

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/14/2025

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.

	ROGATION IS WAIVED, subject t rtificate does not confer rights to						ies may requ	ure an endorse	ement. A	statemer	nt on	
PRODUCE	<b>.</b>		CONTACT NAME: Rebecca Hemmerle									
Daniel Carinci Agency, LLC					PHONE (A/C, No, Ext): (724) 335-7567  (FAX (A/C, No):							
104 Rodgers Drive						E-MAIL ADDRESS: rebeccah@dca-llc.com						
Ì			INSURER(S) AFFORDING COVERAGE						NAIC #			
LOWER BURRELL PA 15068						INSURER A: SECURA INS A MUT CO					22543	
INSURED					INSURER B: SELECTIVE WAY INS CO						26301	
NORTHWOOD TREE CARE, LLC					INSURANCE CO OF THE WEST						27847	
8696 W BARKHURST DR					INSURER D:							
					INSURER E :							
PITTSBURGH				PA 15237-4184	INSURER F:							
COVERA				NUMBER:	REVISION NUMBER: EEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO							
INDICA CERTIF EXCLUS	TO CERTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQL ICATE MAY BE ISSUED OR MAY PER SIONS AND CONDITIONS OF SUCH P	JIREN TAIN, OLICI	MENT, THE I ES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY MITS SHOWN MAY HAVE BE	NY CONTRAC THE POLICIE EEN REDUCEI	CT OR OT S DESCR D BY PAIL	HER DOCUME BIBED HEREIN DICLAIMS.	ENT WITH RESPE	CT TO WH	HICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLI (MM/D	ICY EFF DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
<u> </u> ×	COMMERCIAL GENERAL LIABILITY						09/28/2026	EACH OCCURREN		\$	1,000,000	
	CLAIMS-MADE X OCCUR					09/28/2025		PREMISES (Ea occi	urrence)	\$	100,000	
			Y					MED EXP (Any one	person)	\$	5,000	
A		Y		CP3418353	09/2			PERSONAL & ADV	INJURY	\$	1,000,000	
l	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC		\$	2,000,000	
I —	POLICYJECTLOC					PRODUCTS - COM		P/OP AGG	\$	2,000,000		
	OTHER:  OMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$	1 000 000	
I	ANY AUTO	Y	Y				09/28/2026	(Ea accident) BODILY INJURY (Po		\$	1,000,000	
	OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY			S 2633051	00/2	09/28/2025		BODILY INJURY (Pe		\$		
I <del></del>				3 2033031	09/2			PROPERTY DAMAG (Per accident)	,	\$		
							(Per accident)		\$			
l x	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURREN	CE	\$	2,000,000	
				CU3418702	09/2	09/28/2025	09/28/2026			\$	2,000,000	
l	DED X RETENTION\$ 10,000							PIADV		\$	2,000,000	
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER			
	NNY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  Wandatory in NH)  y / N  Y  Wandatory in NH)  y / N  Y  Y  Was describe under  DESCRIPTION OF OPERATIONS below			WDI 5072017 01	10/0	10/01/2025	10/01/2026	E.L. EACH ACCIDE	NT	\$	100,000	
(Mano				WPH 5073817 01	10/0			E.L. DISEASE - EA	EMPLOYEE	\$	100,000	
DESC								E.L. DISEASE - POL	LICY LIMIT	\$	500,000	
DESCRIPTI	ON OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Sched	dule, may be atta	ached if mo	ore space is requ	iired)				
Pesticide	e & Herbicide coverage is included wit	h the	genera	al liability.								
CERTIFICATE HOLDER						CANCELLATION						
For Presentation 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							
						Rebecca Hemmerle						