

CERTIFICATE OF LIABILITY INSURANCE

TMUMPFIELD

DATE ((MM/	DD/	YY	YY)
2/4		201	14	

DAMAFRE-01

				111					CL	3/	26/2021	
C B	ERT ELO	CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMAT OW. THIS CERTIFICATE OF IN RESENTATIVE OR PRODUCER, A	IVEL	Y OF	R NEGATIVELY AMENE DOES NOT CONSTITU	D, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES	
lf	SU	RTANT: If the certificate holde BROGATION IS WAIVED, subje ertificate does not confer rights t	ct to	the	terms and conditions o	f the po	licy, certain	policies may				
	DUCE	v					c⊤ Teresa E					
Bru	nswi	ick Insurance Agency, Inc.				NAME: PHONE FAX (A/C, No, Ext): (A/C, No):						
		ansportation Blvd nd, OH 44125				E-MAIL ADDRESS: tbennett@brunswickcompanies.com						
							INSURER(S) AFFORDING COVERAGE					
						INSURE	INSURER A : Hanover Insurance Companies					
INSU	INSURED					INSURE						
		Damage Free Auto Recover	y			INSURE						
		3201 Wrights Ferry Rd.	-			INSURE	INSURER D :					
		Louisville, TN 37777				INSURE	INSURER E :					
						INSURE						
				-	ENUMBER:				REVISION NUMBER:			
IN C E	IDIC/ ERTI XCLL	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	requ ′ Per	IREME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	ON OF A	NY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHE	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	ECT TO	WHICH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	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								GENERAL AGGREGATE	\$		
									PRODUCTS - COMP/OP AGG	\$		
		OTHER:							COMBINED SINGLE LIMIT	\$		
	AUT								(Ea accident)	\$		
		ANY AUTO OWNED AUTOS ONLY							BODILY INJURY (Per person)	\$		
		AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident			
									(Per accident)	\$ \$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$								\$		
	WOF	RKERS COMPENSATION							PER OTH- STATUTE ER	Ť		
	ANY								E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N / A						E.L. DISEASE - EA EMPLOYE	E\$			
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$			
A	Fid	elity/Crime			1062363		3/31/2021	3/31/2022	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.												
CF	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						

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