

PO Box 40767 Lansing, MI 48901-7967 866-221-9640 Policy@AssignedRiskSolutions.com AssignedRiskSolutions.com

MICHIGAN RECOVERY SERVICES INC 3164 FREEWAY LANE SAGINAW, MI 48601



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 02/16/2021

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).

th	is certificate does not confer rights	to the	certi	ficate holder in lieu of su	ich end	orsement(s	i).	•			
PRODUCER						CONTACT NAME: AF Specialty Assigned Risk Solutions					
Gary Scigliano Insurance Agency, LLC 2675 S MILFORD RD					PHONE Ext):	(A/C, No,	66-221-9640	) FAX (A/C, No):		844-778-1070	
STE H						ADDRESS: P	Policy@Assigr	nedRiskSolution			
HIGHLAND, MI 48357-4986						INSURER(S) AFFORDING COVERAGE				NAIC #	
THE TIE WE, WILLIAM 10007 1000						INSURER A : Accident Fund Insurance Company of America					
INSURED						INSURER B:					
MICHIGAN RECOVERY SERVICES INC						INSURER C:					
3164 FREEWAY LANE					INSURER D:						
SAGINAW, MI 48601						INSURER E :					
COVERAGES CERTIFICATE NUMBER:						INSURER F:					
				REVISION NUMBER: EEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD							
IN C	DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PE (CLUSIONS AND CONDITIONS OF SUCH	UIREN RTAIN	MENT, , THE I	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON	TRACT OR O	THER DOCUM CRIBED HEREI	ENT WITH RESP	ECT TO WHICH	THIS	
INSR LTR				POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)				
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre	ence) \$		
								MED EXP (Any one per			
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJ	URY \$		
	POLICY PRO- JECT LOC							GENERAL AGGREGAT	E \$		
	OTHER:							PRODUCTS - COMP/O	P AGG \$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	MIT \$		
	ANY AUTO						İ	BODILY INJURY (Per p	erson) \$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per a	ccident) \$		
	HIRED AUTOS NON-OWNED ONLY AUTOS ONLY							PROPERTY DAMAGE	\$		
	UMBRELLA LIAB OCCUR							(Per accident)  EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$	-							\$		
	WORKERS COMPENSATION							X PER	OTH- \$		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	,						SIXIUIL	ER	0.000	
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below			ARP12001817100		02/26/2021	02/26/2022	E.L. EACH ACCIDE	NT \$ 1,00	0,000	
								E.L. DISEASE - EA EMPLOYEE \$ 1,000,000		0,000	
								E.L. DISEASE - PO	LICY LIMIT \$ 1,00	0,000	
	RIPTION OF OPERATIONS / LOCATIONS / VEH	CLES (	ACORD		ule, may b	e attached if m		•			
Excluded Proprietors/Partners/ Named Entities:						Covered Workplaces:					
KEI	utive Officers/Members: INETH IERRE	MICHIGAN RECOVINC				FREEWAY LANE NAW,MI 48601					
CF	RTIFICATE HOLDER		CANCELLATION								
	JAIL HOLDEN			VAROLLLATION							
Allied Finance Adjusters P.O. Box 3853 MIDLAND, TX 79702						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  Al Silengeh					