

## **CERTIFICATE OF LIABILITY INSURANCE**

TMUMPFIELD

3/31/2021

**FINANOT-02** 

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).

	nis certificate does not confer rights to				ich end	lorsement(s)		require an endorsemen	i. A S	atement on	
PRODUCER Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125						CONTACT Teresa Bennett					
						PHONE					
						E-MAIL ADDRESS: tbennett@brunswickcompanies.com					
						INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #	
					INSURE	RA: Hanove	r Insuranc	e Companies		22292	
NC Recovery Services 578 Old Roberts Rd.						RB:					
						INSURER C:					
						INSURER D:					
	Benson, NC 27504		INSURER E :								
						INSURER F:					
СО	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCHI	EQUIF PERT	REME ΓΑΙΝ,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR		ADDL	SUBR		DLLINI	POLICY FFF	POLICY EXP	LIMIT	•		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$		
	GEAINIO-NIADE GOOGIC							PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC							GENERAL AGGREGATE	\$		
								PRODUCTS - COMP/OP AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$		
	HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMPREU A LIAR COCCUR								\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$		
								AGGREGATE	\$		
	DED RETENTION \$  WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR (PARTALE) (EXPOUNTING								_		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
A	DÉSCRIPTION OF OPERATIONS below  Fidelity/Crime			1062476		3/31/2021	3/31/2022	E.L. DISEASE - POLICY LIMIT  Client Property	\$	1,000,000	
	a raonty, or mile					0/01/2021	0/01/2022	one in report,		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	red) or Cancelled Prior. The Ro	etentio	n / Deductible	
CE	RTIFICATE 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						