

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

XTREAUT-01

If SU	DR JB	TAN ROG	T: I ATIC	the on the one of the other the othe	cei W/	AIVED, subje	risa ctto	n AD the	DITIONAL INSURED, the terms and conditions of ficate holder in lieu of su	the pouch	licy, certain lorsement(s)	policies may).				
PRODUCER Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125										CONTACT Kelley J Wisor						
										PHONE (A/C, No, Ext): (330) 864-8800 E-MAIL ADDRESS:					(330) 8	364-8661
											INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
										INSURE	R A : Hanove	er Insurance	e Companies			22292
INSURED Xtreme Auto Recovery, Inc.										INSURER B :						
										INSURER C :						
17 Frederick St.										INSURER D :						
Constantia, NY 13044											INSURER E :					
										INSURE	RF:					
COVERAGES CERTIFICATE NUMBER:										REVISION NUMBER:						
INDIC CERT		TED. ICATE	NO MA	WITHS Y BE I	STA SS	NDING ANY FOUED OR MAY	PER	REME TAIN,	URANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH R ED HEREIN IS SUBJ	ESPE	СТ ТО	WHICH THIS
INSR LTR			TYPE	OF INSU	JRA	NCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	C	сомм	ERCIA	L GENE	RAI						. ,		EACH OCCURRENCE		\$	
		CI	AIMS	MADE		OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrend	ce)	\$	
													MED EXP (Any one perso	on)	\$	
													PERSONAL & ADV INJUI	RY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:					AP	PLIES PER:							GENERAL AGGREGATE		\$	
						LOC							PRODUCTS - COMP/OP	AGG	\$	
OTHER:															\$	
AUTOMOBILE LIABILITY													COMBINED SINGLE LIM (Ea accident)	IT	\$	
	ANY AUTO												BODILY INJURY (Per per	rson)	\$	
	OWNED AUTOS ONLY HIRED AUTOS ONLY NON-OWNED AUTOS ONLY											BODILY INJURY (Per acc PROPERTY DAMAGE (Per accident)	cident)	\$ \$		
	ľ				7′										\$	
	ι	UMBRE		IAB		OCCUR							EACH OCCURRENCE		\$	
	E	EXCES	S LIAI	3		CLAIMS-MADE							AGGREGATE		\$	
	6	DED		RETENT	ION	1\$	1								\$	
													PER C STATUTE E	DTH-		
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE					R/E								E.L. EACH ACCIDENT		\$	
OFF (Ma	OFFICER/MEMBER EXCLUDED?					?	N/A						E.L. DISEASE - EA EMPL	OYEE		
If ye	If yes, describe under DESCRIPTION OF OPERATIONS below												E.L. DISEASE - POLICY LIMIT \$			
	A Fidelity / Crtime								1062323		3/31/2020	3/31/2023	Client Property		·	1,000,000
									101, Additional Remarks Schedu hree Year Term, billed on hce, Inc. as applicable laws			re space is requir il renewed or	^{red)} cancelled prior. The	e reter	ntion /	deductible o

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				
	Josefler				

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