

NATIREC-01

KWISOR

3/17/2020

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				ch end	orsement(s)		require an endo	orsemen	t. A Si	atement on	
PRODUCER Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125						CONTACT Kelley J Wisor						
						PHONE (A/C, No, Ext): (330) 864-8800 FAX (A/C, No): (330) 8					364-8661	
						E-MAIL ADDRESS:						
								RDING COVERAGE			NAIC#	
		INSURER A: Hanover Insurance Companies						22292				
INSURED						INSURER B:						
	Nationwide Recovery Service	INSURER C:										
	52 Rte. 125 Kingston, NH 3848	INSURER D:										
95.5., 50 10						INSURER E :						
						INSURER F:						
	VERAGES CERT HIS IS TO CERTIFY THAT THE POLICIE			ENUMBER: SURANCE LISTED BELOWI	HAVE B	EEN ISSUED 1	TO THE INSU	REVISION NUN RED NAMED ABON		HE PO	LICY PERIOD	
	IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY											
	XCLUSIONS AND CONDITIONS OF SUCH F	POLIC	IES.	LIMITS SHOWN MAY HAVE					DEJECTI	O ALL	THE TERIVIS,	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)		POLICY EXP	LIMITS		S		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC	E	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	Trence)	\$		
								MED EXP (Any one p	person)	\$		
								PERSONAL & ADV I	NJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	r person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Pe		\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	'E	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							PER	OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN		\$		
	If yes, describe under							E.L. DISEASE - EA E		\$		
Α	DÉSCRIPTION OF OPERATIONS below Fidelity / Crime			1062291		3/31/2020	3/31/2023	E.L. DISEASE - POL		\$	1,000,000	
^	ridenty / Orinic			1002231		3/31/2020	3/31/2023	One it i roperty			1,000,000	
L												
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Fidelity / Crime Coverage Policy is write	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requi	red)				
	i Fidelity / Crime Coverage Policy is writ 100,000 is held by Allied Finance Adjust						il Renewed c	or Cancelled Prior	r. The ret	ention	/ deductible	
				, 								
CE	RTIFICATE HOLDER				CANCELLATION							
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	For Informational Purposes (Only										
					AUTHO	RIZED REPRESE	NTATIVE					
		- Soldton										