

## CORD

## **CERTIFICATE OF LIABILITY INSURANCE**

KWISOR

DATE (MM/DD/YYYY) 02/20/2017

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).

	is certificate does not confer rights to							require an endorseme	III. A SI	atement on	
PRODUCER					CONTACT Kelley J. Wisor						
Brunswick Insurance Agency, Inc. 2857 Riviera Drive						PHONE (A/C, No, Ext): (330) 864-8800 FAX (A/C, No): (330) 864-8661					
	on, OH 44333				E-MAIL ADDRESS:						
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
						INSURER A: Hanover Insurance Companies					
INSURED						INSURER B:					
	San Antonio Recovery, Inc.				INSURER C:						
PO Box 100287 San Antonio, TX 78201						INSURER D :					
						INSURER E:					
					INSURER F:						
				NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH I	EQUIF PERT	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	PECT TO	WHICH THIS	
INSR		ADDL :			DEEN	POLICY EFF	POLICY EXP	LIM	ITC		
LTR	COMMERCIAL GENERAL LIABILITY		WVD	POLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	020							MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO-							PRODUCTS - COMP/OP AGG			
	OTHER:							TRODUCTUS COMIT/OF ACC	\$		
	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 \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYE	E \$		
	DÉSCRIPTION OF OPERATIONS below			4040004		00/40/0047	40/04/0000	E.L. DISEASE - POLICY LIMIT	\$	4 000 000	
А	Fidelity / Crime			1849224		02/10/2017	12/31/2020	Client Property		1,000,000	
DES:	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL by was issued for a three year term, Prei	_ES (A mium	CORE	0 101, Additional Remarks Schedu illed on a calendar basis u	ile, may b ntil ren	e attached if mor ewed in 2020	re space is requir	red)			
l											
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.					
					AUTHO	RIZED REPRESE	NTATIVE				
		Sold the									