



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).

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

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.

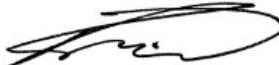
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pest/Herb 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	AUTOMOBILE LIABILITY <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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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

Page ___ of ___

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.