

EXTRTRE-01

MSNYDER

DATE (MM/DD/YYYY) 5/1/2023

CERTIFICATE OF LIABILITY INSURANCE

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.

t	his c	BROGATION IS WAIVED, subject ertificate does not confer rights to				uch end	lorsement(s)		require an end	aorsemen	it. A S	tatement on	
PRODUCER DeForest Group - Partner Business 120 Wood Road Kingston, NY 12401							CONTACT NAME: PHONE (9.45) 220 2444 FAX (9.45) 240 0007						
							PHONE (A/C, No, Ext): (845) 339-2114 FAX (A/C, No): (845) 340-0087 E-MAIL ADDRESS:						
KIII	ysio	II, NT 12401											
							INSURER(S) AFFORDING COVERAGE INSURER A : Mesa Underwriter Specialty Ins Co					NAIC#	
INSURED							INSURER B:						
		Extreme Tree & Landscape					INSURER C :						
		Blue Peter Inc dba 8300 Baker Rd					INSURER D:						
		West Bloomfield, NY 14585				INSURER E :							
		•				INSURER F:							
CC	VER	RAGES CER	TIFI	CATE	E NUMBER:				REVISION NU	MBER:		·	
li C	NDIC/ ERTI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR .LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT W SED HEREIN IS S	ITH RESPE	ECT TO	WHICH THIS	
INSF LTR				SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			MP003100600037004		3/25/2023	3/25/2024	EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea oc	NCE TED	\$	1,000,000 100,000	
									MED EXP (Any one person)		\$	50,000	
									PERSONAL & AD\	/ INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGRE	GATE	\$	2,000,000	
		POLICY PRO- OTHER:							PRODUCTS - COM	MP/OP AGG	\$	Included	
	AUTOMOBILE LIABILITY								COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO								BODILY INJURY (F	Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY								BODILY INJURY (F	Per accident)	\$		
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	AGE	\$		
											\$		
		UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
		DED RETENTION \$							DED	ОТИ	\$		
	AND	RKERS COMPENSATION DEMPLOYERS' LIABILITY Y / N							PER STATUTE	OTH- ER			
	ANY OFF	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	ENT	\$		
		OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		\$		
	DÉS	CRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$		
DES PRO	GCRIPT DOF (TION OF OPERATIONS / LOCATIONS / VEHIC OF INSURANCE ONLY	LES (ACORE	U 101, Additional Remarks Schedu	ule, may b	e attached if mor	e space is requi	red)				
CE	RTIF	FICATE 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.						
							RIZED REPRESE						