

TBENNETT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/23/2022

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.

	SUBROGATION IS WAIVED, subjecting subjections is certificate does not confer rights							require an endorsemen	t. As	tatement on	
PRODUCER Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125						CONTACT Teresa Bennett					
						PHONE FAX					
						(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS: tbennett@brunswickcompanies.com					
					INIOUIDE			RDING COVERAGE		NAIC #	
INCLIDED						INSURER A : Hanover Insurance Companies INSURER B :				22232	
Midwest Recovery 15415 Chatfield Ave. Cleveland, OH 44111 COVERAGES CERTIFICATE NUMBER:						INSURER C :					
						INSURER D:					
						RE:					
						REVISION NUMBER: 1					
T	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY I	ES O	F INS	SURANCE LISTED BELOW ENT, TERM OR CONDITION	N OF A	NY CONTRA	TO THE INSUI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE	CT TC	WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH								O ALL	THE TERMS,	
INSR	TYPE OF INSURANCE		SUBR				POLICY EXP (MM/DD/YYYY)		s		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD			(WIN/DD/TTTT)	(IMIM/DD/TTTT)	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-							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							PRODUCTS - COMP/OF AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(i ei accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	:						AGGREGATE	\$		
	DED RETENTION \$							//OGILEO/IIE	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	Ψ		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
Α	Fidelity / Crime			1062335		3/31/2022	3/31/2023	Client Property	Ψ	1,000,000	
This	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Fidelity / Crime Coverage Policy is wr 0,000 is held by Allied Finance Adjuster	tten f	or a T	Three Year Term, billed on	an anni	ual basis unt	 re space is requii il renewed or	red) cancelled prior. The reter	ntion /	deductible of	
<u> </u>	DTIFICATE HOLDED				CANC	TI LATION					
UE	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.					
					AUTHOR	RIZED REPRESE	NTATIVE				