

SCHEDULE OF FORMS AND ENDORSEMENTS

POLICY NUMBER:	EFFECTIVE DATE:	NAMED INSURED:		
CIP108108	03/ 04/ 2011	URBAN TREE SERVICE LLC		
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>SOFAE 09-10 COMMERCIAL FORMS</p> <p>UNLPFD1 11-04 USF100 01-09 IL0017 11-98 USF900 06-08 USF3380 05-98 USF3550 12-05</p> <p>STATE FORMS</p> <p>MNSLQUARANTYSTAMP</p> <p>GENERAL LIABILITY</p> <p>UNLPFSD1L 03-04 CG0001 12-07 CG0068 05-09 CG0300 01-96 CG2153 01-96 CG2167 12-04 CG2173 01-08 CG2426 07-04 ICIL1130 04-10 USF3378 12-05 USF3397 06-09 USF3400 06-05 USF33510 04-07 USF000676 01-11 USF000839 08-08 USF000852 01-08 USF000873 02-08 USF000899 11-10 USF001007 09-10 USF001396 09-04 USF001401 09-10</p> </td> <td style="width: 67%; vertical-align: top; padding-left: 20px;"> <p>SCHEDULE OF FORMS</p> <p>COMMON DECLARATIONS POLICY JACKET COMMON POLICY CONDITIONS SERVICE OF SUIT ENDORSEMENT FRAUD AND MISREPRESENTATION MINIMUM EARNED PREMIUM & CANCELLATION</p> <p>MN-SL-GUARANTY STAMP [60A.207]</p> <p>COMM GL SUP DEC CGL COVERAGE FORM AND CONDITIO REC/DIST OF MATERIAL OR INFO DEDUCTIBLE LIABILITY EXCL-DESIGNATED ONGOING OPER FUNGI OR BACTERIA EXCLUSION EXCL OF CERTIFIED ACTS OF TERRORISM AMEND OF INSURED CONTRACT DEF CONT & PROGRESSIVE INJURY LMT AMENDMENT OF SECTION IV EIFS & DRYWALL EMISSION EXCLUSION ABSOLUTE SILICA DUST EXCL CLASSIFICATION LIMIT PESTICIDE OR HERBICIDE APPLICATOR COVERAGE EMPLOYEES, IND CONTRACTORS, LE TREE PRUNING, TRIMMING AND REM KNOWN INJ/DAMAGE EXCL- PERS & ADV INJ AMENDMENT-AIRCRAFT, AUTO OR WATERCRAFT EXCLUSION COMB COV AND EXCL ENDT INFRINGEMENT, MISAPPROPRIATION DAMAGE TO PREMISES RENTED TO YOU LIMITATION</p> </td> </tr> </table>			<p>SOFAE 09-10 COMMERCIAL FORMS</p> <p>UNLPFD1 11-04 USF100 01-09 IL0017 11-98 USF900 06-08 USF3380 05-98 USF3550 12-05</p> <p>STATE FORMS</p> <p>MNSLQUARANTYSTAMP</p> <p>GENERAL LIABILITY</p> <p>UNLPFSD1L 03-04 CG0001 12-07 CG0068 05-09 CG0300 01-96 CG2153 01-96 CG2167 12-04 CG2173 01-08 CG2426 07-04 ICIL1130 04-10 USF3378 12-05 USF3397 06-09 USF3400 06-05 USF33510 04-07 USF000676 01-11 USF000839 08-08 USF000852 01-08 USF000873 02-08 USF000899 11-10 USF001007 09-10 USF001396 09-04 USF001401 09-10</p>	<p>SCHEDULE OF FORMS</p> <p>COMMON DECLARATIONS POLICY JACKET COMMON POLICY CONDITIONS SERVICE OF SUIT ENDORSEMENT FRAUD AND MISREPRESENTATION MINIMUM EARNED PREMIUM & CANCELLATION</p> <p>MN-SL-GUARANTY STAMP [60A.207]</p> <p>COMM GL SUP DEC CGL COVERAGE FORM AND CONDITIO REC/DIST OF MATERIAL OR INFO DEDUCTIBLE LIABILITY EXCL-DESIGNATED ONGOING OPER FUNGI OR BACTERIA EXCLUSION EXCL OF CERTIFIED ACTS OF TERRORISM AMEND OF INSURED CONTRACT DEF CONT & PROGRESSIVE INJURY LMT AMENDMENT OF SECTION IV EIFS & DRYWALL EMISSION EXCLUSION ABSOLUTE SILICA DUST EXCL CLASSIFICATION LIMIT PESTICIDE OR HERBICIDE APPLICATOR COVERAGE EMPLOYEES, IND CONTRACTORS, LE TREE PRUNING, TRIMMING AND REM KNOWN INJ/DAMAGE EXCL- PERS & ADV INJ AMENDMENT-AIRCRAFT, AUTO OR WATERCRAFT EXCLUSION COMB COV AND EXCL ENDT INFRINGEMENT, MISAPPROPRIATION DAMAGE TO PREMISES RENTED TO YOU LIMITATION</p>
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<p>ADDITIONAL FORMS</p>				
<p>SOFAE (09/ 10)</p>				

