

KWISOR



CERTIFICATE OF LIABILITY INSURANCE

3/12/2020

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				ch end	orsement(s)		require an endo	rsemen	i. A Si	atement on	
PRODUCER Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125						CONTACT Kelley J Wisor						
						PHONE (A/C, No, Ext): (330) 864-8800 FAX (A/C, No): (330) 864-866						
						E-MAIL ADDRESS:						
								RDING COVERAGE			NAIC #	
		INSURER A: Hanover Insurance Companies						22292				
INSURED						INSURER B:						
	Georgia Collateral Recovery	INSURER C:										
	623 Fussell Rd. Leesburg, GA 31763	INSURER D:										
Loosburg, On Oll O						INSURER E :						
						INSURER F:						
				NUMBER:				REVISION NUM				
	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RI											
C	ERTIFICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORI	DED BY	THE POLICI	ES DESCRIB	ED HEREIN IS SU				
				VE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP								
INSR LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY		SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE	D	\$		
	CLAIMS-IMADE OCCUR							PREMISES (Ea occur	rence)	\$		
								MED EXP (Any one p	,	\$		
								PERSONAL & ADV IN		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC							GENERAL AGGREGA		\$		
								PRODUCTS - COMP/	OP AGG	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$		
	ANY AUTO							(Ea accident)	,	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per		\$		
	HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Per PROPERTY DAMAGE		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	_	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$							ACCILLONIE		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Ψ		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E		•		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI		\$		
Α	Fidelity / Crime			1062224		3/31/2020	3/31/2023	Client Property			1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Fidelity / Crime Coverage Policy is writt	ES (A	CORD	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requi	red)				
	s Fidelity / Crime Coverage Policy is writt 100,000 is held by Allied Finance Adjusto						il Renewed o	or Cancelled Prior	. The ret	ention	/ deductible	
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L												
CE	RTIFICATE HOLDER	CANCELLATION										
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							
	For Informational Purposes (Only			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
					AUTHO	RIZED REPRESE	NTATIVE					
		Soldler -										