ACORD® VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY): 01/05/2024

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER

StateFarm

TOMMY ADAMS INSURANCE AGENCY, INC
310 PAPER TRAIL WAY, SUITE 110
CANTON, GA 30115

CONTACT NAME: TOMMY ADAMS
PHONE (A/C, No, Ext): 770-345-8004 FAX (A/C, No): 770-345-8107
E-MAIL ADDRESS: TOMMYU.ADAMS.CUGY@STATEFARM.COM
PRODUCER CUSTOMER ID #:

INSURED

KYLES TREE SERVICE, LLC
919 ESSIC RD
BALLGROUND, GA 30115

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : State Farm Mutual Automobile Insurance Company	25178
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
2019	PETERBILT	337	CHIPPER	2NP2HJ6X7KM631371

DESCRIPTION	VEHICLE/EQUIPMENT VALUE	SERIAL NUMBER
	$	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	[X] VEHICLE LIABILITY	C032320-F28-11	12/28/2023	06/28/2024	COMBINED SINGLE LIMIT	$
						BODILY INJURY (Per person)	$ 1 MILLION
						BODILY INJURY (Per accident)	$ 1MILLION
						PROPERTY DAMAGE	$ 1 MILLION
		GENERAL LIABILITY [ ] OCCURRENCE [ ] CLAIMS MADE				EACH OCCURENCE	$
						GENERAL AGGREGATE	$
							$

INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
A		[X] VEH COLLISION LOSS	C032320-F28-11	12/28/2023	06/28/2024	[x] ACV [ ] AGREED AMT	$ LIMIT
						[ ] [ ] STATED AMT	$ 1000 DED
A		[X] VEH COMP [ ] VEH OTC	C032320-F28-11	12/28/2023	06/28/2024	[x] ACV [ ] AGREED AMT	$ LIMIT
						[ ] [ ] STATED AMT	$ 1000 DED
		EQUIPMENT [ ] BASIC [ ] BROAD [ ] SPECIAL [ ]				[ ] ACV [ ] AGREED AMT [ ] RC [ ] STATED AMT [ ]	$ LIMIT $ DED
		[ ]					

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Add'l Equipment: 2023 & 2019 PJ Trailers, 2016 & 2021 Big Tex Trailers, 2020 & 2024 Kenworth Trucks, 2021 Peterbilt 337 Truck, 2024 Bri Mar Trailer

ADDITIONAL INTEREST

Select one of the following:

[X] The additional interest described below has been added to the policy(ies) listed herein by policy number(s).
[ ] A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

VEHICLE / EQUIPMENT INTEREST: [ ] LEASED [X] FINANCED

NAME AND ADDRESS OF ADDITIONAL INTEREST

Cherokee County, Georgia,
acting by through its Board of Commissioners
1130 Bluffs Pkwy
Canton GA 30114

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DESCRIPTION OF THE ADDITIONAL INTEREST

[X] ADDITIONAL INSURED [ ] LOSS PAYEE
[ ] LENDER'S LOSS PAYEE [ ]

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE Jackie McMillan

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