ACORD

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

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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).													
PRO	DUCE	R					CONTACT NAME: Aaron Weber						
AB Capital Group, LLC								PHONE (A/C, No, Ext): (813) 262-0059 FAX (A/C, No): (813) 282-4646					
20537 Amberfield Drive							E-MAIL ADDRESS: tracey.tinsley@aleragroup.com						
							INSURER(S) AFFORDING COVERAGE					NAIC #	
Land o Lakes FL 34638							INSURER A : ATLANTIC CAS INS CO					42846	
INSURED							INSURER B: PROGRESSIVE EXPRESS					10193	
ABC 1-2 TREE & LANDSCAPING LLC dba United Tree Alliance												35246	
2901 32nd Ave N							INSURE						
							INSURER E :						
		St Petersbur	g			FL 33713	INSURE	RF:					
СО	VER	AGES	CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD													
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.													
INSR LTR		TYPE OF INSUF	RANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	X	COMMERCIAL GENER			]					EACH OCCURRENCE	\$ 1,0	00,000	
		CLAIMS-MADE	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000	
										MED EXP (Any one person)	\$ 5,0	00	
Α						L196002058	11	11/01/2024	11/01/2025	PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:		APPLIES PER:							GENERAL AGGREGATE	\$ 2,0	2,000,000	
	X	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$ 2,0	00,000	
		OTHER:	HER:								\$		
	AUT									COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000		
	ANY AUTO								BODILY INJURY (Per person)	) \$			
B OWNED AUTOS ONLY		OWNED AUTOS ONLY	SCHEDULED AUTOS			979593266	04/0	04/05/2024	04/05/2025	BODILY INJURY (Per accident)	cident) \$		
	Х	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
											\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTIO	ON \$								\$		
		WORKERS COMPENSATION						06/01/2025	X PER OTH- STATUTE ER				
	ANY	ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEBRE FXCLUDED? N N/A 46-889813-02-07		46 000010 00 07		06/01/2024	E.L. EACH ACCIDENT		\$ 1,0	00,000			
	(Mandatory in NH)		D? N	N/ A		46-889813-02-07		06/01/2024	00/01/2025	E.L. DISEASE - EA EMPLOYEE	E - EA EMPLOYEE \$ 1,000,000		
	If yes	s, describe under CRIPTION OF OPERATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,0	00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
l													
CE	RTIF	ICATE HOLDER					CAN	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.					LIVERED IN	
		For Informati	ion Purposes Or	ily									
							AUTHORIZED REPRESENTATIVE						

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