

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/25/2025

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: Crystal Annarumma | | | | | |
|--|-------------------|--|-------------------------------|----------|--|--|--|
| Higginbotham Insurance Agency, Inc. 1221 S Mopac Expy Ste 160 | | | FAX A/C, No): 817-347-6981 | | | | |
| Austin TX 78746 | | E-MAIL ADDRESS: CAnnarumma@higginbotham.net | | | | | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC# | | | | |
| | License#: 2081754 | INSURER A: Texas Mutual Insurance Company | 22945 | <u>,</u> | | | |
| INSURED The American LLO | TREEAMI-02 | INSURER B: Acuity A Mutual Insurance Company | 14184 | į. | | | |
| Tree Amigos, LLC 1612 Plateau Ridge | | INSURER C: | | | | | |
| Cedar Park TX 78613 | | INSURER D: | | | | | |
| | | INSURER E: | | | | | |
| | | INSURER F: | | | | | |

COVERAGES CERTIFICATE NUMBER: 574720505 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 | | ADDL S | | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S |
|-------------|--|--------|------|---------------|----------------------------|----------------------------|---|----------------------------------|
| В | X COMMERCIAL GENERAL LIABILITY | INOD | **** | FA5261 | 6/19/2025 | 6/19/2026 | EACH OCCURRENCE | \$ 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 250,000 |
| | X PD Ded \$5,000 | | | | | | MED EXP (Any one person) | \$ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$3,000,000 |
| | POLICY X PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$3,000,000 |
| | OTHER: | | | | | | | \$ |
| В | AUTOMOBILE LIABILITY | | | FA5261 | 6/19/2025 | 6/19/2026 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | OWNED SCHEDULED AUTOS ONLY AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | X HIRED X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ |
| | DED RETENTION\$ | | | | | | | \$ |
| Α | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 0002016550 | 6/19/2025 | 6/19/2026 | X PER OTH- STATUTE ER | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? | N/A | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | (Mandatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE | \$1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$1,000,000 |
| В | Scheduled Equipment Unscheduled Equipment | | | FA5261 | 6/19/2025 | 6/19/2026 | Scheduled Equipment Unscheduled Equipment Deductible: | \$387,861 \$25,000 \$2,500 |
| | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) *EXCLUDED FROM WORKERS COMPENSATION COVERAGE: Austin McCoy and Andrew Anstrom

The General Liability and Automobile Liability policies include a blanket automatic additional insured endorsement that provides additional insured status (General Liability additional insured status includes ongoing and completed ops) to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The General Liability, Automobile Liability and Workers' Compensation policies include a blanket automatic waiver of subrogation endorsement that provides this feature to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such provision. See Attached...

| CERTIFICATE HOLDER | CANCELLATION |
|-----------------------------|--|
| INFORMATIONAL PURPOSES 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. |
| INFORMATIONAL PURPOSES ONLY | AUTHORIZED REPRESENTATIVE |

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|---|-------|----------|-----|------------|
| А | GENCY | CUSTOMER | ID: | TREEAMI-02 |

LOC #:

| ® |
|--------------|
| ACORD |
| |

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| AGENCY Higginbotham Insurance Agency, Inc. POLICY NUMBER | | NAMED INSURED Tree Amigos, LLC 1612 Plateau Ridge Cedar Park TX 78613 | |
|--|-------------------------------|---|--|
| | | Gedar Park TX 78613 | |
| CARRIER | NAIC CODE | | |
| ADDITIONAL REMARKS | | EFFECTIVE DATE: | |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC | ORD FORM | | |
| I | OKBTOKIII, OF LIABILITY II | NSURANCE | |
| | | resement that applies to the certificate holder only when there is a written contract in. | |
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