

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/16/25

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).

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PRODUCER CONTACT NAME:										
G DEMARIO INSURANCE AGENCY INC						PHONE (A/C, No, Ext): 315-637-0284 FAX (A/C, No): 315-637-0822				
222 HIGHBRIDGE ST						E-MAIL ADDRESS: tammy.chace@american-national.com				
FAYETTEVILLE, NY 13066						INSURER(S) AFFORDING COVERAGE				NAIC#
					INSURER A: FARM FAMILY CASUALTY INSURANCE CO				13803	
INSURED					INSURER B:					
RICK TURK TREE SERVICE INC					INSURER C:					
8333 NEW FLOYD RD					INSURER D:					
				INSURER E :						
ROME			NY 13440			INSURER F:				
CO	VERAGES 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										
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIM	TS	
Α	X COMMERCIAL GENERAL LIABILITY	Y	Y	3101X2675		4/25/25	4/25/26	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X BLANKET ADDL INS							MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY		Y	3133C1638		4/25/25	4/25/26	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO			LUDED LIAO DUNOJOA				BODILY INJURY (Per person)	\$	
	X OWNED X SCHEDULED AUTOS NON-OWNED			HIRED HAS PHYSICA DAMAGE \$1000 DED				BODILY INJURY (Per accident	t) \$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			DAMAGE \$1000 DEL	ا ا			PROPERTY DAMAGE (Per accident)	\$	
	X 1000 COMP X 1000 COLL								\$	
Α	X UMBRELLA LIAB X OCCUR	Y	Y	3101E1770		4/25/25	4/25/26	EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			WOS APPLIES				AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	11/2						E.L. DISEASE - EA EMPLOYE	E \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	INLAND MARINE	N	N	3101X2675		4/25/25	4/25/26	CONTRACTORS EC	≬UIPMI	ENT
	NO HIRED COVERAGE	A	Α					COVERAGE		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (A	CORD	101, Additional Remarks Schedu	ile, may be	e attached if more	e space is require	ed)		

CERTIFICATE HOLDER	CANCELLATION					
PROOF OF INS	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					
	GREGORY DEMAF They D. D. MC					

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