

## **CERTIFICATE OF LIABILITY INSURANCE**

TMUMPFIELD

3/29/2021

**KNIGREC-01** 

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)

lf th	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	t to the	the certi	terms and conditions of ificate holder in lieu of su	the pol	icy, certain   orsement(s)	policies may	require an endorsemen	t. As	tatement on	
PRODUCER Brunswick Insurance Agency, Inc.						CONTACT Teresa Bennett NAME: PHONE FAX					
						NAME: PHONE (A/C, No, Ext): (A/C, No):					
5309 Transportation Blvd Cleveland, OH 44125					E-MAIL ADDRESS: tbennett@brunswickcompanies.com						
Giovaldia, Gii 44126						INSURER(S) AFFORDING COVERAGE NAIC					
						INSURER A : Hanover Insurance Companies				22292	
INSURED  Knight Recovery, Inc. 14036 Avalon Blvd.						INSURER B:					
						INSURER C:					
						INSURER D:					
Los Angeles, CA 90065					INSURER E:						
					INSURER F:						
CO	VERAGES CER	TIFIC	CATE	NUMBER:				<b>REVISION NUMBER: 1</b>			
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 CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TC	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	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- LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							PER OTH- STATUTE ER	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N										
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
Α	DÉSCRIPTION OF OPERATIONS below  Fidelity/Crime			1062171		3/31/2021	3/31/2022	Client Property	\$	1,000,000	
	-							. ,			
DESC This of \$1	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Fidelity / Crime Coverage Policy is writ 00,000 is held by Allied Finance Adjust	LES (/ ten fo ers C	ACORD or a T	 D 101, Additional Remarks Schedu  Three Year Term, billed on  rence, Inc. as applicable la	le, may b an Ann iws will	e attached if mor ual Basis unt allow	e space is requii iil Renewed c	ed) or Cancelled Prior. The R	etenti	on / 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  July					