIFIC	ΔTF	NUMBER: CL192131800	INSURER F :							
	HIS IS TO CERTIFY THAT THE POLICIES OF				ISSUED	TO THE INSUF			PERIOD			
I۱	DICATED. NOTWITHSTANDING ANY REQUI	REMEN	NT, TE	ERM OR CONDITION OF ANY	CONTRA	ACT OR OTHER	R DOCUMENT \	WITH RESPECT TO WHIC	H THIS			
	ERTIFICATE MAY BE ISSUED OR MAY PERT. KCLUSIONS AND CONDITIONS OF SUCH PC							UBJECT TO ALL THE TER	MS,			
INSR	TYPE OF INSURANCE	IADDLIS	SUBR		INLDUC	POLICY EFF	POLICY EXP		.IMITS			
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)					
								EACH OCCURRENCE DAMAGE TO RENTED	\$			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY JECT LOC							PRODUCTS - COMP/OP AG				
	OTHER:							COMBINED SINGLE LIMIT	\$			
	ANYAUTO						(Ea accident)					
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)				
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accider PROPERTY DAMAGE	(8111105			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION							A DED   OTL	\$			
	AND EMPLOYERS' LIABILITY Y/N							➤ PER STATUTE OTHER		20.000		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE Y	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDENT	φ .	00,000		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOY	LL   9 ·	00,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	IT \$ 1,00	00,000		
l	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	•		•	•	•	pace is required)					
l ire	e Service-N-More, Inc. As Their Interest May	/ Appea	ar, se	e attached liability certificate	or insura	ince.						
CE	RTIFICATE HOLDER				CANCELLATION							
							DOVE DE			D DEFENDE		
								SCRIBED POLICIES BE ( F, NOTICE WILL BE DELI)		D RELOKE		
	TAH Operations, LLC						PROVISIONS.					
	ATTN: Construction AP											
	PO BOX 15086				AUTHORIZED REPRESENTATIVE							
	Santa Ana			CA 92735			/					
	*						/					



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th	is certificate does not confer rights to	the o	certifi	cate holder in lieu of such								
PRO	UCER				CONTA NAME:	i i e sci i a i i	łaley					
Risk	& Insurance Consultants, Inc				PHONE (A/C, No	o, Ext): (404) 45	59-5975	i i	FAX (A/C, No):	(404)	459-5976	
5410	Glenridge Drive				E-MAIL ADDRE	thalov@rie	skinsuranceco		,, -,			
					7,55,1,2		SURFR(S) AFFOR	RDING COVERAGE			NAIC#	
Atla	nta			GA 30342	INSURE	Tabbala	gy Insurance				42376	
INSU	RED				INSURER B:							
	A & M Outdoor Solutions, LLC											
	139 N River Dr				INSURE							
	.00				INSURE							
	Woodstock			GA 30188	INSURER E:							
		TIFIC	• ATE	0	INSURER F :							
	YERAGES CERTIFY THAT THE POLICIES OF			ITOINBEIT.		TO THE INCLI				OD		
IN CE	DICATED. NOTWITHSTANDING ANY REQUIRTIFICATE MAY BE ISSUED OR MAY PERTICUSIONS AND CONDITIONS OF SUCH PO	IREME AIN, T	ENT, TE HE INS	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRA E POLIC	ACT OR OTHER IES DESCRIBEI	R DOCUMENT \ D HEREIN IS S	WITH RESPECT TO V	WHICH TH			
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	-	
	COMMERCIAL GENERAL LIABILITY	IIII	1111			(MINITED) 1 1 1 1	(MINI/DD/11111)	EACH OCCURRENCE	:	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre		\$		
	CEANIO-WADE CCCCIX							MED EXP (Any one per		\$		
								PERSONAL & ADV INJ		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT		\$		
	PRO-							PRODUCTS - COMP/C		\$		
	OTHER:							PRODUCTS - COMP/C		\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI	IMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per p	person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per a		\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUB									-		
	- EXCESS LIAB							EACH OCCURRENCE		\$		
	CLAIMS-IMADE							AGGREGATE		\$		
	DED   RETENTION \$ WORKERS COMPENSATION							➤ PER STATUTE	OTH- ER	\$		
	AND EMPLOYERS' LIABILITY Y/N							_ ·		. 1.00	00,000	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDENT		4.00	00,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EM		\$ 1,00		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$ 1,00	0,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
Tree	Service-N-More, Inc. As Their Interest May	у Арре	ear, se	e attached liability certificate	of insura	ance.						
CEF	TIFICATE HOLDER				CANC	ELLATION						
								SCRIBED POLICIES F, NOTICE WILL BE I			D BEFORE	
	Taras Landscape Consulting, L	LC			ACC	ORDANCE WIT	TH THE POLICY	Y PROVISIONS.				
	2470 Kingscliff Dr NE											
					AUTHO	RIZED REPRESEN	NTATIVE					
	Atlanta			GA 30345	1 /2 // 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /							



