

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2020

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.

	SUBROGATION IS WAIVED, subject t is certificate does not confer rights to							uire an endorsement. A	statemer	it on	
	DUCER		JUI 11	III III III II II II II II II II	CONTACT Monica Lashinski						
SunSolutions Insurance						PHONE (A/C, No, Ext): 3526202389 (A/C, No):					
3327 E Silver Springs Blvd						PHONE (A/C, No, Ext): 3526202389 E-MAIL ADDRESS: customerservice@sunsolutionsins.com					
002	T E Silver Springe Erva				ADDRES					NAIC #	
Ocala FL 34470						INSURER(S) AFFORDING COVERAGE INSURER A: Ategrity Specialty Insurance Compnay				16427	
INSURED						INSURER B:				10127	
On Budget Tree Service						INSURER C:					
11100 SW 93RD COURT RD					INSURER D:						
THOO SW 75KD COOK! KD				<u> </u>		INSURER E :					
OCALA				FL 34481-5187	INSURER F:						
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:						
				EN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD							
IN CI	IDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER KCLUSIONS AND CONDITIONS OF SUCH P	JIREN TAIN,	IENT, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON THE PO	ITRACT OR OT DLICIES DESCE DUCED BY PAI	THER DOCUME RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	IICH THIS		
INSR LTR	INSR LTR TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S		
	COMMERCIAL GENERAL LIABILITY					, , ,		EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	\$	100,000	
								,	\$	5,000	
A				01-C-PK-P20010448-0		10/16/2020	10/16/2021	` ' ' '	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO								\$		
	OWNED SCHEDULED AUTOS ONLY							` '	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								'	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$	İ							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT	\$ •		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Sched	lule, may	be attached if m	ore space is requ	uired)			
CERTIFICATE HOLDER						CANCELLATION					
Re/Max Premier, Inc						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1910 SW 18th Court, Bldg 100						AUTHORIZED REPRESENTATIVE Monica Lashinski					
, Ocala FL 34471						According to the control of the cont					