

**REPOINC-01** 

**TBENNETT** 

DATE (MM/DD/YYYY) 3/20/2022

## **CERTIFICATE OF LIABILITY INSURANCE**

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.

lf th	SUBROGATION IS WAIVED, subjection is certificate does not confer rights to	ct to o the	the certi	terms and conditions of ificate holder in lieu of su	the pol	licy, certain   lorsement(s)	policies may ).	require an endorsemen	t. As	tatement on	
PRODUCER						CONTACT Teresa Bennett NAME: PHONE FAX					
Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125					NAME: PHONE (A/C, No, Ext): (A/C, No):						
					E-MAIL ADDRESS: tbennett@brunswickcompanies.com						
Giovaldia, Gii 44120						INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A : Hanover Insurance Companies			22292		
Repossessions Inc. South 2007 N. Old Dixe						INSURER B:					
						INSURER C:					
						RD:					
Fort Pierce, FL 34946					INSURE						
					INSURE						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
IN C	HIS IS TO CERTIFY THAT THE POLICIED INCATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TC	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					<b>,</b>	,, <u> </u>	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- LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							DED OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below			4000404		3/31/2022	2/24/2022	E.L. DISEASE - POLICY LIMIT  Client Property	\$	4 000 000	
А	Fidelity / Crime			1062461		3/3 1/2022	3/31/2023	Client Property		1,000,000	
DES This \$100	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Fidelity/Crime Coverage Policy is writt ,,000 is held by Allied Finance Adjuster	LES (A en fo s Cor	ACORE r a Th nferer	D 101, Additional Remarks Schedu nree Year Term, billed on a nce, Inc. as applicable laws	le, may b n Annu s will al	e attached if mor al Basis unti low.	e space is requii I Renewed or	red) Cancelled Prior. The Ref	ention	n/Deductible of	
CE	RTIFICATE HOLDER				CANC	ELLATION					
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				