

**TBENNETT** 



DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 3/20/2022

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, subject his certificate does not confer rights to							require an endorsemen	τ. AS	tatement on	
PRODUCER Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125						CONTACT Teresa Bennett					
						PHONE   FAX (A/C, No, Ext): (A/C, No):					
						E-MAIL ADDRESS: tbennett@brunswickcompanies.com					
						INSURER(S) AFFORDING COVERAGE				NAIC#	
					INSURE		` '	e Companies		22292	
Sun West Recovery, Inc. 28053 Mitchell Ave. Punta Gorda, FL 33982						INSURER B:					
						INSURER C:					
						INSURER D:					
						INSURER E:					
						INSURER F:					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIE				HAVE B	EEN ISSUED	TO THE INSU		HE PO	LICY PERIOD	
11	NDICATED. NOTWITHSTANDING ANY RI	EQUI	REME	ENT, TERM OR CONDITIO	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE	CT TC	WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F								O ALL	THE TERMS,	
INSR LTR			SUBR WVD				POLICY EXP (MM/DD/YYYY)		s		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	. 02.01 1102.11		(WIW/DD/TTTT)	(WIW/DD/TTTT)	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:							FRODUCTS - COMF/OF AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)  BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY								\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY							(Fer accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$							AGGREGATE	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	Ψ		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α				1062216		3/31/2022	3/31/2023	Client Property	Ψ	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS //	COBL	) 101. Additional Remarks School	ile. mav k	ne attached if mor	re snace is requi	red)			
This	s Fidelity / Crime Coverage Policy is writ	ten fo	or a T	hree Year Term, billed on	an ann	ual basis unti	il renewed or	cancelled prior. The reter	ntion /	deductible of	
\$100	0,000 is held by Allied Finance Adjusters	Con	nterer	nce, inc. as applicable law	s wiii a	llow					
CERTIFICATE HOLDER						CANCELLATION					
	For Informational Purposes (	Onlv			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	. c. m.c.madonar i arposes (	J.11.y			ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTUA	RIZED REPRESE	NTATIVE				
					AUTHO		AIIVE				
					1 3/1/	<i>#</i>					