

## **CERTIFICATE OF L**

**KWISOR** 

ACORD <sup>®</sup>	CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YYYY) 3/18/2020			
CERTIFICATE DOES N BELOW. THIS CERTIN	ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFIC IOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED FICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURE PRODUCER, AND THE CERTIFICATE HOLDER.	<b>D BY THE POLICIES</b>			
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).					
	CONTACT Kelley   Wisor				

MIDWREC-01

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).					
PRODUCER	CER CONTACT Kelley J Wisor				
Brunswick Insurance Agency, Inc. 5309 Transportation Blvd	PHONE (A/C, No, Ext): (330) 864-8800	FAX (A/C, No):(330)	864-8661		
Cleveland, OH 44125	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING C	OVERAGE	NAIC #		
	INSURER A : Hanover Insurance Com	<b>INSURER A : Hanover Insurance Companies</b>			
INSURED	INSURER B :				
Midwest Recovery & Adjustment, Inc.	INSURER C :				
14666 Telegraph Rd.	INSURER D :				
Detroit, MI 48239	INSURER E :				
	INSURER F :				

## **COVERAGES CERTIFICATE NUMBER:**

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY	THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED. NOTWI	THSTANDING ANY REQUIREMENT, TERM OR CONDITION (	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
CERTIFICATE MAY E	BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDE	D BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,
EXCLUSIONS AND CO	ONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BE	EN REDUCED BY PAID CLAIMS.

INSR LTR			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS
	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED 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 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	
							E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYE	E \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Α	A Fidelity / Crime			1062271	3/31/2020	3/31/2023	Client Property	1,000,000
1		1						

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 Information 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
	Josephin -

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