		Client	#: 34	443		ALPINEARB				_			
	ACORD _{TM}	CERT	CA	TE OF LIABI	BILITY INSURANCE					DATE (MM/DD/YYYY) 3/27/2025			
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 any rights to the certificate holder in lieu of such endorsement(s).													
PRODUCER Moreton & Company							CONTACT NAME: PHONE 2011 2011 1001						
P.O. Box 58139						PHONE (A/C, No, Ext): 801 531-1234 FAX (A/C, No): 801-531-6117 E-MAIL ADDRESS: akorth@moreton.com FAX FAX <t< td=""></t<>							
Salt Lake City, UT 84158-0139							ADDRESS: AKOTTAGENOTOTECOTICOTT						
801 531-1234							INSURER A : Scottsdale Insurance Company						
INSURED							INSURER B : WCF Mutual Insurance Company					10033	
Alpine Arborists LLC 1383 W 2400 S						INSURER C : United Financial Casualty Company						11770	
Woods Cross, UT 84087						INSURER D :							
,,													
COVERAGES CERTIFICATE NUMBER:							INSURER F : REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE													
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 I	NSURANCE	ADDL INSR		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Α	X COMMERCIAL GE				CPS8179685		03/24/2025	03/24/2026			\$1,00	0,000	
	CLAIMS-MADE X OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,				
	X BI/PD Ded:2	,500							MED EXP (Any one pe	,	\$5,00		
	GEN'L AGGREGATE LIN	/IT APPLIES PER:							PERSONAL & ADV IN GENERAL AGGREGA		\$1,00 \$2,00		
	X POLICY PR	0-							PRODUCTS - COMP/		\$2,00		
	OTHER:							05470005	COMBINED SINGLE I	IMIT	\$		
С	AUTOMOBILE LIABILITY			969835820			05/17/2024	05/1//2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000 BODILY INJURY (Per person)		\$ 1,00	0,000	
	AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY								BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$				
											\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$								EACH OCCURRENCE		\$ \$		
											\$		
в	WORKERS COMPENSA				4069418		02/26/2025	02/26/2026	X PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		N/A								\$1,00		
									E.L. DISEASE - EA EMPLOYEE \$1,00				
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY			CY LIMIT	IMIT \$ 1,000,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
Verification of Insurance subject to the terms and conditions of the policy.													
CERTIFICATE HOLDER CANCELLATION													
Evidence of Coverage							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

L 5. C.*

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