

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2024

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).											on		
PRODUCER							CONTACT Janice Hurley AAI						
Gallo Thomas Insurance							NAME: PHONE (401) 732-9100 FAX (A/C, No): (401) 73						
125 Metro Center Blvd							E-MAIL						
Suite 3001							ADDRESS.						
Warwick RI 02886							INSURER(S) AFFORDING COVERAGE INSURER A: United Ohio Insurance Co.					NAIC # 13072	
INSU				NA.	THO ITISUIUTICE				10072				
Silver Leaf Forestry LLC						INSURER B:							
PO Box 3698						INSURER C:							
1 0 Box 3030							INSURER D:						
Peace Dale				RI 02883			INSURER E : INSURER F :						
COVERAGES CER				TIFICATE NUMBER: CL239930191			-						
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	NSR TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
	×	COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE		\$ 1,00	0,000	
		CLAIMS-MADE OCCUR						08/30/2024	DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$ 50,0	00	
									MED EXP (Any one per	rson)	\$ 5,00	0	
Α					BP 0040280		08/30/2023		PERSONAL & ADV INJ	IURY	\$ 1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC								GENERAL AGGREGAT	re :	\$ 2,00	0,000	
									PRODUCTS - COMP/O		\$ 2,000,000		
	OTHER:								BP53L		\$		
	AUT	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	MII \$ 1,000,		0,000	
		ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS				ļ			BODILY INJURY (Per p	erson)	\$		
Α					CPP0031160		08/30/2023	08/30/2024	BODILY INJURY (Per a		\$		
	×	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	:	\$		
									Uninsured motoris	I .	\$ 25,000		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	ATE \$			
		DED RETENTION \$									\$		
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A						E.L. EACH ACCIDENT		\$		
									E.L. DISEASE - EA EMPLOYEE \$		\$		
									E.L. DISEASE - POLIC	Y LIMIT	\$		
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHICLI	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
Cov	erag	e subject to policy forms, terms and cor	nditior	ns.									
CEI	RTIF	ICATE HOLDER				CANC	ELLATION						
The Village at Indian Lake 131 Table Rock Road							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
		101 Table Rock Road	AUTHORIZED REPRESENTATIVE										
Wakefield					RI 02879	1141 18AT -							