

## CERTIFICATE OF LIABILITY INSURANCE

TMUMPFIELD

DATE (MM/DD/YYYY)

SUNWEST-02

			JURAN	UE	4	/6/2021
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).						
PRO	UCER	CONTACT Teresa	Bennett			
	swick Insurance Agency, Inc. Transportation Blvd	PHONE (A/C, No, Ext): E-MAIL ADDRESS: tbennett@brunswickcompanies.com				
	eland, OH 44125					
		IN	SURER(S) AFFO	RDING COVERAGE		NAIC #
		INSURER A : Hanover Insurance Companies				22292
INSU	RED	INSURER B :				
	Sun West Recovery, Inc.	INSURER C :				
	28053 Mitchell Ave. Punta Gorda, FL 33982	INSURER D :				
		INSURER E :				
		INSURER F :				
	/ERAGES CERTIFICATE NUMBER:			REVISION NUMBER:		
IN CE EX	IIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIC RTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR CLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	ON OF ANY CONTRA RDED BY THE POLIC E BEEN REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	РЕСТ ТО	WHICH THIS
INSR LTR	TYPE OF INSURANCE ADDL SUBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
	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	\$	
				PRODUCTS - COMP/OP AGG	\$	
	OTHER:			COMBINED SINGLE LIMIT	\$	
				(Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			BODILY INJURY (Per person)	\$	
				BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)		
	AUTOS ONLY NON-OWNED AUTOS ONLY			(Per accident)	\$	
	UMBRELLA LIAB OCCUR			EACH OCCURRENCE	\$ \$	
	EXCESS LIAB CLAIMS-MADE			AGGREGATE	\$	
	DED RETENTION \$			AGGREGATE	\$	
	WORKERS COMPENSATION			PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE			E.L. EACH ACCIDENT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N / A OFFICER/MEMBER EXCLUDED?			E.L. DISEASE - EA EMPLOYE		
	If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT	- <b>\$</b>	
Α	Fidelity/Crime 1062216	3/31/2021	3/31/2022	Client Property		1,000,000
\$100	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sched Fidelity / Crime Coverage Policy is written for a Three Year Term, billed on 000 is held by Allied Finance Adjusters Conference, Inc. as applicable law RTIFICATE HOLDER For Informational Purposes Only	CANCELLATION	THE ABOVE D	ESCRIBED POLICIES BE	CANCEL	LED BEFORE
		AUTHORIZED REPRESENTATIVE				

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