

## CERTIFICATE OF LIABILITY INSURANCE

JLAWRENCE

DATE (MM/DD/YYYY) 1/28/2025

**ALPITRE-01** 

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |                 | holder in lieu of such endorsement(s).                 | tement on                           |  |  |
|--|-----------------|--|-------------------------------------|--|--|
| PRODUCER Phoenix Insurance Group, Inc. 205 Main Street Chester, NJ 07930   |                 | CONTACT Debbie Seretis                                 | CONTACT Debbie Seretis              |  |  |
|  |                 | PHONE (A/C, No, Ext): (908) 879-1421 FAX (A/C, No):    | FAX<br>(A/C, No):                   |  |  |
|  |                 | E-MAIL ADDRESS: dseretis@phxins.net                    | E-MAIL ADDRESS: dseretis@phxins.net |  |  |
|  |                 | INSURER(S) AFFORDING COVERAGE                          | NAIC #                              |  |  |
|  |                 | INSURER A : Greenwich Insurance Company                | 22322                               |  |  |
| INSURED  Alpine Tree Service Inc. 46 Twin Brooks Trail Chester, NJ 07930   |                 | INSURER B : New Jersey Manufacturers Group - NJM       | 12122                               |  |  |
|  |                 | INSURER C: Westchester Surplus Lines Insurance Company | 10030                               |  |  |
|  |                 | INSURER D :  |                                     |  |  |
|  |                 | INSURER E :  |                                     |  |  |
|  |                 | INSURER F:   |                                     |  |  |
| COVERAGES  | CERTIFICATE NUM | IBER: 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 THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM |                 |  |                                     |  |  |
| EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.   |                 |  |                                     |  |  |
| INSR   | ADDI SUBR       | POLICY EFE POLICY EXP                                  |                                     |  |  |

TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD WVD (MM/DD/YYYY) (MM/DD/YYYY) 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 300,000 CLAIMS-MADE | X | OCCUR 1/28/2025 9/15/2025 NPC-1008579-01A 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY X PRO-2,000,000 PRODUCTS - COMP/OP AGG \$ OTHER \$ COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** 9/15/2025 Χ 1/28/2025 ANY AUTO 1103327276 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 1,000,000 Χ X **UMBRELLA LIAB** OCCUR EACH OCCURRENCE NEC-7000529-00 1/28/2025 9/15/2025 1,000,000 **EXCESS LIAB CLAIMS-MADE** AGGREGATE 0 DED | X | RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 103834-9-24 11/4/2024 11/4/2025 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT Ν N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT G70973492 003 1/22/2026 1,000,000 **Pollution Liability** 1/22/2024 Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Tree Services provided

| CERTIFICATE HOLDER         | CANCELLATION   |
|----------------------------|--|
| ****PROOF OF INSURANCE**** | 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  |