

TBENNETT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/29/2023

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.

	SUBROGATION IS WAIVED, subjection is certificate does not confer rights t				ıch end	orsement(s)		r require an endor	semen	A S	atement on	
PRODUCER Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125						CONTACT NAME:						
						PHONE (A/C, No, Ext): (330) 864-8800 FAX (A/C, No):(3					330) 864-8661	
						E-MAIL ADDRESS:						
							•	RDING COVERAGE			NAIC #	
		INSURE	RA: Hanove	r Insuranc	e Companies			22292				
Collateral Recovery Services, LLC 21 Ciro Rd. North Branford, CT 6471						INSURER B:						
						INSURER C:						
						INSURER D:						
						INSURER E :						
						INSURER F:						
				E NUMBER:			TO THE INCH	REVISION NUME			101/ 050100	
	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R											
C	ERTIFICATE MAY BE ISSUED OR MAY	PER	TAIN,	, THE INSURANCE AFFOR	DED BY	THE POLICE	IES DESCRIE	BED HEREIN IS SUE				
INSR		ADDL	SUBR		POLICY EFF F		POLICY EXP			•		
LTR			WVD	POLICY NUMBER	(MM/DD/YYYY)		(MM/DD/YYYY)					
								EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
										\$		
								MED EXP (Any one person) PERSONAL & ADV INJURY		\$ \$		
								GENERAL AGGREGATE		\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/O		\$		
	OTHER:							TROBOOTO - COMITAC	31 AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	.IMIT	\$		
	ANY AUTO							BODILY INJURY (Per	person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per				
	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 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							PER OTH- STATUTE ER				
								E.L. EACH ACCIDENT		\$		
								E.L. DISEASE - EA EMPLOYEE		\$		
				DDW 1222549 04	3/31/2023		2/24/2024	E.L. DISEASE - POLICY LIMIT		\$		
Α	Fidelity / Crime			BDW-J332518-01		3/3 1/2023	3/31/2024	Client Property			1,000,000	
DES This	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Fidelity / Crime coverage policy is writ	LES (A	ACORE or a th	D 101, Additional Remarks Schedu hree-year term, billed on a	_{ile, may b} n annua	e attached if mor I l basis until I	e space is requi renewed or c	red) ancelled prior. The	e retenti	on/de	ductible of	
\$75,	000 is held by Allied Finance Adjusters	Conf	eren	ce, Inc. as applicable laws	will allo	w.		•				
	PTIEICATE HOLDED	CANCELLATION										
CERTIFICATE HOLDER						CANCELLATION						
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE										
	For Informational Purposes	Only			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
						ACCURATION THE FOLIOT PROPRIETOR.						
					AUTHO	RIZED REPRESE	NTATIVE					
					Duff-							
i e		to the then										