

YSHAW

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2017

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).

	SUBROGATION IS WAIVED, subjecting subjections to subject the subject of the subject in the subje							require an endorsemei	nt. A S	tatement 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) AFFO	RDING COVERAGE		NAIC #	
				INSURER A: Hanover Insurance Companies							
Georgia Collateral Recovery Bureau, Inc. 623 Fussell Rd.						INSURER B:					
						INSURER C:					
						INSURER D:					
	Leesburg, GA 31763		INSURER E :								
				INSURER F:							
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
II C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RETTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION , THE INSURANCE AFFORI	N OF A DED BY	NY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT TO	WHICH THIS	
INSR	TYPE OF INQUENTION	ADDL	SUBR		DEEN	POLICY EFF	POLICY EXP	LIMI	те		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	GE LINE IN LEE								\$		
								MED EXP (Any one person)	\$		
	CENTI ACCRECATE LIMIT APPLIES PER.							PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$		
	OTHER:							PRODUCTS - COMP/OP AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(i ei accident)	s s		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$	1						//OGNEG/TE	s		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	1		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYER			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
Α	Fidelity / Crime			1062224		03/31/2017	03/31/2020	Client Property		1,000,000	
L											
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Fidelity / Crime Coverage Policy is writ 250,000 is held by Allied Finance Adjust						re space is requi til Renewed c	red) or Cancelled Prior. The re	tention	/ deductible	
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					
						Joseph					