

TBENNETT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/3/2023

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.

lf th	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	t to	the cert	terms and conditions of ificate holder in lieu of su	ch end	orsement(s)	policies may	require an endorseme	nt. As	tatement on	
PRODUCER						CONTACT NAME: PHONE (220) 964,9900 FAX (220) 964,9661					
Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125					PHONE (A/C, No, Ext): (330) 864-8800 FAX (A/C, No): (330) 864-8661						
					E-MAIL ADDRESS:						
					INSURER(S) AFFORDING COVERAGE				NAIC #		
						INSURER A: Hanover Insurance Companies				22292	
Midwest Recovery 15415 Chatfield Ave.						INSURER B:					
						INSURER C:					
						INSURER D:					
Cleveland, OH 44111					INSURE	RE:					
					INSURER F:						
CO	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:	1		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFORM . LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESI ED HEREIN IS SUBJECT	PECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	ITS		
	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 AGO	i \$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per acciden	t) \$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							DED 0711	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYE	E \$		
	DESCRIPTION OF OPERATIONS below			DDW 400005 00		0/04/0000	0/04/0004	E.L. DISEASE - POLICY LIMI	- \$	4 000 000	
А	Fidelity / Crime			BDW-1062335-02		3/31/2023	3/31/2024	Client Property		1,000,000	
DES This \$75,	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE Fidelity / Crime coverage policy is writt 000 is held by Allied Finance Adjusters	ES (asen for Conf	ACORE or a the	Long the second second learn in the second lea	le, may b n annua will allo	e attached if mor Il basis until i ow.	e space is requirerenewed or c	 red) ancelled prior. The reter	ition/de	ductible of	
CF	RTIFICATE HOLDER				CANC	ELLATION					
For Insurance 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					