

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID: CK CROSST1 DATE (MM/DD/YYYY) 04/22/09


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| PRODUCER HUMBERT INSURANCE AGENCY, LTD. 188 INDUSTRIAL DRIVE STE #430 ELMHURST IL 60126 Phone: 630-279-8300 | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| INSURED Crosstown Tree Service 404096 4607 N Wolcott Ave Chicago IL 60640 | | INSURERS AFFORDING COVERAGE | NAIC # |
| | | INSURER A: Nest Bend Mutual Ins Co | |
| | | INSURER B: Nest Bend Mutual Ins Co | 15350 |
| | | INSURER C: Travelers Ins Co | |
| | | INSURER D: | |
| | | INSURER E: | |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| FORM ADD'L LTR BURD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | | |
|---------------------|--|-----------------------------------|------------------------------------|-------------------------------------|--|---|-------------------------------------|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | NSD0670876 RENEWAL OF SAME | 04/29/08 04/29/09 | 04/29/09 04/26/10 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$11,000,000 | |
| | | | | | MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPROP AGG | \$100,000 \$5,000 \$1,000,000 \$2,000,000 \$2,000,000 | |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | CPD0677601 RENEWAL OF SAME | 04/29/08 04/29/09 | 04/29/09 04/29/10 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 | |
| | | | | | BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | \$ \$ \$ | |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | NO COVERAGE | | | AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY EA-ACC AGG | \$ \$ | |
| | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | NO COVERAGE | | | EACH OCCURRENCE AGGREGATE | \$ \$ \$ \$ | |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | 6KUB9922A48504 | 04/29/08 | 04/29/09 | <input type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER | E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT | \$500,000 \$500,000 \$500,000 |
| | OTHER | NO COVERAGE | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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| CERTIFICATE HOLDER To obtain a certificate in your name, dated, signed & validated by authorized representative contact Humbert Insurance 630-279-8300-209 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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  |
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