



CERTIFICATE OF LIABILITY INSURANCE

TBENNETT

3/17/2021

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.

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).

	SUBROGATION IS WAIVED, subjecting subjections subject to the subjection is certificate does not confer rights to							require an endorsemen	τ. AS	tatement on	
PRODUCER Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125						CONTACT Teresa Bennett					
						PHONE FAX (A/C, No, Ext): (A/C, No):					
						E-MAIL ADDRESS: tbennett@brunswickcompanies.com					
						INSURER(S) AFFORDING COVERAGE NAIC #					
				INSURER A : Hanover Insurance Companies				22292			
Done Rite Recovery Services, Inc 3056 E. 170th St. Lansing, IL 60438						INSURER B:					
						INSURER C :					
						INSURER D :					
						INSURER E :					
						INSURER F:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A DED BY	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR	TYPE OF INQUIPANCE	ADDL	SUBR		DEEN	POLICY EFF	POLICY EXP	LIMIT			
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	OCCURRENCE TO COOCK								\$		
								MED EXP (Any one person)	\$		
	OFAUL A CORECATE LIMIT APPLIES PER							PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC							GENERAL AGGREGATE	\$		
	OTHER:							PRODUCTS - COMP/OP AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(Fer accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							NOGINEONIE	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Fidelity / Crime			1062240		3/31/2021	3/31/2022	Client Property	,	1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Fidelity / Crime Coverage Policy is writ 100,000 is held by Allied Finance Adjust						e space is requi til Renewed c	ed) or Cancelled Prior. The Re	tentio	n /Deductible	
	DTIEICATE HOLDED				CANC	SELLATION					
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.					
					AUTHO	RIZED REPRESE	NTATIVE				