



CELECHI-01

ETARDIFF

DATE (MM/DD/YYYY)

1/5/2026

CERTIFICATE OF LIABILITY INSURANCE

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	United Insurance - Portland 470 Forest Avenue Portland, ME 04101	CONTACT NAME:		
		PHONE (A/C, No, Ext): (207) 797-9400	FAX (A/C, No): (207) 523-8057	
INSURED	207 Landscaping & Tree Service, LLC 166 Narragansett St Gorham, ME 04038	E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Ohio Mutual Insurance Group		10202
		INSURER B: Maine Employers Mutual Insurance Co		11149
		INSURER C:		
		INSURER D:		
		INSURER E:		
INSURER F:				

COVERS **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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			BP 0035956	1/3/2026	1/3/2027	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	OTHER:						MED EXP (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					PERSONAL & ADV INJURY	\$ 1,000,000
	Hired AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					GENERAL AGGREGATE	\$ 2,000,000
UMBRELLA LIAB	<input type="checkbox"/> OCCUR		PRODUCTS - COMP/OP AGG	\$ 2,000,000				
EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE		OTHER:	\$				
DED	RETENTION \$		COMBINED SINGLE LIMIT (Ea accident)	\$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH)	<input checked="" type="checkbox"/> Y/N	N / A	BODILY INJURY (Per person)	\$				
If yes, describe under DESCRIPTION OF OPERATIONS below			BODILY INJURY (Per accident)	\$				
			PROPERTY DAMAGE (Per accident)	\$				
				\$				
			EACH OCCURRENCE	\$				
		AGGREGATE	\$					
			\$					
		PER STATUTE	OTH- ER					
		E.L. EACH ACCIDENT	\$ 500,000					
		E.L. DISEASE - EA EMPLOYEE	\$ 500,000					
		E.L. DISEASE - POLICY LIMIT	\$ 500,000					

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

CERTIFICATE HOLDER

CANCELLATION

Informational Copy 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

Laura Jardett