CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).													
CONTACT													
Hiscox Inc.							NAME: PHONE FAX (A/C, No, Ext): (888) 202-3007						
520 Madison Avenue							E-MAIL ADDRESS: contact@hiscox.com						
32nd Floor New York, New York 10022							INSURER(S) AFFORDING COVERAGE NAIC #						
							INSURER A : Hiscox Insurance Company Inc				10200		
INSURED							INSURER B :						
TOMAS HERNANDEZ TREE SERVICES LLC							INSURER C :						
210 W Culpeper St							INSURER D :						
Culpeper, VA 22701							INSURER E :						
							INSURER F :						
CO	/ER	AGES	CE	RTIFI	CATE	E NUMBER:	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.													
INSR LTR		TYPE OF I	ISURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	Х	COMMERCIAL GE								EACH OCCURRENCE \$,000,000		
		CLAIMS-MAD	E X OCCUR							PREMISES (Ea occurrence) \$	100,000		
				_		D400 040 040 0		40/44/0000	40/44/0000	() : : : :) +	5,000		
A				_		P100.649.942.2		10/11/2022	10/11/2023	PERSONAL & ADV INJURY \$,000,000		
	-										2,000,000		
	Х	POLICY PR									6/T Gen. Agg.		
		OTHER:								COMBINED SINGLE LIMIT			
	AUI	OMOBILE LIABILIT	Y							(Ea accident)			
		ANY AUTO ALL OWNED	SCHEDULED							BODILY INJURY (Per person) \$			
		AUTOS	AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$			
		HIRED AUTOS	AUTOS							(Per accident) \$			
<u> </u>		UMBRELLA LIAB		_									
		EXCESS LIAB	OCCUR CLAIMS-MA							EACH OCCURRENCE \$ AGGREGATE \$			
										AGGREGATE \$			
DED RETENTION \$ WORKERS COMPENSATION									PER OTH-				
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE									E.L. EACH ACCIDENT \$				
1	OFFI	CER/MEMBER EXCL	UDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$			
	If yes	s, describe under CRIPTION OF OPEF	ATIONS below							E.L. DISEASE - POLICY LIMIT \$			
DESC	RIPT	ION OF OPERATIO	NS / LOCATIONS / VEH	ICLES (ACORE	0 101, Additional Remarks Schedu	ile, mav h	e attached if more	e space is requir	ed)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
CEF	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													
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