DATE (MM/DD/YYYY) 02/13/2019

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	is certificate does not confer rights to						may require	an endorsement. A stat	ement o	on		
PROI	DUCER				CONTACT Trescha Haley							
Risk	& Insurance Consultants, Inc				PHONE (A/C, No	(404) 45	59-5975	FAX (A/C, No):	(404)	459-5976		
541	6 Glenridge Drive				E-MAIL	thalov@rie	skinsuranceco			-		
					ADDRE	33.						
Atla	nta			GA 30342		T	gy Insurance (	Company		NAIC # 42376		
INSU				O/1 000 12	INSURE	IVA.	gy mourance v	Sompany		12070		
	A & M Outdoor Solutions, LLC				INSURE							
	139 N River Dr				INSURE							
	139 IN RIVEL DI				INSURE					<del>                                     </del>		
	Woodstock			CA 20400	INSURER E :							
				GA 30188	INSURE	RF:						
_				NUMBER: CL192131800		TO THE INCHE		REVISION NUMBER:	100			
l .	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU											
	ERTIFICATE MAY BE ISSUED OR MAY PERT		,									
	CLUSIONS AND CONDITIONS OF SUCH PO				REDUC							
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO					BODILY INJURY (Per person)	\$					
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	-		
	HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)				
	AUTOS ONLY AUTOS ONLY							(Fel accident)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$							AGGREGATE	\$	-		
	WORKERS COMPENSATION							➤ PER OTH-ER	•	-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								<sub>\$</sub> 1,00	0.000		
Α	OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDENT	4.00	0,000		
	If ves. describe under							E.L. DISEASE - EA EMPLOYEE	\$ 1,00 \$ 1,00			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00			
									l			
									l			
DEC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	FC (A)	2000 4	Od. Additional Demonto Cabadula								
		•		,	•	•	bace is required)					
Hee	Service-N-More, Inc. As Their Interest Ma	y Appe	ear, se	e attached liability certificate t	Ji irisura	ince.						
CEF	TIFICATE HOLDER				CANCELLATION							
								SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER		) BEFORE		
	Tricon American Homes and Ro	elated	Affiliat	ed Compan				PROVISIONS.				
	P.O. BOX 15086		αι	- · · · · · · · · · · · · · · · · · · ·								
					AUTHO	RIZED REPRESEN	NTATIVE					
	Santa Ana			CA 92735	/ //							
	Jania And			OA 32133	Ja Maria							



