



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/26/2025

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HUB International Insurance Services Inc. PO Box 255387 Sacramento CA 95865	CONTACT NAME: Taylor Green PHONE (A/C, No, Ext): 916-480-4156 FAX (A/C, No): 916-993-7256 E-MAIL ADDRESS: taylor.green@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Greenwich Insurance Company 22322	
	INSURER B: Insurance Company of the West 27847	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	License#: 0757776 BALTRE-01	
	INSURED Bailey Tree Company, Inc. 2664 Mercantile Drive, Suite E Rancho Cordova CA 95742	

COVERAGES

CERTIFICATE NUMBER: 437780425

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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> *See Below			NPC-1008088-02	10/1/2025	10/1/2026	EACH OCCURRENCE	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						MED EXP (Any one person)	\$ 5,000	
	OTHER:						PERSONAL & ADV INJURY	\$ 1,000,000	
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE	\$ 2,000,000	
	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					COMBINED SINGLE LIMIT (Ea accident)	\$	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					BODILY INJURY (Per person)	\$	
	DED <input type="checkbox"/> RETENTION \$						BODILY INJURY (Per accident)	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y / N	N / A	WSA 5027207 11	8/1/2025	8/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

*(\$1,000 Property Damage deductible applies to General Liability. Per Project Aggregate applies only when required by written contract.)
RE: Evidence of Insurance Only.

CERTIFICATE HOLDER

CANCELLATION

PROOF OF INSURANCE	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 	

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