

CERTIFICATE OF LIABILITY INSURANCE

TMUMPFIELD

DATE	(MM/DD/YYYY)	
	14 10 0 0 4	

SILV24H-01

								4	/1/2021	
C B	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMATIN BELOW. THIS CERTIFICATE OF INSI REPRESENTATIVE OR PRODUCER, AN	/ELY OI JRANCE	R NEGATIVELY AMEND	, EXTEND	OR ALT	ER THE CO	DVERAGE AFFORDED	BY TH	E POLICIES	
lf	MPORTANT: If the certificate holder f SUBROGATION IS WAIVED, subject his certificate does not confer rights to	to the	terms and conditions of	the policy	, certain p	olicies may				
	DUCER									
Bru	Inswick Insurance Agency, Inc.		CONTACT Teresa Bennett PHONE FAX PHONE FAX							
	9 Transportation Blvd veland, OH 44125			(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS: tbennett@brunswickcompanies.com						
				INSURER(S) AFFORDING COVERAGE					NAIC #	
				INSURER A	Hanove	r Insurance	e Companies		22292	
INSU	URED			INSURER B :						
	Silva 24HR Towing, Inc.		INSURER C :							
	5255 W. 47th St.		INSURER D :							
	Forest View, IL 60638			INSURER E	:					
			INSURER F :							
СО	VERAGES CERT	IFICATE	E NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE XERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH P	QUIREM	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF ANY	CONTRAC	T OR OTHER	DOCUMENT WITH RESP	ECT TO	WHICH THIS	
INSR LTR		NSD WVD				POLICY EXP (MM/DD/YYYY)	LIM	TS		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR					<u>,</u>	EACH OCCURRENCE 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)	\$		
	AUTOS ONLY AUTOS						BODILY INJURY (Per accident PROPERTY DAMAGE) \$		
	HIRED AUTOS ONLY AUTOS ONLY						(Per accident)	\$		
								\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							\$		
	DED RETENTION \$						AGGREGATE	\$		
	WORKERS COMPENSATION						PER OTH-	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYE			
Α	If yes, describe under DESCRIPTION OF OPERATIONS below Fidelity/Crime		1062453	3/	/31/2021	3/31/2022	E.L. DISEASE - POLICY LIMIT Client Property		1,000,00	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE S Fidelity / Crime Coverage Policy is writte 100,000 is held by Allied Finance Adjuste					e space is requir I Renewed o	^{ed)} r Cancelled Prior. The I	Retentio	n / Deductible	
CE	RTIFICATE HOLDER			CANCEL						
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.					
l	1	AUTHORIZED REPRESENTATIVE								
**	ORD 25 (2016/03)				@ 100	0 2015 10	ORD CORPORATION		hte recorved	

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