

## **CERTIFICATE OF LIABILITY INSURANCE**

**TMUMPFIELD** 

DATE (MM/DD/YYYY)

**DRAGREC-01** 

01/10/2018

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.

	nis certificate does not confer rights to				ich end	lorsement(s)		require an endorsemen	t. A St	atement on	
PRODUCER Brunswick Insurance Agency, Inc. 2857 Riviera Drive Akron, OH 44333						CONTACT Kelley Wisor					
						PHONE (A/C, No, Ext): 4255 FAX (A/C, No):					
						E-MAIL ADDRESS: kwisor@brunswickcompanies.com					
						INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #	
				INSURER A : Hanover Insurance Companies							
Dragon Recovery LLC 11626 Wards Rd. Rustburg, VA 24588						INSURER B:					
						INSURER C:					
						INSURER D:					
						INSURER E :					
						INSURER F:					
				NUMBER:				REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RI										
C	ERTIFICATE MAY BE ISSUED OR MAY	PER <sup>1</sup>	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLICE	IES DESCRIB	SED HEREIN IS SUBJECT T			
	XCLUSIONS AND CONDITIONS OF SUCH F	POLIC ADDL			BEEN F	POLICY EFF		I			
INSR LTR		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							DER OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
_	DÉSCRIPTION OF OPERATIONS below  Fidelity / Crime			1062475		12/14/2017	02/24/2020	E.L. DISEASE - POLICY LIMIT  Client Property	\$	1,000,000	
Α	Fidenty / Crime			1002475		12/14/2017	03/31/2020	Chefit Property		1,000,000	
DES This	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Fidelity / Crime Coverage Policy is write	.ES (A ten fo	CORD or a T	0 101, Additional Remarks Schedu Three Year Term, billed on	ile, may b an Ann	e attached if mor ual Basis unt	e space is requir	red) or Cancelled Prior.  The Ro	etentio	n / Deductible	
	250,000 is held by Allied Finance Adjuste										
					•						
CE	RTIFICATE HOLDER			CANCELLATION							
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
	For Informational Burnages (	Only			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	For Informational Purposes (	Unity			ACCORDANCE WITH THE POLICY PROVISIONS.						
						DIZED DES	AIT A TP /=				
					AUTHORIZED REPRESENTATIVE						
					I State						