



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/07/2017

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).

|  |  |   |  |
|--|--|---|--|
| <b>PRODUCER</b><br>AAIC<br>PO BOX 2670<br><br>CATOOSA OK 74015                       |  | <b>CONTACT NAME:</b> JIM M STOUT<br><b>PHONE (A/C, No, Ext):</b> 918 794 3800 <b>FAX (A/C, No):</b> 800 792 3949<br><b>E-MAIL ADDRESS:</b> stoutassoc@yahoo.com                                   |  |
| <b>INSURED</b><br>CEHAND TREE SERVICES<br>2009 ANGUS DR<br><br>BROKEN ARROW OK 74014 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> AIC-Accident Insurance Company<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |

**COVERAGES**

CERTIFICATE 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 LTR | TYPE OF INSURANCE   | ADDITIONAL SUBROGATION |     | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|----------|---|------------------------|-----|----------------|-------------------------|-------------------------|---|--------------|
|          |   | INSO                   | WVD |                |                         |                         |   |              |
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  | X                      | Y   | CPP 0019052 02 | 05/16/2017              | 05/16/2018              | EACH OCCURRENCE                           | \$ 1,000,000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  |                        |     |                |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000   |
|          |   |                        |     |                |                         |                         | MED EXP (Any one person)                  | \$ 5,000     |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |                        |     |                |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|          |   |                        |     |                |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|          |   |                        |     |                |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b>   |                        |     |                |                         |                         |   | \$           |
|          | <input type="checkbox"/> ANY AUTO   |                        |     |                |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$           |
|          | <input type="checkbox"/> OWNED AUTOS ONLY   |                        |     |                |                         |                         | BODILY INJURY (Per person)                | \$           |
|          | <input type="checkbox"/> HIRED AUTOS ONLY   |                        |     |                |                         |                         | BODILY INJURY (Per accident)              | \$           |
|          | <input type="checkbox"/> SCHEDULED AUTOS  |                        |     |                |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|          | <input type="checkbox"/> NON-OWNED AUTOS ONLY   |                        |     |                |                         |                         |   | \$           |
|          | <b>UMBRELLA LIAB</b>  |                        |     |                |                         |                         | EACH OCCURRENCE                           | \$           |
|          | <input type="checkbox"/> EXCESS LIAB  |                        |     |                |                         |                         | AGGREGATE                                 | \$           |
|          | <input type="checkbox"/> OCCUR  |                        |     |                |                         |                         |   | \$           |
|          | <input type="checkbox"/> CLAIMS-MADE  |                        |     |                |                         |                         |   | \$           |
|          | DED   |                        |     |                |                         |                         |   | \$           |
|          | RETENTION \$  |                        |     |                |                         |                         |   | \$           |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |                        |     |                |                         |                         | PER STATUTE                               |              |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   |                        |     |                |                         |                         | OTHER                                     |              |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below  |                        |     |                |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|          |   |                        |     |                |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|          |   |                        |     |                |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

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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

JIM M STOUT