

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/23/10

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 RESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

RTANT: 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).

	CONTACT			
PRODUCER	NAME:			
Craig C. Hansen Insurance	PHONE (A/G, No, Ext): (A/G, No): E-MAIL			
2103 3rd Street	ADDRESS:			
Eureka CA 95501	PRODUCER CUSTOMER ID #: COOK-E2			
Phone: 707-445-9691 Fax: 707-445-9102	INSURER(S) AFFORDING COVERAGE NAIC #			
INSURED	INSURER A: Colony Insurance Company			
Ed Cook Tree Service 3015 Kokanee Trail	INSURER B: Delos Insurance Company			
So. Lake Tahoe CA 96150	INSURERC: AGCS Marine Insurance Co.			
	INSURER D :			
	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

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN WAT HAVE BEEN REDUCED BY PAID CLAIMS.  INSP.   IADDUSUBR   POLICY FEF   POLICY FEP									
INSR LTR	TYPE OF INSURANCE		WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	GENERAL LIABILITY						EACH OCCURRENCE	\$1,000,000		
Α	X COMMERCIAL GENERAL LIABILITY			GL3854378	06/26/10	06/26/11	PREMISES (Ea occurrence)	\$100,000		
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000		
С	X Logger's Property			MXI93020198	06/26/10	06/26/11	PERSONAL & ADV INJURY	\$1,000,000		
	Damage Liability						GENERAL AGGREGATE	\$2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ Included		
	POLICY PRO- JECT LOC						LBFPD	\$1,000,000		
	FOMOBILE LIABILITY			DD#EE0022682			COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
В	ANY AUTO			DPA5500236@3	06/26/10	06/26/11	BODILY INJURY (Per person)	\$		
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$		
	X SCHEDULED AUTOS X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
	X NON-OWNED AUTOS							\$		
								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DEDUCTIBLE							\$		
	RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N						WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	, ,					E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
С	Equipment Floater			MXI93020198	06/26/10	06/26/11	Limit	230,000		
							Ded.	1,000		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Evidence of Insurance. \*10 days notice of cancellation for non-payment of premium. Logging or Lumbering.

CERTIFICATE HOLDER

CANCELLATION

STAT001

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

State Contractors License Board P.O. Box 26000

Sacramento CA 95826

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2009/09)

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