

CERTIFICATE OF LIABILITY INSURANCE

KWISOR DATE (MM/DD/YYYY)

2/13/2020

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, subject size to subject this certificate does not confer rights to				ıch enc	lorsement(s)		require an end	lorsemen 	t. As 	tatement on	
PRO	DDUCER	CONTACT Kelley J. Wisor										
Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125										330)	864-8661	
						E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
		INSURER A : Hanover Insurance Companies						22292				
INSURED						INSURER B:						
Elite Recovery Services 111 81 Keith Rd. Beaumont, TX 77713						INSURER C:						
						INSURER D:						
						RE:						
						INSURER F:						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NU	MBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RETRIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WI SED HEREIN IS S	TH RESPE	CT TC	WHICH THIS	
INSR TYPE OF INSURANCE			SUBR			POLICY EFF (MM/DD/YYYY)						
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	. 02.01.110		(INIIVI/DD/TTTT)	(IVIIVI/UU/TTTT)	EACH OCCURREN		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ΓED	\$		
								MED EXP (Any one	·	\$		
								PERSONAL & ADV		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$		
	POLICY PRO- JECT LOC							PRODUCTS - COM		\$		
	OTHER:								.,	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P	er accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		N/A						E.L. EACH ACCIDE	NT	\$		
								E.L. DISEASE - EA	EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
Α	Fidelity / Crime			1849203		2/10/2020	2/10/2023	Client Propert	sy .		1,000,000	
This	CICRIPTION OF OPERATIONS / LOCATIONS / VEHICL S Fidelity / Crime Coverage Policy is writ 0,000 is held by Allied Finance Adjusters	ten f	or a T	hree Year Term, billed on	an ann	ual basis unti	e space is requir I renewed or	red) cancelled prior	. The reter	ntion /	deductible of	
CE	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						
					Juli		NIAIIVE					