DATE (MM/DD/YYYY) 02/13/2019

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	SUBROGATION IS WAIVED, Subject to is certificate does not confer rights to						may require	an endorsement. A stat	ement	n		
PROI	DUCER				CONTACT Trescha Haley							
Risk	& Insurance Consultants, Inc				PHONE (A/C, No	(404) 45	59-5975	FAX (A/C, No):	(404) 4	159-5976		
541	6 Glenridge Drive				E-MAIL	thalov@rie	skinsuranceco					
	<b>G</b>				ADDRE	33.				NAIC #		
Atla	nta			GA 30342	INSURE	Tankanla	gy Insurance (	RDING COVERAGE Company		42376		
INSU						IVA.	9,					
	A & M Outdoor Solutions, LLC				INSURE							
	139 N River Dr				INSURE							
	133 N River Di				INSURER D:							
	Woodstock			GA 30188	INSURER E :							
CO1		TIFIC	ATE	21 122 1212	INSURE	RF:		DEVICION NUMBER.				
_	/ERAGES CER IIS IS TO CERTIFY THAT THE POLICIES OF I			ITO III DEITI		TO THE INSUE		REVISION NUMBER:	IOD			
l .	DICATED. NOTWITHSTANDING ANY REQUI											
	ERTIFICATE MAY BE ISSUED OR MAY PERTA							UBJECT TO ALL THE TERMS	,			
INSR	CCLUSIONS AND CONDITIONS OF SUCH PC		S. LIM		REDUC	ED BY PAID CL	-AIMS. POLICY EXP					
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:							COMPINIED OINIOLE LIMIT	\$			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$				
	ANY AUTO							BODILY INJURY (Per person)				
	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							➤ PER OTH-ER				
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDENT	\$ 1,00	0,000		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	φ .	0,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
Tree	Service – N – More, Inc As There Interest I	May A	ppear	, see attached Liability COI								
CEF	TIFICATE HOLDER				CANC	ELLATION						
								SCRIBED POLICIES BE CAN		) BEFORE		
	TRL Construction				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	6755 Peachtree Industrial Blvd											
	0700 Feachtiee Huustilai Divu				AUTHO	RIZED REPRESEN	NTATIVE					
	Doravillo			GA 30360	/ //:							
	Doraville			GA 30300	for Maria							



DATE (MM/DD/YYYY) 02/13/2019

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	SUBROGATION IS WAIVED, Subject to is certificate does not confer rights to						may require	an endorsement. A stat	ement d	n		
PROI	DUCER				CONTACT Trescha Haley							
Risk	& Insurance Consultants, Inc				PHONE (A/C, No	(404) 45	59-5975	FAX (A/C, No):	(404) 4	159-5976		
541	6 Glenridge Drive				E-MAIL ADDRES	thalov@rie	skinsuranceco					
	S				ADDRES	33.		RDING COVERAGE		NAIC #		
Atla	nta			GA 30342	INSURE	T	gy Insurance (			42376		
INSU					INSURE	IVA.	3,	,				
	A & M Outdoor Solutions, LLC											
	139 N River Dr				INSURE							
	Woodstock			GA 30188	INSURER E :							
COV		TIFIC	ΔTF	NUMBER: CL1921318008	INSURE 8	KF:		REVISION NUMBER:				
_	IIS IS TO CERTIFY THAT THE POLICIES OF			TO III DE IT.		TO THE INSUF			IOD			
IN	DICATED. NOTWITHSTANDING ANY REQUI	REME	NT, TE	ERM OR CONDITION OF ANY (	CONTRA	ACT OR OTHER	R DOCUMENT \	WITH RESPECT TO WHICH T	HIS			
	ERTIFICATE MAY BE ISSUED OR MAY PERTA CCLUSIONS AND CONDITIONS OF SUCH PC							UBJECT TO ALL THE TERMS	,			
INSR	TYPE OF INSURANCE	ADDL	SUBR		KLDOC	POLICY EFF	POLICY EXP	LIMIT				
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)					
								EACH OCCURRENCE DAMAGE TO RENTED	\$			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$			
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED							BODILY INJURY (Per accident)				
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUB							EAGU GOOLIDDENGE	-			
	-va-aa							EACH OCCURRENCE	\$			
	CLAIIVIS-IVIADE							AGGREGATE	\$			
	DED   RETENTION \$ WORKERS COMPENSATION							➤ PER STATUTE OTH-	\$			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								<sub>\$</sub> 1,00	0.000		
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDENT	•	0,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT	\$ 1,00			
	DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POLICY LIMIT	<b>\$</b> '			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be at	ttached if more sp	pace is required)					
Tree	Service-N-More, Inc. As Their Interest May	Appe	ar, se	e attached liability certificate	of insura	ance.						
				•								
CEF	RTIFICATE HOLDER				CANC	ELLATION						
<u> </u>	THE TOTAL THE LEGAL TO THE TOTAL THE				07.110							
								SCRIBED POLICIES BE CAN		) BEFORE		
	Todden at the Dorth							F, NOTICE WILL BE DELIVER Y PROVISIONS.	ED IN			
	•	TruHaven Homes Realty					ACCORDANCE WITH THE POLICY PROVISIONS.					
	2295 Parklake Dr., Suite 464					RIZED REPRESEN	NTATIVE					
				0	/ //							
	Atlanta	GA 30345				La Maria						



