

## CERTIFICATE OF LIABILITY INSURANCE

TBENNETT

I	DATE (MM/DD/YYYY)
	4/0/2022

PRAIRJU-03

								4	1912022	
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	IVELY C	OR NEGATIVELY AMEND	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED E	<b>BY TH</b>	E POLICIES	
lf	IPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje	ct to the	e terms and conditions of	f the po	licy, certain	oolicies may				
	is certificate does not confer rights t	o the cel	runcate noider in neu or s							
	DUCER nswick Insurance Agency, Inc.			PHONE	CONTACT Teresa Bennett NAME: PHONE (A/C, No, Ext): CAMPINE (A/C, No): (A/C					
5309	Transportation Blvd			(A/C, No						
Cleveland, OH 44125					E-MAIL ADDRESS: tbennett@brunswickcompanies.com					
				INSURER(S) AFFORDING COVERAGE				NAIC #		
				INSURER A : Hanover Insurance Companies				22292		
INSU				INSURE	INSURER B :					
Prairie Junction Enterprises, LLC dba Colorado Asset					INSURER C :					
	Recovery Specialists 509 E. 11th St.			INSURE	INSURER D :					
	Pueblo, CO 81001			INSURE	RE:					
				INSURE	RF:					
CO	VERAGES CER		E NUMBER:				REVISION NUMBER:		•	
	HIS IS TO CERTIFY THAT THE POLICI	-	-	HAVE B	FEN ISSUED 1					
IN CI E)	DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	PERTAIN POLICIES	MENT, TERM OR CONDITIC N, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS	ED HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
NSR LTR	TYPE OF INSURANCE	ADDL SUE	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								\$		
							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$		
							PRODUCTS - COMP/OP AGG	\$		
	OTHER:						COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY						(Ea accident)	\$		
							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS							\$		
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
	WORKERS COMPENSATION						PER OTH- STATUTE ER	Ŷ		
	AND EMPLOYERS' LIABILITY						E.L. EACH ACCIDENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A								
	If yes, describe under						E.L. DISEASE - EA EMPLOYEE			
A	DÉSCRIPTION OF OPERATIONS below Fidelity / Crime		1062192		3/31/2022	3/31/2023	E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
	,								.,,	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Fidelity / Crime Coverage Policy is wri 0,000 is held by Allied Finance Adjuster					e space is requii renewed or c	ed) ancelled prior. The retenti	ion / d	eductible of	
CEI	RTIFICATE HOLDER	CAN	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.					
				AUTHO	RIZED REPRESE	NTATIVE				

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