

KWISOR



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/13/2020

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 to							require an endor	sement	. Ast	atement on	
PRODUCER Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125						CONTACT Kelley J Wisor						
						PHONE (A/C, No, Ext): (330) 864-8800 FAX (A/C, No): (330 E-MAIL ADDRESS:					364-8661	
						INSURER(S) AFFORDING COVERAGE					NAIC #	
		INSURE	R A : Hanove	r Insuranc	e Companies			22292				
INSURED						INSURER B:						
Interlink Recovery Services, LLC 399 Brentwood Dr. Greenville, PA 16125						INSURER C:						
						INSURER D:						
						INSURER E :						
						INSURER F:						
				E NUMBER:				REVISION NUME				
IN Cl	HIS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH SED HEREIN IS SUB	RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD				POLICY EXP (MM/DD/YYYY)		LIMITS	 i		
LIIX	COMMERCIAL GENERAL LIABILITY		****			(MINDD/1111)	(MINIODITITI)	EACH OCCURRENCE	:	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
										\$		
								PERSONAL & ADV INJURY \$				
	GEN'L AGGREGATE LIMIT APPLIES PER:								ENERAL AGGREGATE \$			
	POLICY PRO- LOC							PRODUCTS - COMP/C		\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	IMIT	\$		
	ANY AUTO							BODILY INJURY (Per p	person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per a		\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							PER		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCIDENT	-	\$		
	If yes, describe under							E.L. DISEASE - EA EM				
Α	DÉSCRIPTION OF OPERATIONS below Fidelity / Crime			1062352		3/31/2020	3/31/2023	E.L. DISEASE - POLIC Client Property	Y LIMIT	\$	1,000,000	
^				1002002		0,0 1,2020	0,01,2020	onem reporty			1,000,000	
DESC This of \$1	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Fidelity / Crime Coverage Policy is wri 00,000 is held by Allied Finance Adjus	ELES (Attention of the state of	ACORE or a T	D 101, Additional Remarks Schedu Three Year Term, billed on rence, Inc. as applicable la	ile, may b an Ann aws will	e attached if mor ual Basis unt allow.	re space is requi iil Renewed c	red) or Cancelled Prior.	The rete	ention	/ deductible	
CEI	RTIFICATE 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						