

ZERESAN-01



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/28/2024

STWOOD

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.

	is certificate does not confer rights to							require an endorsemen	t. AS	tatement on							
PRODUCER Insur-West, Inc PO BOX 977 Farmington, UT 84025						CONTACT NAME:											
						PHONE (A/C, No, Ext): (801) 451-8300 FAX (A/C, No): (801) 451-8318											
						E-MAIL ADDRESS:											
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #							
					INSURE	R A : Wester	n World Ins	surance Company									
INSURED Zerek Sanchez / Alpine Arborist LLC 8469 Cottonwood Trail Rd Park City, UT 84098						INSURER B:											
						INSURER C:											
						INSURER D:											
						INSURER E :											
						INSURER F:											
				E NUMBER:				REVISION NUMBER:									
	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RE																
С	ERTIFICATE MAY BE ISSUED OR MAY	PER ¹	TAIN,	THE INSURANCE AFFORI	DED BY	THE POLICE	IES DESCRIB	ED HEREIN IS SUBJECT T									
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN INSR ADDL SUBR ADDL SUBR ADDL SUBR					DOLICY EEE DOLICY EYP												
A		ADDL SUBR INSD WVD		POLICY NUMBER		(MM/DD/YYYY) (MM/DD/YYY) LIMITS		1,000,000							
^	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			NDDOOGGOO		0/04/0004	0/04/0005	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000							
	CLAIMS-MADE X OCCUR			NPP6025689		2/24/2024	2/24/2025		\$	5,000							
								MED EXP (Any one person)	\$	1,000,000							
								PERSONAL & ADV INJURY	\$	2,000,000							
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000							
								PRODUCTS - COMP/OP AGG	\$								
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$								
	ANY AUTO							(Ea accident)	\$								
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per person)	\$								
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$								
	AUTOS ONLY AUTOS ONLY							(Fer accident)	\$								
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$								
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$								
	DED RETENTION\$							7.00.1120.112	\$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	_								
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$								
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$								
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$								
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORE) 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)									
					0.000												
Proof of Insurance						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. AUTHORIZED REPRESENTATIVE											