

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/03/2024

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.

lf th	SUBROGATION IS WAIVED, subject nis certificate does not confer rights t	to the te	rms and conditions of the tificate holder in lieu of s	ne policy, certain p uch endorsement(s	olicies may : s).	require an endorsement. A st	atement on	
PRODUCER American Advantage - Petersen & Associates, Inc				CONTACT NAME: Ryan Watry PHONE FAX				
14703 W. National Ave.				ADDITION.				
New Berlin WI 53151				INSURER(S) AFFORDING COVERAGE INSURER A: Amtrust Insurance Company			NAIC # 15954	
INSURED				MOOKERA.			10001	
Greenview Solutions, LLC				INSURER B:				
dba Tri State Tree Service				INSURER C:				
				INSURER D:				
	6146 Mobile Hwy	FL 32526		INSURER E :				
Pensacola				INSURER F:				
			E NUMBER:	VE BEEN 10011ED TO		REVISION NUMBER:	101/ 555105	
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN, POLICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER IS DESCRIBEIN PAID CLAIMS.	DOCUMENT WITH RESPECT TO YOUR HEREIN IS SUBJECT TO ALL T	WHICH THIS	
NSR LTR		ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	CLAIMS-MADE COCUR				4/1/2025	DAMACE TO BENTED	00,000	
						MED EXP (Any one person) \$ 5,0	00	
Α			NGL-1007142-01	4/1/2024		PERSONAL & ADV INJURY \$ 1,0	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000		
	POLICY PRO- JECT LOC OTHER:					PRODUCTS - COMP/OP AGG \$ 2,0	00,000	
Α	AUTOMOBILE LIABILITY				4/1/2025	COMBINED SINGLE LIMIT \$ 1.0	00,000	
	X ANY AUTO					BODILY INJURY (Per person) \$		
	OWNED SCHEDULED		NBA-1007143-01	4/1/2024		BODILY INJURY (Per accident) \$		
	AUTOS ONLY AUTOS NON-OWNED		145/1 100/ 140 01	4/1/2024		PROPERTY DAMAGE &		
	AUTOS ONLY AUTOS ONLY					(Per accident) \$		
	UMBRELLA LIAB OCCUB				 			
	EVOTOD LIAD OCCUR					EACH OCCURRENCE \$		
	CLAIWS-WADE	4				AGGREGATE \$		
	DED RETENTION \$ WORKERS COMPENSATION					PER OTH-		
	AND EMPLOYERS' LIABILITY Y/N	N/A			4/1/2025	400	2,000	
Α	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		MWC1036567	4/1/2024		E.L. EACH ACCIDENT \$ 100		
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$ 100		
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ 500	0,000	
	ODIDION OF ODER ATIONS // CO. T. C.	150 (1655	104 A July 15 15 15 15	da		- 1)		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	ile, may be attached if moi	e space is require	ed)		
CEI	RTIFICATE HOLDER			CANCELLATION				
Google				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 REPRESE	NTATIVE			
1647 W INTERLOCHEN DR				AUTHORIZED REPRESENTATIVE				
	Janesville		WI 53545	Marc Petersen				