

TBENNETT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/24/2022

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, subje nis certificate does not confer rights t							require an endorsemen	t. As	tatement on						
PRODUCER Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125 INSURED ARGO Management Group, Inc. 2108 E. 2nd St.						CONTACT Teresa Bennett NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: tbennett@brunswickcompanies.com										
												INSURER(S) AFFORDING COVERAGE NAIC				
												INSURER A : Hanover Insurance Companies				22292
						INSURER B:										
						INSURER C :										
						INSURER D :										
						Coal Valley, IL 61240					INSURER E :					
											INSURER F:					
CO	VERAGES CER	TIFI	CATE	NUMBER:	INCORE			REVISION NUMBER: 1								
T IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES O REQUI	F INS IREMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRA 7 THE POLIC	CT OR OTHEI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	HE PC	WHICH THIS						
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s							
	COMMERCIAL GENERAL LIABILITY	IIIOD	1112			(MINICOS) TO TO	(MANUEL PARTY)	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:								\$							
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$							
	ANY AUTO							BODILY INJURY (Per person)	\$							
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$							
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$							
									\$							
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$							
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$							
	DED RETENTION\$								\$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER								
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$							
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$							
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$							
Α	Fidelity / Crime			1062236		3/31/2022	3/31/2023	Client Property		1,000,000						
\$100	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Fidelity/Crime Coverage Policy is writt 0,00 is held by Allied Finance Adjusters	LES (A en fo Conf	ACORE r a Th	D 101, Additional Remarks Schedunree Year Term, billed on a ce, Inc. as applicable laws	will allo	e attached if mor ial Basis until ow.	re space is requi I Renewed oi	red) Cancelled Prior. The Ref	tention	n/Deductible of						
UE.	RTIFICATE HOLDER				CANC	ELLATION										
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.										
					AUTHO	RIZED REPRESE	NTATIVE									