

CERTIFICATE OF LIABILITY INSURANCE

DATE	(MM/DD/YYYY)	
4	14 12022	

MOTIREP-01

						-	4	/1/2022
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVELY O	R NEGATIVELY AMEND DOES NOT CONSTITU	, EXTEND OF		FER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights t	ct to the	terms and conditions of	the policy, ce	rtain	policies may			
PRODUCER								
Brunswick Insurance Agency, Inc.	CONTACT Teresa Bennett NAME: PHONE FAX							
5309 Transportation Blvd Cleveland, OH 44125	(Å/Č, Ňo, Ext): (Å/Č, No): E-MAIL ADDRESS: tbennett@brunswickcompanies.com							
						NAIG #		
	INSURER(S) AFFORDING COVERAGE					NAIC #		
INSURED								
Motion Repossessors, Inc. 8235 Sepulveda PI.			INSURER C :					
Van Nuys, CA 91402								
			INSURER F :					
COVERAGES CER		E NUMBER:	INCORERT .			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICI			HAVE BEEN ISS				THE PO	
INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUIREM PERTAIN POLICIES	ENT, TERM OR CONDITIC , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF ANY CO DED BY THE I BEEN REDUCE	NTRA POLIC D BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY (MM/DD/	<u>′ EFF YYYY)</u>	POLICY EXP (MM/DD/YYYY)	LIM	тѕ	
COMMERCIAL GENERAL LIABILITY				,		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 AUTOS ONLY 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 \$							\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	N/A					E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYE	E \$	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A Fidelity / Crime		1062165	3/31/2	2022	3/31/2023	Client Property		1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC This Fidelity / Crime Coverage Policy is wri of \$100,000 is held by Allied Finance Adjus			aws will allow			red) or Cancelled Prior. The re	etention	/ deductible
CERTIFICATE HOLDER				TION				
For Informational Purposes	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							

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