

**STATE INSURANCE FUND**1215 W. STATE STREET - PO BOX 83720 - BOISE, IDAHO 83720-0044  
PHONE (208) 332-2100 - (800) 334-2370

UW512

*Policy Number: 653070-03/01/2018***INSURED**Dust Bunny Bullies LLC  
DBA Dust Bunny Bullies  
2966 W Ginger Gold Dr  
Kuna, ID 83634-5303Agent: 935  
Boise River Insurance LLC  
DBA Boise River Insurance  
41 S Baltic Ave Ste 100  
Meridian, ID 83642-5935  
(208) 949-2222**E N D O R S E M E N T**

THIS ENDORSEMENT CHANGES THE POLICY TO WHICH IT IS ATTACHED AND IS EFFECTIVE ON THE DATE ISSUED UNLESS OTHERWISE STATED

**INSURED'S NAME CHANGE ENDORSEMENT**

The Insured Name now reads:

Effective Date

Dust Bunny Bullies LLC DBA Dust Bunny Bullies

03/01/2018

ISSUE DATE: March 16, 2018

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY  
COPYRIGHT 1983 NATIONAL COUNCIL ON COMPENSATION INSURANCE

WC890601

BATCH

03/16/2018

ADVISORY  
Underwriter: Kathy Bosack

INSURANCE COMPANY  
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

## TAILORED PROTECTION POLICY DECLARATIONS

AGENCY BOISE RIVER INSURANCE LLC  
39-0031-00 TF MKT TERR 105 208-949-2222

Renewal Effective 03-08-2018

**POLICY NUMBER 164739-57650648-18**

Company Use 57-47-ID-1603

INSURED KIM KEENE  
DBA DUST BUNNY BULLIES  
C/O KIM KEENE

ADDRESS 2966 W GINGER GOLD DR

KUNA ID 83634-5303

Company  
Bill

### Policy Term

12:01 a.m. to 12:01 a.m.  
03-08-2018 to 03-08-2019

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

55039 (11-87)

### COMMON POLICY INFORMATION

**Business Description:** Maid Service

**Entity:** Individual

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S):	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE	\$290.00
COMMERCIAL CRIME COVERAGE	\$121.00
MINIMUM PREMIUM ADJUSTMENT (CR)	\$54.00
<b>TOTAL</b>	<b>\$465.00</b>
<b>PAID IN FULL DISCOUNT</b>	<b>\$20.00</b>
<b>TOTAL POLICY PREMIUM IF PAID IN FULL</b>	<b>\$445.00</b>

**THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.**

The Paid in Full Discount does not apply to fixed fees, statutory charges or minimum premiums.

Premium shown above for commercial general liability coverage is an advanced premium deposit and may be subject to audit.

Forms that apply to all coverage part(s) shown above (except garage liability, dealer's blanket, commercial automobile, if applicable):  
IL0017 (11-85) 55000 (07-12) 59390 (01-15)

A merit rating plan factor of 0.95 applies.

Countersigned By: COMPANY ISSUED



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2017 DEC 28 PM 4: 42

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Dust Bunny Bullies LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

2966 W Ginger Gold Drive, Kuna, ID 83634

(Street Address)

(Mailing Address, if different)

3. The name of the registered agent and the street address of the registered agent:

James Keene

2966 W Ginger Gold Drive, Kuna, ID 83634

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

James P Keene

2966 W Ginger Gold Drive, Kuna, ID 83634

(Name)

(Address)

Kimberly D Keene

2966 W Ginger Gold Drive, Kuna, ID 83634

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

2966 W Ginger Gold Drive, Kuna, ID 83634

(Address)

Signature of organizer(s).

