

## CERTIFICATE OF LIABILITY INSURANCE

TMUMPFIELD

DATE (MM/DD/YYYY)

TOWAUTH-01

$\overline{}$								01/	/12/2018	
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).										
PRODU			CONTACT Kelley Wisor							
Brunswick Insurance Agency, Inc. 2857 Riviera Drive Akron, OH 44333				PHONE (A/C, No, Ext): <b>4255</b> FAX (A/C, No):						
				E-MAIL ADDRESS: kwisor@brunswickcompanies.com						
					INSURER(S) AFFORDING COVERAGE				NAIC #	
				INSURER A : Hanover Insurance Companies						
INSURE										
Tow Authority, Inc. 412 Maspeth Ave.					INSURER C : INSURER D :					
	Brooklyn, NY 11211			INSURER E :						
				INSURER F :						
COVE	COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:					
INDI CER	S IS TO CERTIFY THAT THE POLICII ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	EQUIRE!	MENT, TERM OR CONDITIO N, THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL SUE	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$		
							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$		
G							GENERAL AGGREGATE	\$		
							PRODUCTS - COMP/OP AGG	\$		
							COMBINED SINGLE LIMIT	\$		
							(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED						BODILY INJURY (Per accident)			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
_	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB         CLAIMS-MADE           DED         RETENTION \$						AGGREGATE	\$		
	ORKERS COMPENSATION						PER OTH- STATUTE ER	<b>Þ</b>		
	ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$		
	NY PROPRIETOR/PARTNER/EXECUTIVE	N / A					E.L. DISEASE - EA EMPLOYEE	\$		
	yes, describe under ESCRIPTION OF OPERATIONS below		100000		00/04/0047	00/04/0000	E.L. DISEASE - POLICY LIMIT	\$	4 000 000	
A Fi	idelity / Crime		1062300		03/31/2017	03/31/2020	Client Property		1,000,000	
	IPTION OF OPERATIONS / LOCATIONS / VEHIC idelity / Crime Coverage Policy is wri 00 is held by Allied Finance Adjuster					e space is requi l renewed or	<sup>ed)</sup> cancelled prior. The rete	ntion / d	deductible of	
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					
ACORD 25 (2016/03)					© 19	88-2015 AC	ORD CORPORATION.	All rial	nts reserved.	