

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/12/2022

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)

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PRODUCER						CONTACT Amanda Kingray					
Rowland Insurance Agency						PHONE (270) 407 6402 FAX (270) 407 6205					
101 W. First Street						E-MAIL amondo@roudondinguronee.com					
	). Box 398			ADDRESS:							
Tompkinsville KY 42167						INSURER(S) AFFORDING COVERAGE  INSURER A . Erie Insurance Company					
INSURED						Frie Inquirence Evehence					
					Friedram Comm					26271	
	TreeKO, LLC					INSURER C: Erle Insurance Group					
	664 MEGAN LN				INSURER D:						
01400000					INSURER E :						
	GLASGOW	KY 42141-7655				INSURER F:					
_			NUMBER: CL217140584	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   POLICY EFF   POLICY EXP											
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
	COMMERCIAL GENERAL LIABILITY							ACH OCCURRENCE \$ 1,000,000		0,000	
А	CLAIMS-MADE X OCCUR			1				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY LOC						07/12/2023	MED EXP (Any one person)	\$ 5,000		
				Q61-0116908		07/12/2022		PERSONAL & ADV INJURY	\$ 1,000,000		
								GENERAL AGGREGATE	\$ 2,000,000		
								PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	OTHER:								\$		
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	X ANY AUTO							\$			
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY AUTOS ONLY			Q07-1230966		07/12/2022	07/12/2023	` '	\$		
								PROPERTY DAMAGE (Per accident)	\$		
	Moreo enter					_		\$			
В	➤ UMBRELLA LIAB						EACH OCCURRENCE	\$ 5,000,000			
	EXCESS LIAB CLAIMS-MADE			Q31-1270377		07/07/2022	07/07/2023	AGGREGATE	\$ 5,000,000		
	DED RETENTION \$							\$			
С	WORKERS COMPENSATION	N/A		0046200262			07/14/2023	➤ PER OTH-ER	·		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					07/14/2022		E.L. EACH ACCIDENT	<sub>\$</sub> 500,	000	
	OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)		Q916200262					E.L. DISEASE - EA EMPLOYEE	\$ 500,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,000		
									•		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	ttached if more sp	pace is required)				
Bus	iness Auto, General Liability & Workers Com	р									
CERTIFICATE HOLDER CANCELLATION											
CERTIFICATE HOLDER						VARVEEEALIVII					
						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					
					Roo Russ						
I						Sao Kau					