



**Farm Family Casualty  
Insurance Company**  
An American National Company

344 ROUTE 9W | GLENMONT, NEW YORK 12207-2910

**SELECT BUSINESS PACKAGE DECLARATION PAGE**

**Policy Number:** 3102X2924

**Portfolio Number:**

**Account Number:**

**Name and Mailing Address of First Named Insured:**

HILL TREEKEEPERS INC.  
1662 ROUTE 300 STE 110  
NEWBURGH, NY, 12550-1735

**Agent:**

3714 PETER A RUBIN INSURANCE AGENCY INC.  
199 MAIN ST  
NEW PALTZ NY, 12561-1243

**Agent Phone:** 845-256-8848

**Business Description:** TREE CARE

**Form of Business:** Corporation

**Transaction Type:** Renew

**Policy Period:** From 01-25-2025 To 01-25-2026

12:01 A.M. Standard Time at your mailing  
address shown above

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THE POLICY, WE  
AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY

**PROPERTY COVERAGE**

**TOTAL LIMITS OF INSURANCE**

Buildings	\$0
Business Personal Property	\$20,000
Business Income & Extra Expense	Actual Loss Sustained Not Exceeding 12 Months
Other Endorsements	See Schedules

**LIABILITY COVERAGE**

General Aggregate Limit (Other than Products-Completed Ops.)	\$2,000,000
Products-Completed Operations Aggregate Limit	\$2,000,000
Personal & Advertising Injury	\$1,000,000 EACH PERSON/ORGANIZATION
Each Occurrence Limit	\$1,000,000
Medical Expenses	\$ 5,000 EACH PERSON
Other Endorsements	See Schedules

**PREMIUM**

NY Fire Fee

~~24.63~~

Premium shown is payable at inception

Total Premium ~~\$14,744.63~~

**POLICY SUBJECT TO ANNUAL AUDIT:** Yes

The Declarations, Schedules and Forms and Endorsements Make Up Your Complete Policy.  
Refer to Schedule Of Forms and Endorsements.

Process Date: 12-04-2024



**Farm Family Casualty  
Insurance Company**  
An American National Company

344 ROUTE 9W | GLENMONT, NY 12077-2910

**UMBRELLA LIABILITY POLICY DECLARATIONS**

**Policy Number:** 3101E4288

**Name and Mailing Address of First Named Insured:**  
HILL TREEKEEPERS INC

1662 ROUTE 300 STE 110  
NEWBURGH, NY 12550-1735

**Agent:**

3714-PETER A RUBIN INSURANCE AGENCY INC.  
199 MAIN ST  
NEW PALTZ NY, 12561-1243

**Agent Phone:** 845-256-8848

**Entity Type:** Corporation

**NAMED INSURED SCHEDULE:**

**Transaction Type:** Renew

**Policy Period:** From 01-25-2025 To 01-25-2026

12:01 A.M. Standard Time at your mailing  
address shown above

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THE POLICY, WE  
AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY

Self-Insured Retention            \$10,000

**LIABILITY COVERAGE**

Each Occurrence Limit	\$5,000,000
Aggregate Limit	\$5,000,000
Products-Completed Operations Aggregate Limit	\$5,000,000
Personal & Advertising Injury Limit	\$5,000,000

Premium shown is payable at inception

Total Premium

**\$7,774.00**

Process Date: 12-04-2024



**United Farm Family  
Insurance Company**  
An American National Company

**BUSINESS AUTO DECLARATIONS**  
**United Farm Family Insurance Co.**

Transaction: Renew	Transaction Effective Date: 02/12/2025
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**ITEM ONE**

Named Insured and Address	Agent Name and Address
HILL TREEKEEPERS INC 1662 ROUTE 300 SUITE 110 NEWBURGH, NY 12550-1706	PETER A RUBIN INSURANCE AGENCY INC. 124 MAIN ST STE 14 NEW PALTZ, NY 12561-1551

<b>Policy Number:</b> 3101C4459	<b>Form of Business:</b> Corporation
<b>Policy Period:</b> Policy covers	FROM 02-12-2025 TO 02-12-2026 At 12:01 A.M. Standard Time at your mailing address

**Forms and Endorsements Attached To This Policy:** See Forms and Endorsement Schedule

**ITEM TWO - Schedule Of Coverages And Covered Autos**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit	Premium
<b>LIABILITY INSURANCE</b>			
Combined Single Limit Liability	7,8,9	\$1,000,000 each accident	\$ 5,032
Personal Injury Protection (or equivalent No-Fault Coverage)	7	Separately stated in each applicable endorsement	\$ 0
Medical Payments	7	\$ ** each person	\$ 0
Supplemental Uninsured Motorists	7	\$ ** each accident	\$ 0
<b>PHYSICAL DAMAGE INSURANCE</b>			
Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus the Deductible For Each Covered Auto			
Comprehensive	7	\$ ** Deductible	\$ 0
Specified Causes Of Loss		**	\$ 0
Collision	7	\$ ** Deductible	\$ 0
<b>Account Credit</b>			Not Applicable
<b>Premium For Endorsements</b>			\$ 0
<b>Estimated Total Premium *</b>			\$ 5,032
<b>NY Enforcement Fee</b>			\$ 0

\*This Policy May Be Subject To Final Audit.

\*\* See ITEM THREE – Schedule of Covered Autos You Own