

CERTIFICATE OF LIABILITY INSURANCE

JOEST-1

OP ID: LE

DATE (MM/DD/YYYY)

05/09/2014

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 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).

C	ertificate holder in lieu of such endors				4013011	ioni. 71 Stat	ionioni on th	is continuate .	3003 1101 0	011101	ignis to the	
	DUCER	CONTACT Amy Hagood										
AGAI - Alabama 2301 Hwy 190 West DeRidder, LA 70634 Ernest M Tims						PHONE (A/C, No, Ext): 866-395-2424 FAX (A/C, No, Ext): 800-618-2034						
						E-MAIL ADDRESS: agai@amerisafe.com						
						INSURER(S) AFFORDING COVERAGE						
				I	INSURER	A:Americ	an Interstat	te Ins. Co.			31895	
INSURED Joe's Professional Tree						INSURER B:						
	Service, Inc. 925 Mockingbird Lane			П	INSURER C:							
	Leeds, AL 35094			П	INSURER	D:						
	,			П	INSURER	E:						
		I	INSURER F:									
				NUMBER:				REVISION N				
IN CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	QUIRE PERTA	MEI IN,	NT, TERM OR CONDITION O THE INSURANCE AFFORDEI	OF ANY D BY T BEEN RI	CONTRACT HE POLICIE EDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT W D HEREIN IS S	ITH RESPE	ст то	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL S			(POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY				,			EACH OCCURRE		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO REI PREMISES (Ea o		\$		
								MED EXP (Any or		\$		
								PERSONAL & AD	V INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGR	EGATE	\$		
	POLICY PRO- LOC							PRODUCTS - CC	MP/OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	SLE LIMIT	\$		
	ANY AUTO							BODILY INJURY	(Per person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY		\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAM (Per accident)	AGE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRE	ENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION							V PFR	L OTH-	\$		
	AND EMPLOYERS' LIABILITY	N/A		AVWCAL2291742014	05	05/06/2014	05/06/2015	X PER STATUTE	OTH- ER		4 000 000	
Α	OT TOUR WINDLESS EXCEODED:			AVVVCALZZ31/4Z014				E.L. EACH ACCI		\$	1,000,000 1,000,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - E		\$	1,000,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - P	OLICY LIMIT	\$	1,000,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD	 101. Additional Remarks Schedule.	. mav be	attached if mor	e space is requir	ed)				
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CEI	RTIFICATE HOLDER			(CANCI	ELLATION						
				INFO1								
	INFORMATION ONLY				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
				 	AUTHORI	ZED REPRESE	NTATIVE					
					/	· P	ر کر	/				