

SPEEREC-03

TMUMPFIELD

DATE (MM/DD/YYYY) 4/5/2021

CERTIFICATE OF LIABILITY INSURANCE

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).

	nis certificate does not confer rights to				ıch enc	lorsement(s)	j	require an endorsemen	i. A Si	tatement on	
PRODUCER					CONTACT Teresa Bennett						
Brunswick Insurance Agency, Inc. 5309 Transportation Blvd						PHONE FAX (A/C, No, Ext): (A/C, No):					
Cleveland, OH 44125					E-MAIL ADDRESS: tbennett@brunswickcompanies.com						
						INSURER(S) AFFORDING COVERAGE				NAIC #	
					INSURE	R A : Hanove	er Insuranc	e Companies		22292	
INSURED						INSURER B:					
Speedie Recovery of South Florida 8041 Mainline Pkwy.					INSURER C:						
					INSURE	RD:					
Fort Myers, FL 33912						INSURER E :					
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIE	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR	TVPE OF INQUENTION		SUBR			POLICY EFF		LIMIT	S		
LIIX	COMMERCIAL GENERAL LIABILITY	INOD	1			(MINI/DD/11111)	(MINUDDITTTI)	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- JECT 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 NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							DED	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							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 Fidelity/Crime			1062202		3/31/2021	3/31/2022	E.L. DISEASE - POLICY LIMIT	\$	1 000 000	
А	ridelity/Crime			1062202		3/31/2021	3/31/2022	Client Property		1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE Fidelity / Crime Coverage Policy is write 0,000 is held by Allied Finance Adjusters						re space is requi il renewed or	red) cancelled prior. The rete	ntion /	deductible of	
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 Julian					