

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE									/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					CONTACT NAME: Diane Follestad					
MC Agency, LLC					PHONE (A/C, No, Ext): 952-828-5320 FAX (A/C, No):					
6868 Washington Ave S					E-MAIL ADDRESS: dianef@mcagencyllc.com					
Suite 220					INSURER(S) AFFORDING COVERAGE					
Eden Prairie MN 55344					INSURER A : ACUITY A MUT INS CO					
Bolt Ventures MN, Inc					INSURER B : SUPERIOR POINT INSURANCE					
8016 W 97TH ST		INSURER C : INSURER D :								
					INSURER D :					
BLOOMINGTON MN 55438-1673					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.										
INSR LTR TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	PO (MM	DLICY EFF //DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
							EACH OCCURRENCE	\$	1,000,000	
							PREMISES (Ea occurrence)	\$	300,000	
A	Y	Y	ZY6484	02	2/14/2025	02/14/2026	MED EXP (Any one person)	\$	5,000	
GEN'L AGGREGATE LIMIT APPLIES PER:	· 1		210404	02	2/14/2023	02/14/2020	PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$	2,000,000	
							PRODUCTS - COMP/OP AGG	\$	2,000,000	
OTHER:								\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
							BODILY INJURY (Per person)	\$		
A OWNED AUTOS ONLY X SCHEDULED AUTOS HIRED NON-OWNED			ZY6484	02	2/14/2025	02/14/2026	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
HIRED AUTOS ONLY							(Per accident)	\$		
▶ 19 ▶ UMBRELLA LIAB	-							\$	1 000 000	
A EXCESS LIAB CLAIMS-MADE	Y	Y	ZY6484	02	2/14/2025	02/14/2026	EACH OCCURRENCE	\$ \$	1,000,000	
DED RETENTION \$		1	210404	02	2/14/2025	02/14/2020	PRDCO	э \$	1,000,000	
WORKERS COMPENSATION							X PER OTH- STATUTE ER	Ψ		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	 N/A		190421	02	0/14/2025	02/14/2026	E.L. EACH ACCIDENT	\$	500,000	
(Mandatory in NH)			189431	02	2/14/2025	02/14/2026	E.L. DISEASE - EA EMPLOYEE	\$	500,000	
If yes, describe under DESCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$	500,000	
A Inland Marine / Equipment Coverage ACV, 1,000 Deductible			ZY6484	02	2/14/2025	02/14/2026	Schedule Total		252,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACOR	D 101, Additional Remarks Sched	dule, may be at	ttached if mo	ore space is requ	uired)	ı		
Monster Tree Service Franchising, 21015 Cata	awba A	Ave, C	Cornelius, NC 28031 is includ	led as additio	onal insured	l as required b	y contract.			
CERTIFICATE HOLDER					CANCELLATION					
Monster Tree Service Franchising					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
21015 Catawba Ave					AUTHORIZED REPRESENTATIVE Jeff Mawrer					
Cornelius NC 28031				JUT MA	mper					

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