

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/23/2025

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).

PRODUCER	CONTACT Autumn Leppan										
Karcher Agency Inc.					PHONE (313) 277-4600 FAX (A/C, No, Ext): (313) 277-4600						
23498 Michigan Ave	E-MAIL ADDRESS:										
	INSURER(S) AFFORDING COVERAGE					NAIC#					
Dearborn			MI 48124	INSURE	RA: Accident	Fund Insuran	ce Co of America			10166	
INSURED					INSURER B:						
Midwest Auto Auction Inc					INSURER C:						
Midwest Recovery & Adjusti	*.		INSURER D :								
14666 Telegraph Rd		,								••••	
Redford		MI 48239			INSURER E:						
	ATE		INSURER F:						L		
COVERAGES CERTIFICATE NUMBER: CL2562300062 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD											
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS											
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,											
EXCLUSIONS AND CONDITIONS OF SUCH		LICIES. LIMITS SHOWN MAY HAVE BEEN ADDL SUBR									
INSR LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	44	
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENC		\$		
			ы				DAMAGE TO RENTE PREMISES (Ea occu		\$		
							MED EXP (Any one p	person)	\$		
								ERSONAL & ADV INJURY \$			
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$		
PRO-							PRODUCTS - COMP		\$	 	
							FRODUCTS - COMP	70F AGG	\$		
OTHER: AUTOMOBILE LIABILITY		+			 		COMBINED SINGLE	LIMIT	\$		
ANY AUTO							(Ea accident)	r nerson)	\$		
OWNED SCHEDULED						e-thermal			\$		
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							BBOBEDT/BANAGE				
		·					(Per accident)				
		↓	 		<u> </u>				\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$		
EXCESS LIAB CLAIMS-MADE					5 ×		AGGREGATE	************	\$		
DED RETENTION \$									\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					8	,	PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A	100038268		06/24/2025	06/24/2026	E.L. EACH ACCIDEN	NT	Ψ	00,000	
(Mandatory in NH)		100030200			00/2-1/2020	00/24/2020	E.L. DISEASE - EA E	EA EMPLOYEE \$ 1,000,0		00,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$ 1,00	00,000	
		1								***************************************	
						re-resident and the second and the s					
						THE STATE OF THE S					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEI	ICLES (A	CORD	101. Additional Remarks Schedule.	may be a	ttached if more s	pace is required)	1		L		
CERTIFICATE HOLDER	CANC	CANCELLATION									
				SCRIBED POLICIE			D BEFORE				
	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
MIDWEST AUTO AUCTION	ACCOUNTE WITH THE PERCENTAGE OF THE PERCENTAGE O										
14666 Telegraph Rd.	AUTHORIZED REPRESENTATIVE										
	-										
Redford MI 48239											
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