

CERTIFICATE OF LIABILITY INSURANCE

TMUMPFIELD

DATE (MM/DD/YYYY)

GATE&AS-01

				ICATE OF LIP					3/:	26/2021		
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).												
PRODUCER							CONTACT Teresa Bennett					
Brunswick Insurance Agency, Inc.						PHONE FAX (A/C, No, Ext): (A/C, No):						
5309 Transportation Blvd Cleveland, OH 44125					E-MAIL ADDRESS: tbennett@brunswickcompanies.com							
						INSURER(S) AFFORDING COVERAGE						
						INSURER A : Hanover Insurance Companies						
INSURED						INSURER B :						
Gates & Associates					INSURER C :							
604 N. 36th St.					INSURER D :							
Nampa, ID 83687					INSURER E :							
					INSURER F :							
				ENUMBER:	REVISION NUMBER: 1							
IN C E	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	equir Pert Polic	REME AIN, IES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC 7 THE POLICI REDUCED BY I	CT OR OTHEF ES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs			
	COMMERCIAL GENERAL LIABILITY							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- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:							COMBINED SINGLE LIMIT	\$			
								(Ea accident)	\$			
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$			
	AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE				
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$							AGGREGATE	\$			
	WORKERS COMPENSATION							PER OTH-	Ψ			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
A	Fidelity/Crime			H219051		3/31/2021	3/31/2022	Client Property		1,000,000		
This \$100	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL 5 Fidelity / Crime Coverage Policy is writt 0,000 is held by Allied Finance Adjusters <u>RTIFICATE HOLDER</u> For Informational Purposes 0	ten fo Conf	r a tl	hree year term, billed on a	CANC	al basis until low. CELLATION ULD ANY OF 1 EXPIRATION	renewed or o	red) cancelled prior. The reten ESCRIBED POLICIES BE C IEREOF, NOTICE WILL Y PROVISIONS.	ANCELI	LED BEFORE		
						AUTHORIZED REPRESENTATIVE						

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