

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/20/2025

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).

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PRODUCER						CONTACT NAME: Michael Hutchinson					
Alliant Insurance Services, Inc.					PHONE (A/C, No, Ext): (A/C, No):						
32 Old Slip 29th Fl New York NY 10005					E-MAIL ADDRESS: Michael.Hutchinson@alliant.com						
						INSURER(S) AFFORDING COVERAGE				NAIC#	
License#: 0C36861						INSURER A: Federated Mutual Insurance Com				13935	
PERESER-01 Perennial Services Holdco, LLC; Brick Street Partners, LLC; Hoy					INSURER B:						
Landscaping Inc.					INSURER C:						
3025 W. Lake St.					INSURER D:						
Melrose Park, IL 60160					INSURER E:						
						INSURER F:					
COVERAGES CERTIFICATE NUMBER: 314704355 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 I						POLICY EFF POLICY EXP					
LTR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	NSD WVD POLICY NUMBER 1849971			(MM/DD/YYYY) 2/1/2025		EACH OCCURRENCE \$ 1,000,000		200	
^	CLAIMS-MADE X OCCUR			1049971		2/1/2025	2/1/2026	DAMAGE TO RENTED	\$ 1,000, \$ 300,00	,	
	CLAIIVIS-IVIADE 11 OCCUR							T TEIMOLO (La cocarronco)	\$ Exclud		
								() /	\$ 1,000,		
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 2,000.		
	POLICY X PRO- X LOC								\$ 2,000,	,000	
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY	BILE LIABILITY 1849971				2/1/2025	2/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	,000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED							· ' /	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$		
									\$		
Α	X UMBRELLA LIAB X OCCUR			1849974		2/1/2025	2/1/2026	EACH OCCURRENCE	ACH OCCURRENCE \$10,000,000		
	EXCESS LIAB CLAIMS-MADE								\$ 10,000	0,000	
	DED X RETENTION \$ 0	The state of the s		4040075		0/4/0005	0/4/0000		\$		
Α	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		1849975	2/1/2025		2/1/2026	X PER OTH- STATUTE ER	24 000 000			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
Α	DÉSCRIPTION OF OPERATIONS below E&O			6102263		2/1/2025	2/1/2026	E.L. DISEASE - POLICY LIMIT Limit	\$1,000,		
				0102200		27172020	2/1/2020		, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
Evidence of Insurance											
CERTIFICATE HOLDER						CANCELLATION					
Evidence 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.					
Lyluctice of illibulation					AUTHORIZED REPRESENTATIVE						