

TBENNETT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/29/2023

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to				ıch end	orsement(s)		require an endorsem	ent. A s	statement on	
PRODUCER Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125						CONTACT NAME: PHONE (220) 964 9800 FAX (220) 964 9661					
						(A/C, No, Ext): (330) 604-6000 (A/C, No): (330) 604-600 I					
						E-MAIL ADDRESS:					
						INSURER(S) AFFORDING COVERAGE				NAIC #	
						INSURER A: Hanover Insurance Companies				22292	
						INSURER B:					
	Xtreme Auto Recovery, Inc.				INSURER C:						
17 Frederick St.					INSURER D:						
Constantia, NY 13044					INSURER E:						
					INSURER F:						
CC	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:			
li C	HIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY RERTIFICATE MAY BE ISSUED OR MAY	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORM	N OF A DED BY	NY CONTRAC	CT OR OTHEI IES DESCRIE	R DOCUMENT WITH RES BED HEREIN IS SUBJEC	PECT TO	O WHICH THIS	
	XCLUSIONS AND CONDITIONS OF SUCH				BEEN						
INSF LTR		INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		MITS		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$		
								PRODUCTS - COMP/OP AG			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person			
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accide			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(i ei accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOY	EE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	т \$		
Α	Fidelity / Crime			BDW-1062323-02		3/31/2023	3/31/2024	Client Property		1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC S Fidelity / Crime coverage policy is writ 000 is held by Allied Finance Adjusters						re space is requi renewed or c	 red) ancelled prior. The rete	ntion/de	eductible of	
For Informational Purposes Only						CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					