							OP ID: SS					
ACORD	ERT	IFICATE OF LIA	BILITY INS	SURAN	CE		MM/DD/YYYY) /07/2022					
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).												
PRODUCER 336-232-0224			CONTACT Sarabeth Spivey									
Southeastern Agency Group,Inc. 1501 Highwoods Blvd., St # 402			NAME: FAX PHONE 336-232-0224 FAX (A/C, No, Ext): 336-232-0224 S36-21				18-7487					
Greensboro, NC 27410 Jeff Chandler			E-MAIL ADDRESS: sbspivey@sagnc.com									
			INSURER(S) AFFORDING COVERAGE				NAIC #					
							31895					
INSURED Integrity Tree Care, Inc.			INSURER B : West Bend Mutual Insurance				15350					
5304 Carol Ave Indian Trail, NC 28079			INSURER C :									
			INSURER D :									
	INSURER E :											
	INSURER F :											
		TE 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 TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s						
B X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		A985329		10/15/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 100,000					
					MED EXP (Any one person)	\$	5,000					
					PERSONAL & ADV INJURY	\$	1,000,000					
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000					
POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000					
OTHER:						\$						
B AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000					
ANY AUTO		A985329	10/15/2022	10/15/2023	BODILY INJURY (Per person)	\$						
OWNED AUTOS ONLY X SCHEDULED					BODILY INJURY (Per accident)	\$						
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$						
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$						
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$						
DED RETENTION \$						\$						
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER							
	N / A	AVWCNC3126862022	10/15/2022	10/15/2023	E.L. EACH ACCIDENT	\$	1,000,000					
(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000					
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC		RD 101. Additional Remarks Schedu	le, may be attached if mor	re space is requir	ed)	1						
	LEG (A00)	no ivi, Additional nemarka ochedu	ie, may be attached if mo	ie space is requi	eu							
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.											
SAMPLE CERTIFICATE FOR BIDDING PURPOSES ONLY. PLEASE CONTACT INSURED FOR UPDATED CERTIFICAT WITH CORRECT CERTIFICATE HOLDER INFORMATION.												
						AUTHORIZED REPRESE	NTATIVE					
						Jeff Chandler						