

CERTIFICATE OF LIABILITY INSURANCE

TT DATE (MM/DD/YYYY)

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247RECO-01

								4/	/30/2021
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	IVEL SURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	вү тн	IE POLICIES
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain	olicies may			
PRODUCER				CONTA	^{c⊤} Teresa B	ennett			
Brunswick Insurance Agency, Inc.				PHONE			FAX		
5309 Transportation Blvd				(A/C, No	o, Ext):	@h.m.m.a.u.la	(A/C, No):		
Cleveland, OH 44125				ADDRE	_{SS:} thennett	eprunswic	kcompanies.com		
					INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
				INSURE	R A : Hanove	r Insurance	e Companies		22292
INSURED				INSURE	R B ·		•		
0.4/7 D									
24/7 Recovery 1620 4th St. NW				INSURE					
Albuquerque, NM 87102				INSURE	RD:				
· ····································				INSURE	RE:				
				INSURE	RF:				
COVERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WITH RESPE	СТ ТО	WHICH THIS
NSP		SUBR		DELINI	POLICY EFF	POLICY EXP		_	
LTR I YPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(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- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
OTHER:								\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO							BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY SCHEDULED							BODILY INJURY (Per accident) \$		
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE		
AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
								\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION \$								\$	
WORKERS COMPENSATION							PER OTH-		
							E.L. EACH ACCIDENT	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A								
If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
DÉSCRIPTION OF OPERATIONS below			400000		0/04/0004	0/04/0000	E.L. DISEASE - POLICY LIMIT	\$	4 000 000
A Fidelity/Crime			1062296		3/31/2021	3/31/2022	Client Property		1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL This Fidelity / Crime Coverage Policy is writ of \$100,000 is held by Allied Finance Adjust	ten fe	or a l	hree Year Term, billed on	an Ann	ual Basis unt	e space is requir il Renewed o	ed) r Cancelled Prior. The Ro	etentio	on / Deductible
				0414					
CERTIFICATE HOLDER				CAN	ELLATION				

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

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