

## **CERTIFICATE OF LIABILITY INSURANCE**

TBENNETT

DATE (MM/DD/YYYY)
5/14/2021

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).

tł	is certificate does not confer rights to	the	certi	ificate holder in lieu of su							
PRO	DUCER				CONTA NAME:	<sup>c⊤</sup> Teresa E	Bennett				
Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125						PHONE					
						E-MAIL ADDRESS: tbennett@brunswickcompanies.com					
					INSURER(S) AFFORDING COVERAGE				NAIC #		
					INCLIDE		` '	e Companies		22292	
INSURED							, mourano	Companies		LLUL	
						INSURER B :					
McDel Enterprises, Inc 8813 Philadelphia Rd.					INSURER C : INSURER D :						
	Baltimore, MD 21237	1									
		1			INSURER E:						
					INSURER F:						
				E NUMBER:				REVISION NUMBER: 1			
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAI THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY		****			······	(MINUSSITITI)	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 LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							PRODUCTS - COMP/OF AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)  BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EAGU GOOURRENOE	\$		
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$		
								AGGREGATE	\$		
	DED RETENTION \$							PER OTH- STATUTE ER	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N										
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE	•		
Λ	DÉSCRIPTION OF OPERATIONS below  Fidelity / Crime			H480570		3/1/2021	3/31/2022	E.L. DISEASE - POLICY LIMIT  Client Property	\$	1,000,000	
^	ridenty / Grime			11400370		3/1/2021	3/31/2022	Cheffer Poperty		1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Fidelity / Crime coverage policy is writt ,,000 is held by Allied Finance Adjusters						re space is requir renewed or ca	ed) ancelled prior. The retent	ion/ded	ductible 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  JULIA					