Client#: 570822 ECONTREE2

$ACORD_{\scriptscriptstyle{\mathbb{M}}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/03/2013

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	CONTACT NAME:					
Hub International	PHONE (A/C, No, Ext): 805-682-2571 FAX (A/C, No): 80					
HUB Int'l Insurance Serv. Inc.	E-MAIL ADDRESS:					
40 East Alamar Avenue	INSURER(S) AFFORDING COVERAGE	NAIC #				
Santa Barbara, CA 93105	INSURER A : Sparta Insurance Company					
INSURED	INSURER B: State Comp Insurance Fund of CA	35076				
Econo Tree Service, Inc.	INSURER C:					
1914 Spring Street	INSURER D:					
Redwood City, CA 94063	INSURER E:					
	INSURER F:					

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	SR R TYPE OF INSURANCE				SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	GENERAL LIABILITY					021CP01287	07/18/2013	07/18/2014	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
		CLAIMS-MADE		X OCCUR						MED EXP (Any one person)	\$5,000
	X PD Ded:1,000									PERSONAL & ADV INJURY	\$1,000,000
										GENERAL AGGREGATE	\$2,000,000
	GEN	I'L AGGRE <u>GATE</u> LIMI	T AI	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
		POLICY PRO JECT)- T	LOC							\$
Α						021CP01287	07/18/2013	07/18/2014	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	X ANY AUTO									BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS	X	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
											\$
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			,			90799122013	12/01/2013	12/01/2014	X WC STATU- TORY LIMITS OTH- ER	
				RIETOR/PARTNER/EXECUTIVE T N				E.L. EACH ACCIDENT	\$1,000,000		
	(Mandatory in NH)			14,7					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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required) PROOF OF INSURANCE ONLY.

CERTIFICATE HOLDER	CANCELLATION

PROOF OF INSURANCE

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

AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.