

MIDWREC-01

TMUMPFIELD

3/31/2021

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.

CERTIFICATE OF LIABILITY INSURANCE

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).

	nis certificate does not confer rights to							require an endorsemen	I. A SI	tatement on	
PRODUCER Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125						CONTACT Teresa Bennett					
						PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: tbennett@brunswickcompanies.com					
					INSURE	R A : Hanove	r Insuranc	e Companies		22292	
INSURED Midwest Recovery & Adjustment, Inc. 14666 Telegraph Rd. Detroit, MI 48239						INSURER B:					
						RC:					
						INSURER D:					
						INSURER E :					
						RF:					
CO	VERAGES CERT	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY REFERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUIF PERT	REME ΓΑΙΝ,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRA THE POLIC	CT OR OTHEFIES DESCRIB	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR		ADDL:			DELIVI	POLICY EFF	POLICY EXP				
LTR	COMMERCIAL GENERAL LIABILITY		WVD	TOLIOT NOMBER		(MIM/DD/YYYY)	(MM/DD/YYYY)	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-							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							FRODUCTS*COMPTOF AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	ACTOS CINET							,	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$		
Α	Fidelity/Crime			1062271		3/31/2021	3/31/2022	Client Property		1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Fidelity / Crime Coverage Policy is writt 0,000 is held by Allied Finance Adjusters						e space is requii il renewed or	red) cancelled prior. The reter	ntion /	deductible of	
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						
					1 10/4/2	<u> </u>					