**COMMON POLICY
DECLARATIONS
USF INSURANCE COMPANY
FARMINGTON HILLS, MICHIGAN
PRIMARY FACILITY POLICY**

Policy Number
CIP108108

NEW
Renewal of Number

Item 1. Named Insured and Mailing Address:
URBAN TREE SERVICE LLC
4443 HIAWATHA AVE
MINNEAPOLIS MN 55406

Agent Name and Address:
BURNS & WILCOX, LTD.
333 SOUTH 7TH STREET, SUITE 1300
MINNEAPOLIS MN 55402

NOTICE
The coverage afforded by
this policy is **RESTRICTED**
Please read your policy
carefully.

NO FLAT CANCELLATIONS

Item 2. Policy Period From: 03/04/2011 To: 03/04/2012

12:01 A.M. Standard Time at the address of the Named Insured as stated herein.

Item 3. Retroactive Date: None

Item 4. Business Description: TREE TRIMMING AND PRUNING

Item 5. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium
Commercial Property Coverage Part	\$ NOT COVERED
Commercial General Liability Coverage Part	\$ 2,000.00
Professional Liability Coverage Part	\$ NOT COVERED
Non-Profit Organization Liability Coverage Part	\$ NOT COVERED
THIS INSURANCE IS ISSUED PURSUANT TO	\$
THE MINNESOTA SURPLUS LINES INSURANCE	\$
ACT. THE INSURER IS AN ELIGIBLE SURPLUS	\$
LINES INSURER BUT IS NOT OTHERWISE	\$
LICENSED BY THE STATE OF MINNESOTA. IN	\$
CASE OF INSOLVENCY, PAYMENT OF CLAIMS	\$
IS NOT GUARANTEED.	\$
State Tax	\$ 64.50
Stamping Fee	\$ 1.60
Policy Fee	\$ 150.00
Inspection Fee	\$ 125.00
Total	\$ 2,341.10

Minimum & Advance Premium 100.0000%
Minimum Earned Premium 25 % of the original premium

Item 6. Forms and endorsements applicable to all Coverage Parts: _____

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

BURNS & WILCOX LTD.

Countersigned 03/08/2011 DY JK By Angela M. Bramucker
DATE UNDERWRITER PROCESSOR COUNTERSIGNED

**USF INSURANCE COMPANY
PRIMARY FACILITY
COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS**

These Supplemental Declarations form a part of policy number

CIP108108

LIMITS OF INSURANCE							
General Aggregate Limit (other than Products/ Completed Operations)							
						\$ 2,000,000	
Products/ Completed Operations Aggregate Limit						\$ 2,000,000	
Personal and Advertising Injury Limit						\$ 1,000,000	
Each Occurrence Limit						\$ 1,000,000	
Damage to Premises Rented to You Limit						\$ 100,000	
Medical Expense Limit						\$ 5,000	any one person
BUSINESS DESCRIPTION AND LOCATION OF PREMISES							
Form of business:							
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Organization (other than Partnership or Joint Venture) <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC							
Business description: TREE TRIMMING AND PRUNING							
Location of all premises you own, rent or occupy: 4443 HIAWATHA AVE, MINNEAPOLIS, MN 55406							
PREMIUM							
Classification	Code No.	*Premium Basis	PR/ Co	Rate All Other	Advance Premium Pr/ Co	Premium All Other	
Tree Pruning, Dusting or Spraying, Repairing, Trimming or Fumigating	99777	P\$80,800	INCL	18.414	\$ INCL	\$ 1488	
TO MEET MP							612 MP
FORMS AND ENDORSEMENTS (other than applicable forms and endorsements shown elsewhere in the policy)							
Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue:							
SEE SCHEDULE OF FORMS AND ENDORSEMENTS							
DEDUCTIBLE: \$ 1000						Per Claim	

* (a) Area, (c) Total Cost, (m) Admission, (p) Payroll, (s) Gross Sales, (u) Units, (o) Other

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMERCIAL LIABILITY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS COMPLETE THE ABOVE NUMBERED POLICY.