

CERTIFICATE OF LIABILITY INSURANCE

TMUMPFIELD

DATE (MM/DD/YYYY) 12/18/2017

INTEREC-02

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).

	nis certificate does not confer rights to							require an endo	rsement	. A St	atement on	
PRODUCER					CONTACT Kelley Wisor							
Brunswick Insurance Agency, Inc. 2857 Riviera Drive Akron, OH 44333						PHONE (A/C, No, Ext): 4255 FAX (A/C, No):						
						E-MAIL ADDRESS: kwisor@brunswickcompanies.com						
						INSURER(S) AFFORDING COVERAGE NAIC						
						R A : Hanove	er Insurance	e Companies				
INSURED Interlink Recovery Services, LLC						INSURER B:						
						INSURER C:						
399 Brentwood Dr. Greenville, PA 16125					INSURER D:							
Greenville, FA 10125						RE:						
						INSURER F:						
		E NUMBER:	REVISION NUMBER:									
IN C	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITI SED HEREIN IS SU	H RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE	E	\$		
								DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
								MED EXP (Any one p		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY \$		\$		
								GENERAL AGGREGATE \$		\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/	OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Per	person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per		\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE									Φ.		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA E		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI		\$		
Α	Fidelity / Crime			1062352		03/31/2017	03/31/2020	Client Property		Ψ	1,000,000	
of \$2	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Fidelity / Crime Coverage Policy is writ 250,000 is held by Allied Finance Adjust				CANC	CELLATION OULD ANY OF	THE ABOVE D	ESCRIBED POLICI	ES BE CA	NCELL	.ED BEFORE	
For Informational Purposes Only						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE July						