

# CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
08/23/2022

**PRODUCER AND THE NAMED INSURED**  
North America Chemical Users and Applicators Association, Inc. Inc., A Risk Retention Purchasing Group qualified under the Risk Retention Act of 1986; Federal Law 97-45.  
P.O. Box 469  
Sandy, UT 84091-0469  
800-433-6162

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.**

### INSURERS AFFORDING COVERAGE

**INSURED**  
Life Tree Services, LLC  
  
2660 Millersport Hwy  
Getzville, NY 14068

INSURER A: NOTICE: Coverage is being provided as part of a Master Group Policy issued to members of the North America Chemical Users and Applicators Association, Inc.  
INSURER B:  
INSURER C: , a Risk Retention 'Purchasing Group' authorized under the Risk Retention Act of 1986: Federal Law 97-45.  
INSURER D:

**"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"**

Prime Insurance Company

### COVERAGES

The policies of insurance listed below have been issued to the insured named above for the policy 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. Aggregate limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<b>GENERAL LIABILITY</b> COMMERCIAL GENERAL LIABILITY  <input checked="" type="checkbox"/> <b>Claims Made</b> <input checked="" type="checkbox"/> <b>Exclude Products</b> <input checked="" type="checkbox"/> <b>Exclude Completed Operations</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	LSC4436-22080016	08/27/2022	08/27/2023	EACH OCCURRENCE	\$ <b>\$500,000.00</b>
				FIRE DAMAGE (Any one fire)	\$ <b>N/A</b>
				MED EXP (Any one person)	\$ <b>N/A</b>
				PERSONAL ADV INJURY	\$ <b>N/A</b>
				GENERAL AGGREGATE	\$ <b>\$1,000,000.00</b>
				PRODUCTS - COMP/OP AG	\$ <b></b>
				Per Person	\$ <b>\$0.00</b>
<b>AUTO LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> DRIVE AWAY				ANNUAL AGGREGATE	\$ <b>\$0.00</b>
				BODILY INJURY (Per Person)	\$ <b>\$0.00</b>
				BODILY INJURY (Per Accident)	\$ <b>\$0.00</b>
				PROPERTY DAMAGE (Per Accident)	\$ <b>\$0.00</b>
				PER PERSON	\$ <b>\$0.00</b>
<b>GARAGE LIABILITY/MANUSCRIPT FORM SCHEDULE AUTO</b> <input type="checkbox"/> G.K.L.L. <input type="checkbox"/> O.T.R.P.D. <input type="checkbox"/> D.O.C. <input type="checkbox"/> CARGO <input type="checkbox"/> ON HOOK <input type="checkbox"/> CONTRACTUAL LIABILITY IN <input type="checkbox"/> WRONGFUL REPOSSESSION				PER ACCIDENT	\$ <b>\$0.00</b>
				AGGREGATE	\$ <b>\$0.00</b>
				PROPERTY DAMAGE	\$ <b>\$0.00</b>
				PER PERSON	\$ <b>\$0.00</b>
<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> RETENTION    \$				EACH OCCURRENCE	\$ <b>\$0</b>
				AGGREGATE	\$ <b>\$0</b>

**LIMITATION OF COVERAGE FOR ADDITIONAL INSURED**

**DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
Coverage is limited to only insured activities or operations on the Participant Member Declaration Certificate or as may be separately endorsed. Brush & Lot Clearing, Bobcat - Backhoe Source Reduction., Tree Removal., Tree Trimming.

**CERTIFICATE HOLDER**     **ADDITIONAL INSURED**     **LOSS PAYEE**

For Proof Of Insurance Only  
  
  
  
  
Fax Number:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
