

KWISOR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/18/2020

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.

lf th	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	ct to the	the certi	terms and conditions of ificate holder in lieu of su	the pol	licy, certain orsement(s)	policies may	require an endorseme	ent. As	tatement 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) 86				864-8661		
					E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE				NAIC #	
						INSURER A : Hanover Insurance Companies			22292		
INSURED Midwest Recovery 15415 Chatfield Ave.						INSURER B:					
						INSURER C:					
						INSURER D:					
Cleveland, OH 44111					INSURER E :						
					INSURER F:						
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORM	N OF A	NY CONTRA THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RES ED HEREIN IS SUBJECT	PECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	MITS		
	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	3 \$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accider	nt) \$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							1050	\$		
	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 EMPLOY	<u>=</u> E \$		
	DÉSCRIPTION OF OPERATIONS below			4000005		0/04/0000	0/04/0000	E.L. DISEASE - POLICY LIMI	Т \$	4 000 000	
А	Fidelity / Crime			1062335		3/31/2020	3/31/2023	Client Property		1,000,000	
\$100	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Fidelity / Crime Coverage Policy is writ ,000 is held by Allied Finance Adjusters	LES (Aten for Contract of Cont	ACORE or a T nferer	D 101, Additional Remarks Schedu Three Year Term, billed on nce, Inc. as applicable laws	s will al	low	e space is requii il renewed or	ed) cancelled prior. The re	ention /	deductible of	
CE	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					