DATE (MM/DD/YYYY) 02/13/2019

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this	certificate does not confer rights to	the c	ertifi	cate holder in lieu of such								
PRODU	CER				CONTACT Trescha Haley							
Risk &	Insurance Consultants, Inc				PHONE (A/C, No	o. Ext): (404) 45	59-5975		FAX (A/C, No):	(404)	459-5976	
5416 0	Glenridge Drive				E-MAIL ADDRE	thalov@rie	skinsuranceco	.com	, , , , ,			
							SURER(S) AFFOR	RDING COVERAGE			NAIC#	
Atlanta	a .			GA 30342	INSURE	Taabaala	gy Insurance				42376	
INSURE	D				INSURER B:							
	A & M Outdoor Solutions, LLC				INSURER C :							
	139 N River Dr											
	100 11 11101 21				INSURE						-	
	Woodstock			GA 30188	INSURER E :							
		TIFIO	ATE		INSURE	RF:			IDED.			
				TO IN BEILL		TO THE INCLU		REVISION NUM		IOD		
INDI CER	CATED. NOTWITHSTANDING ANY REQUI	REMEI AIN, TH	NT, TE HE INS	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	EN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, FEN REDILICED BY PAID CLAIMS							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(WIW/DD/TTTT)	(IVIIVI/DUTTTT)	EACH OCCUBBENG				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTI PREMISES (Ea occu	ED	\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV I	INJURY	\$		
G	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$		
	OTHER:									\$		
А	UTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe	er accident)	\$		
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE .	\$		
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	^=	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	ŲL.	\$		
		-						AGGREGATE			-	
w	DED   RETENTION \$ ORKERS COMPENSATION							➤ PER STATUTE	OTH-	\$		
	ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE							_ ·	ÉR	\$ 1,00	00,000	
A OI	FFICER/MEMBER EXCLUDED?	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDEN		4.00	00,000	
Ìf :	landatory in NH) yes, describe under							E.L. DISEASE - EA E		\$ 1,00 \$ 1,00	,	
DI	ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$ 1,00		
DESCRI	PTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)	•				
Tree S	ervice-N-More, Inc. As Their Interest May	Appe	ar, se	e attached liability certificate	of insura	ance.						
	IFICATE LIGI DED				04110	TI LATION						
CERT	IFICATE HOLDER				CANC	ELLATION						
	Urban Eco Construction, LLC 245 N Highland Ave				THE	<b>EXPIRATION D</b>	ATE THEREO	SCRIBED POLICIE F, NOTICE WILL B Y PROVISIONS.			D BEFORE	
	Suite 230- 367				AUTHO	RIZED REPRESEN	NTATIVE					
[	Atlanta			GA 30307	Ja flage							
ı				2 3000.	5A 30307							



