

KWISOR



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 3/17/2020

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. 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).

	is certificate does not confer rights to							require an endorseme	it. AS	tatement on	
PRODUCER Brunswick Insurance Agency, Inc. 5309 Transportation Blvd						CONTACT Kelley J Wisor					
						PHONE (A/C, No, Ext): (330) 864-8800 FAX (A/C, No): (330) 864-8661					
	veland, OH 44125				E-MAIL ADDRESS:						
						INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #	
					INSURE	RA: Hanove	r Insuranc	e Companies		22292	
Motion Repossessors, Inc. 8235 Sepulveda PI.						INSURER B:					
						INSURER C:					
						INSURER D:					
Van Nuys, CA 91402					INSURER E:						
						RF:					
CO	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCHI	EQUIR PERT	REME AIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESP SED HEREIN IS SUBJECT	ECT TO	WHICH THIS	
INSR		ADDL S			DELIVI	POLICY EFF	POLICY EXP (MM/DD/YYYY)		TS.		
LTR	COMMERCIAL GENERAL LIABILITY		WVD			(WIW/DD/TTTT)	(IVIIVI/DU/TTTT)	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 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	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYE			
^	DÉSCRIPTION OF OPERATIONS below  Fidelity / Crime			1062165		3/31/2020	3/31/2023	E.L. DISEASE - POLICY LIMIT  Client Property	\$	1.000.000	
^	ridenty / Grime			1002103		3/3 1/2020	3/31/2023	One it i Tope ity		1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Fidelity / Crime Coverage Policy is writt 100,000 is held by Allied Finance Adjust						e space is requii iil Renewed c	 red) or Cancelled Prior. The re	tention	/ deductible	
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  Julia:					