



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/04/2016

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 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 Lincoln Insurance and Bonding Group 9176 S 300 W Suite 4 Sandy, UT 84070 License #: 419460	CONTACT NAME: Sarah Crystal Anderson PHONE (A/C, No, Ext): 801-601-3101 E-MAIL ADDRESS: sarah@lincins.com FAX (A/C, No): 801-601-3120
INSURED ERICKSON TREE LLC DBA ARBOR WORKS 5664 ST. CHARLES PLACE SALT LAKE CITY, UT 84121	INSURER(S) AFFORDING COVERAGE INSURER A : Cincinnati Specialty Underwriters INSURER B : The Cincinnati Insurance Companies INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES**CERTIFICATE NUMBER: 00000000-324560****REVISION NUMBER: 56**

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CSU0039464	07/09/2016	07/09/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ENP0151368	07/13/2016	07/13/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp&Coll Ded \$ 1000
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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**

For Information Only

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

(SCA)

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION - OPERATIONS AND COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART SCHEDULE

Name of Additional Insured Person(s) or Organization(s):
AMC, LLCc/o Registry Monitoring Insurance Services, Inc. 5703 Corsa Avenue, 1st Floor Westlake Village, CA 91362

A. SECTION II - WHO IS AN INSURED is amended to include as an additional insured any person or organization shown in the Schedule, but only with respect to "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions in the performance of your ongoing operations for the additional insured;
2. The acts or omissions of those acting on your behalf in the performance of your ongoing operations for the additional insured; or
3. "Your work" performed for the additional insured and includes in the "products-completed operations hazard."

If not specified otherwise in a written contract or agreement, a person's or organization's status as an additional insured under this endorsement ends one year after your operations for that additional insured are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to

render, any professional architectural, engineering or surveying services, including:

- a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
 - b. Supervisory, inspection, architectural or engineering activities
2. "Bodily Injury" or "property damage" arising out of "your work" for which a consolidated (wrap-up) insurance program has been provided by the prime contractor / project manager or owner of the construction project in which you are involved.
 3. "Bodily injury", "property damage" or "personal and advertising injury" to any employee of you or to any obligation of the additional insured to indemnify another because of damages arising out of such injury.
 4. "Bodily injury", "property damage" or "personal and advertising injury" for which the Named Insured is afforded no coverage under this policy of insurance.

C. With respect to the insurance afforded to these additional insureds, **SECTION III - LIMITS OF INSURANCE** is amended to include:

The limits applicable to the additional insured are those specified in the written contract or agreement or in the Declarations of this Coverage Part, whichever is less. If no limits are specified in the written contract or agreement, the limits applicable to the additional insured are those specified in the Declarations of this Coverage Part. The limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.

- D. With respect to the insurance afforded to these additional insureds, **SECTION IV - COMMERCIAL GENERAL LIABILITY**

CONDITIONS. 4. Other Insurance is amended to include:

Any coverage provided herein will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless you have agreed in a written contract or written agreement executed prior to any loss that this insurance will be primary. This insurance will be noncontributory only if you have so agreed in a written contract or written agreement executed prior to any loss and this coverage is determined to be primary.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

AMC, LLCc/o Registry Monitoring Insurance Services, Inc. 5703 Corsa Avenue, 1st Floor, Westlake Village, CA 91362

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV - Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

The Cincinnati Specialty Underwriters Insurance Company

A Stock Insurance Company

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141

Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496

www.cinfin.com ■ 513-870-2000

COMMON POLICY DECLARATIONS

POLICY NUMBER: CSU0039464

PREVIOUS POLICY NUMBER: CSU0039464

NAMED INSURED AND MAILING ADDRESS:

Erickson Tree LLC

Refer to Named Insured Schedule CSIA409

1721 S 700 E

SALT LAKE CITY UT 84105

PRODUCER - Your contact for matters pertaining to this policy: 43-047

Lincoln Insurance Group, LLC

2028 Fort Union Blvd Ste 200

Salt Lake City UT 84121-3189

Broker: 410615

CSU Producer Resources, Inc.

6200 South Gilmore Road

Fairfield, OH 45014-5141

Scott Hintze

Policy Period: From 07/09/2013 To 07/09/2014 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

Form of Business:

☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☒ Limited Liability Company ☐ Other

Business Description: Tree Trimmer

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PARTS	PREMIUM
DEPOSIT PREMIUM	
Commercial General Liability	\$ 2,461.00
Terrorism Risk Insurance Extension Act	\$ 37.00
TOTAL POLICY PREMIUM	\$ 2,498.00
CANCELLATION MINIMUM EARNED PREMIUM IS 25.0% OF TOTAL POLICY PREMIUM.	
Surplus Lines Taxes	\$ 106.17
Stamping Fee	\$ 3.75
Other Taxes or Fees	N/A
TOTAL	\$ 2,607.92

Premium is subject to annual audit: ☒ Yes ☐ No

NOTICE TO POLICYHOLDER:

The insurer issuing this policy does not hold a certificate of authority to do business in this state and thus is not fully subject to regulation by the Utah insurance commissioner. This policy receives no protection from any of the guaranty associations created under Title 31A, Chapter 28.