DATE (MM/DD/YYYY) 02/13/2019

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tł	is certificate does not confer rights to	the o	ertifi	cate holder in lieu of such		. ,						
PRO	DUCER				CONTACT Trescha Haley NAME:							
Ris	& Insurance Consultants, Inc				PHONE (A/C, No	o. Ext): (404) 45	59-5975		FAX (A/C, No):	(404) 4	459-5976	
541	6 Glenridge Drive				E-MAIL ADDRE	thalay@rid	skinsuranceco	.com	1 ( / - /			
							SURER(S) AFFOR	RDING COVERAGE			NAIC#	
Atla	nta			GA 30342	INSURE	Tankanla	gy Insurance				42376	
INSL	RED				INSURER B:							
	A & M Outdoor Solutions, LLC				INSURER C :							
	139 N River Dr											
	100 N NIVOI DI				INSURE							
	Woodstock			GA 30188	INSURER E :							
<u> </u>					INSURER F:							
				NUMBER: CL192131800				REVISION NUM		100		
C IV	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT KCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, T	NT, TE	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTR. E POLIC	ACT OR OTHER IES DESCRIBEI	R DOCUMENT \ D HEREIN IS S	WITH RESPECT TO	O WHICH T	HIS		
INSR LTR		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICI NOMBER		(IVIIVI/DD/TTTT)	(ואואו/טט/זזזז)	EACH OCCUPPEN				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTI PREMISES (Ea occu	ED	\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV I	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe		\$		
	OWNED SCHEDULED							BODILY INJURY (Pe	er accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED NON-OWNED							PROPERTY DAMAG (Per accident)	GE .	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE.	\$		
	EVOCESCIAR								CE			
	CLAIIVIS-IVIADE	1						AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION							➤ PER STATUTE	OTH- ER	\$		
	AND EMPLOYERS' LIABILITY Y/N								•	. 1.00	0,000	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. EACH ACCIDEN		4.00	0,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E		4.00	0,000	
_	DESCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POL	LICY LIMIT	\$ 1,00	0,000	
l	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL				-	-	pace is required)	l				
''e	e Service-N-More, Inc. As Their Interest Ma	Appe	ai, se	e attached hability certificate	บา แารนโล	ance.						
CE	RTIFICATE HOLDER				CANCELLATION							
	W & C Investments, LLC			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						) BEFORE		
					AUTHORIZED REPRESENTATIVE							
					12 Malia							



DATE (MM/DD/YYYY) 03/04/2019

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.

th	s certificate does not confer rights to	the c	ertifi	cate holder in lieu of such		. , ,						
PROD	UCER				CONTAC NAME:	i i e sci ia i	Haley					
Risk	& Insurance Consultants, Inc				PHONE (A/C, No, Ext): (404) 459-5975 FAX (A/C, No): (404) 459-5976						159-5976	
5416	Glenridge Drive				E-MAIL ADDRES	thalov@ri	skinsuranceco	.com	( , , , , , , , , , , , , , , , , , , ,			
					ADDICE		SURER(S) AFFOR	DING COVERAGE			NAIC#	
Atlar	ıta			GA 30342	INSURE	Tooksolo	gy Insurance (				42376	
INSU	RED				INSURE			<u> </u>				
	A & M Outdoor Solutions, LLC				INSURER C :							
	139 N River Dr				INSURER D :							
					INSURER E :							
	Woodstock			GA 30188								
CO1		TIFIC	ATE		INSURE ถ	RF:		DEVISION NUM	IDED.			
_	ERAGES CER IS IS TO CERTIFY THAT THE POLICIES OF			.tombert.		TO THE INSUE		REVISION NUM		IOD		
INI CE	DICATED. NOTWITHSTANDING ANY REQUIRTIFICATE MAY BE ISSUED OR MAY PERTICUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TI	NT, TE HE INS	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRA POLICI	ACT OR OTHER IES DESCRIBEI	R DOCUMENT \ D HEREIN IS S	WITH RESPECT TO	O WHICH T	HIS		
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(WIW/DD/1111)	(WIWI/DD/1111)	EACH OCCURRENCE		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
ANY AUTO								BODILY INJURY (Pe	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe	er accident)	\$		
İ	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE .	\$		
	AGTOG GIVE!							(1 01 000000000000000000000000000000000		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENG	CF.	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	-	\$		
•	DED RETENTION \$	1						/ COREO/IIE		\$		
	WORKERS COMPENSATION							➤ PER STATUTE	OTH- ER	Ψ		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	'	<sub>\$</sub> 1,00	00,000	
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		TARGA1010569-00		02/28/2019	02/28/2020	E.L. DISEASE - EA I		-	00,000	
	If yes, describe under									φ .	00,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIIVII I	\$ /		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
Tree	Service-N-More, Inc. As Their Interest May	/ Appe	ar, se	e attached liability certificate of	of insura	ance.						
CER	TIFICATE HOLDER				CANC	ELLATION						
	Walton Communities			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	2181 Newmarket Pkwy. SE				AUTHO	RIZED REPRESEN	NTATIVE					
	Marietta			GA 30067	James de la companya della companya de la companya de la companya della companya							