

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/10/2023

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).										
PRODUCER CONTACT NAME:										
PAYCHEX INSURANCE AGENCY INC					NAME: PHONE (A/C, No, Ext): (877) 362-6785 (A/C, No): (877) 677-0447					
225 KENNETH DR					E-MAIL					
ROCHESTER, NY 14623					ADDRESS: paychex@travelers.com INSURER(S) AFFORDING COVERAGE NAIC #				NAIC #	
(877) 362-6785					INSURER A : TRAVELERS CASUALTY AND SURETY COMPANY				NAIC #	
INSURED					INSURER B :					
NEIGHBORHOOD LAWN CARE LLC					INSURER C :					
1132 ROCKBRIDGE RD										
STONE MOUNTAIN, GA 30087										
					INSURER E :					
CO	VERAGES CEI	RTIFI	CATI	ENUMBER: 863363503	3431031	ŀ	REVISION NUMBER:		1	
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       IADDLI SUBR       POLICY EFF       POLICY EXP										
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	8		
	COMMERCIAL GENERAL LIABILITY							\$		
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$		
								\$		
	OTHER:							\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO						BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY HIRED						BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$			
	EXCESS LIAB         CLAIMS-MADE           DED         RETENTION \$						AGGREGATE	\$		
								\$		
А	WORKERS COMPENSATION	N/A		UB-6N517432-23	05/01/2023	05/01/2024	X PER OTH-			
- •	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE							\$ <u>1,</u> 0	00,000	
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$1,0	00,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,0	00,000	
								_		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI BORROWER: WOOD ESTATES PROPERTIES LL				e, may be attached if r	nore space is required	d)			
0										
CERTIFICATE HOLDER					CANCELLATION					
US SMALL BUSINESS ADMINISTRATION C/O FLORIDA BUSINESS DEVELOPMENT CORP. 1715 N WESTSHORE BLVD. SUITE #780					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
TAMPA, FL 33607					AUTHORIZED REPRESENTATIVE hishald mulligan					
	I									
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