

INSR LTR

KWISOR

CERTIFICATE OF LIABILITY INSURANCE									
THIS CERTIFICATE IS ISSUED A CERTIFICATE DOES NOT AFFIRM BELOW. THIS CERTIFICATE OF REPRESENTATIVE OR PRODUCER	IATIVEL'	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY THE POLICIES	
IMPORTANT: If the certificate ho If SUBROGATION IS WAIVED, su this certificate does not confer righ	bject to	the	terms and conditions of ficate holder in lieu of su	the po ch end	licy, certain plorsement(s)	oolicies may			
PRODUCER					CONTACT Kelley J Wisor				
Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125					PHONE (A/C, No, Ext): (330) 864-8800 FAX (A/C, No): (330) 864-8661 E-MAIL ADDRESS:				
				ADDIL	NAIC #				
					INSURER(S) AFFORDING COVERAGE				
INSURED				INSURE	RB:		•		
Traxx Recovery, Inc. dba Alex and Son 3 Hartsdale Rd. Elmsford, NY 10523					INSURER C :				
					INSURER D :				
					INSURER E :				
		INSURE							
COVERAGES	ERTIFIC	ATE	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE PO INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR N EXCLUSIONS AND CONDITIONS OF SU	Y REQUI	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORE	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	PECT TO WHICH THIS	
INSR TYPE OF INSURANCE	ADDL				POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIM	ITS	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	

TRAXREC-01

	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	\$
	CLAIMS-MADE OCCUR					PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY SCHEDULED					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
		N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
Α	Fidelity / Crime		1062307	3/31/2020	3/31/2023	Client Property	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) This Fidelity / Crime Coverage Policy is written for a Three Year Term, billed on an annual basis until renewed or cancelled prior. The retention / deductible of

\$100,000 is held by Allied Finance Adjusters Conference, Inc. as applicable laws will allow.

CERTIFICATE HOLDER	CANCELLATION
For Informational Purposes Only	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
	Julta

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