



CERTIFICATE OF LIABILITY INSURANCE

TMUMPFIELD

DATE (MM/DD/YYYY)

TE (MM/DD/YYYY) 3/29/2021

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).

tł	nis certificate does not confer rights to	the	certi	ficate holder in lieu of su							
PRO	DUCER				CONTA NAME:	^{c⊤} Teresa E	Bennett				
Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125						PHONE FAX (A/C, No, Ext): (A/C, No):					
						E-MAIL ADDRESS: tbennett@brunswickcompanies.com					
						INSURER(S) AFFORDING COVERAGE				NAIC #	
					INIOUEE		` '			22292	
INCLIDED											
INSURED						INSURER B:					
Krietman Towing 4044 Killion Rd.						INSURER C:					
	Troy, TN 38260				INSURER D :						
	,				INSURER E :						
			INSURER F:								
CO	VERAGES CERT	TIFIC	CATE	NUMBER:				REVISION NUMBER: 1			
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRA	CT OR OTHER IES DESCRIB	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
	INSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS			
LIIX	COMMERCIAL GENERAL LIABILITY	IIIOD	****			(MINIODITITI)	(MINDE) 1111)	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
									\$		
								MED EXP (Any one person)			
								PERSONAL & ADV INJURY	\$		
	POLICY PROJECT LOC							GENERAL AGGREGATE	\$		
								PRODUCTS - COMP/OP AGG	\$		
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per person)	\$		
								BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							DED OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Fidelity / Crime			1062367		3/31/2020	3/31/2021	Client Property		1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Fidelity / Crime Coverage Policy is writt 100,000 is held by Allied Finance Adjuste						e space is requir til Renewed o	ed) r Cancelled Prior. The Ro	etentio	n / Deductible	
CERTIFICATE 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 J. J					