Forms and Endorsements Schedule

POLICY NUMBER: CSU0039464

POLICY EFFECTIVE DATE: 07/09/2013

NAMED INSURED: Erickson Tree LLC

FORMS APPLICABLE

Forms Applicable - Common Forms

CSIA501 (06/11)	Common Policy Declarations
CSIA409 (01/08)	Named Insured Schedule
CSIA410 (03/08)	Notice to Policyholders
CSIA417 (01/09)	Cap on Losses from Certified Acts of Terrorism
CSIA411 (01/11)	Policy Change Endorsement

Forms Applicable - Commercial General Liability

CSGA501 (04/08)	Commercial General Liability Coverage Part Declarations
CSGA403 (10/07)	Liability Premises Schedule
CSGA408 (04/08)	Commercial General Liability Classification and Premium Schedule
CG0001 (12/07)	Commercial General Liability Coverage Form (Occurrence Version)
CSIA403 (08/07)	Special Provisions - Premium
CSIA404 (08/07)	Service of Suit
IL0017 (11/98)	Common Policy Conditions
CG0186 (12/04)	UT Changes
IL0003 (09/08)	Calculation of Premium
CG2294 (10/01)	Excl-Damage To Work Performed By SubContractors On Your Behalf
CG2196 (03/05)	Silica Or Silica-Related Dust Exclusion
CG2186 (12/04)	Exclusion - Exterior Insulation And Finish Systems
CG2150 (09/89)	Amendment Of Liquor Liability Exclusion
CG2147 (12/07)	Employment-Related Practices Exclusion
CG0300 (01/96)	Deductible Liability Insurance
CSGA301 (01/08)	Exclusion - Assault or Battery

Forms and Endorsements Schedule

POLICY NUMBER: CSU0039464

POLICY EFFECTIVE DATE: 07/09/2013

NAMED INSURED: Erickson Tree LLC

FORMS APPLICABLE

Forms Applicable - Commercial General Liability

CSGA3322 (01/08)	Exclusion - Manganese
CSGA418 (06/08)	Amendment of Pollutants Definition
CSGA364 (06/08)	Exclusion - Coverage C - Medical Payments
CSGA361 (06/08)	Exclusion - Fungi or Bacteria
CSGA439 (11/08)	Amendment of Duties in the Event of Occurrence Offense Claim or Suit Condition
IL0021 (09/08)	Nuclear Energy Liability Exclusion Endorsement
CG0068 (05/09)	Recording and Distribution of Material or Information in Violation of Law Exclusion
CSGA376 (09/09)	Exclusion - Sulfuric Gas
CSGA377 (09/09)	Exclusion - Tainted Drywall
CSLL348 (01/08)	Limitation - No Stacking of Limits of Insurance
CSGA402 (07/10)	Contractors - Changes to Commercial General Liability Coverage Part
CG2426 (07/04)	Amendment Of Insured Contract Definition
CSGA401 (07/10)	Changes to Commercial General Liability Coverage Form
CSGA341 (01/08)	Exclusion - Overspray
CSGA416 (04/08)	Independent Contractors Limitations of Coverage
CSGA357 (12/08)	Exclusion-Damage to Vegetation
CSGA385 (12/11)	Total Pollution Exclusion With A Pesticide Or Herbicide Application Exception
CSGA4030 (06/12)	Additional Insured - Owners Lessees or Contractors - Scheduled Person or Organization - Operations
CSGA4030 (06/12)	Additional Insured - Owners Lessees or Contractors - Scheduled Person or Organization - Operations
CG2404 (05/09)	Waiver of Transfer of Rights of Recovery Against Others to Us
CSIA405 (08/09) -A	Primary and Noncontributory

Commercial General Liability Premises Schedule

POLICY NUMBER: CSU0039464

POLICY EFFECTIVE DATE: 07/09/2013

☒ **if Supplemental
Declarations Is Attached**

NAMED INSURED: Erickson Tree LLC

LOC.	ADDRESS
1	1721 S 700 E SALT LAKE CITY UT 84105

Commercial General Liability Classification and Premium Schedule

POLICY NUMBER: CSU0039464

POLICY EFFECTIVE DATE: 07/09/2013

NAMED INSURED: Erickson Tree LLC

LOC NO.	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		DEPOSIT PREMIUM	
				A -Area B -Payroll S -Gross Sales U -Units	Premises Operations and All Other	Products/ Completed Operations	Premises Operations and All Other
1	Tree Pruning, Dusting, Spraying, Repairing, Trimming or Fumigating	99777	B, 45000	40.244	.000	\$1,811	
	CSGA40300612-Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization - Operations and Completed Operations					\$250	Flat
	CSGA40300612-Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization - Operations and Completed Operations					\$250	Flat
	CG24040509-Waiver Of Transfer Of Rights Of Recovery Against Others To Us					\$100	Flat
	CSIA4050809-A- Primary and Noncontributory					\$50	Flat