Signature: \_\_\_\_\_

Printed Name: James P Keene

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Kimberly D Keene

Secretary of State use only

IDAHO SECRETARY OF STATE

01/02/2018 05:00

CK:16036272 CT:172099 BH:1618715

1@ 100.00 = 100.00 ORGAN LLC #2

W 194035



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/14/2017

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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 5500 Maryland Way, Suite 330 Brentwood TN 37027	<b>CONTACT NAME:</b> JoAnn Warpool <b>PHONE (A/C, No, Ext):</b> 615-377-5153 <b>E-MAIL ADDRESS:</b> JoAnn_Warpool@ajg.com		<b>FAX (A/C, No):</b> 615-263-5853
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> TRUGHOL-01 TruGreen Limited Partnership 1790 Kirby Parkway Forum II Tower Memphis TN 38183	<b>INSURER A:</b> Commerce and Industry Insurance Company		19410
	<b>INSURER B:</b> National Union Fire Insurance Company of		19445
	<b>INSURER C:</b> New Hampshire Insurance Company		23841
	<b>INSURER D:</b> Insurance Company of State of PA		19429
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

### COVERAGES

CERTIFICATE NUMBER: 454306944

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.

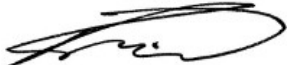
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pest/Herb Appl <input checked="" type="checkbox"/> \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GL4611444	1/1/2018	1/1/2019	EACH OCCURRENCE \$3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$3,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$3,000,000 GENERAL AGGREGATE \$20,000,000 PRODUCTS - COMP/OP AGG \$In \$20,000,000 \$
B B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> \$1000000 Ded			CA7093392 CA7093393 CA7093394	1/1/2018 1/1/2018 1/1/2018	1/1/2019 1/1/2019 1/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC013778995 WC013778989	1/1/2018 1/1/2018	1/1/2019 1/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

See remarks page for additional workers compensation policies.  
General Liability Coverage has Pesticide or Herbicide Applicator Endorsement. All Workers Compensation Policies have \$1,000,000 Deductible.

### CERTIFICATE HOLDER

### CANCELLATION

TruGreen Limited Partnership 1790 Kirby Parkway Forum II Tower Memphis TN 38183	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 
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# ADDITIONAL REMARKS SCHEDULE

AGENCY Arthur J. Gallagher & co.	NAMED INSURED TruGreen Limited Partnership
POLICY NUMBER see certificate	EFFECTIVE DATE: 01/01/2018
CARRIER see certificate	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER	
INSURER	
INSURER	
INSURER	

**ADDITIONAL POLICIES** If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
C	WORKERS COMPENSATION	N/A		WC013778996 IL, KY, NC, NH, UT, VT SIR applies per policy ter	01/01/2018 ms & conditions	01/01/2019	
C	WORKERS COMPENSATION	N/A		WC013778990 GA, VA SIR applies per policy ter	01/01/2018 ms & conditions	01/01/2019	
C	WORKERS COMPENSATION	N/A		WC013778997 NJ, PA SIR applies per policy ter	01/01/2018 ms & conditions	01/01/2019	
C	WORKERS COMPENSATION	N/A		WC013778994 CA SIR applies per policy ter	01/01/2018 ms & conditions	01/01/2019	
C	WORKERS COMPENSATION	N/A		WC013778991 FL SIR applies per policy ter	01/01/2018 ms & conditions	01/01/2019	
C	WORKERS COMPENSATION	N/A		WC013778993 ND, OH, WA, WI, WY SIR applies per policy ter	01/01/2018 ms & conditions	01/01/2019	
C	WORKERS COMPENSATION	N/A		WC013778992 ME SIR applies per policy ter	01/01/2018 ms & conditions	01/01/2019	



# ADDITIONAL REMARKS SCHEDULE

AGENCY Arthur J. Gallagher & co.	NAMED INSURED TruGreen Limited Partnership
POLICY NUMBER see certificate	
CARRIER see certificate	NAIC CODE
	EFFECTIVE DATE: 01/01/2018

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:

### Additional Information

\*The Named Insured includes (but is not limited to):

- TruGreen Holding corporation
- TruGreen, Inc.
- TruGreen companies LLC
- TruGreen Limited Partnership

EG Systems, LLC  
d/b/a Scotts Lawn Service  
d/b/a Action Pest Control  
d/b/a Ortho Pest Control

Outdoor Home Services, Inc.

