

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/24/2022

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: FAX PHONE FAX (A/C, No, Ext): (877) 362-6785 (A/C, No): (877) 677-0447			
225 KENNETH DR					E-MAIL ADDRESS: paychex@travelers.com			
ROCHESTER, NY 14623 (877) 362-6785					ADDRESS: payenex	INSURER(S) AFFOR		NAIC #
(017) 502-0705					INSURER A : TRAVELERS CASUALTY AND SURETY COMPANY			
INSURED					INSURER B :			
NEIGHBORHOOD LAWN CARE LLC					INSURER C :			
1132 ROCKBRIDGE RD					INSURER D :			
STONE MOUNTAIN, GA 30087					INSURER E :			
-								
	/===				INSURER F :			
COVERAGES CERTIFICATE NUMBER: 99861704219						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 IADDL SUBR POLICY EFF POLICY EXP								
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	6
	COMMERCIAL GENERAL LIABILITY							\$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								\$
							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 SCHEDULED AUTOS NON-OWNED							\$
	AUTOS ONLY AUTOS ONLY						(i or doordonty	\$
								\$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE	\$
	DED RETENTION \$							\$
								\$
А	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		UB-6N517432-22	05/01/2022	05/01/2023	X PER OTH- STATUTE ER	
-	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$1,000,000
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
CERTIFICATE HOLDER 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			
					mishal & mulligan			
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