

## CERTIFICATE OF LIABILITY INSURANCE

TMUMPFIELD

DATE (MM/DD/YYYY)

EVANREC-01

						3/	26/2021
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	FIVELY (	OR NEGATIVELY AMEND	, EXTEND OR ALT	ER THE CO	OVERAGE AFFORDED E	BY TH	E POLICIES
IMPORTANT: If the certificate hold If SUBROGATION IS WAIVED, subject this certificate does not confer rights	ect to th	e terms and conditions of	the policy, certain	policies may			
PRODUCER	CONTACT Teresa Bennett   NAME: PHONE FAX   (A/C, No, Ext): (A/C, No):						
Brunswick Insurance Agency, Inc. 5309 Transportation Blvd							
Cleveland, OH 44125	E-MAIL ADDRESS: tbennett@brunswickcompanies.com						
	INSURER(S) AFFORDING COVERAGE				NAIC #		
	INSURER A : Hanover Insurance Companies				22292		
INSURED	INSURER B :						
Evans Recovery Specialist 119 Senator St.	INSURER C :						
Texarkana, AR 71854			INSURER D :				
	INSURER E : INSURER F :						
COVERAGES CEI		TE NUMBER:	INCORERT !		<b>REVISION NUMBER: 1</b>		1
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	IES OF II REQUIRE ( PERTAI	NSURANCE LISTED BELOW MENT, TERM OR CONDITIO N, THE INSURANCE AFFOR	N OF ANY CONTRA	TO THE INSU CT OR OTHEF	RED NAMED ABOVE FOR TH R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT TO	ст то	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SUI	BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	6	
COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED	\$ \$	
					MED EXP (Any one person)	\$	
						\$	
GEN'L AGGREGATE LIMIT APPLIES PER:						\$	
						\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	<u>\$</u> \$	
					(==========	<u>»</u> \$	
OWNED AUTOS ONLY SCHEDULED AUTOS					· · · · /	\$	
HIRED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$ \$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MAD					AGGREGATE	\$	
DED RETENTION \$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					\$	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE		
A Fidelity/Crime		1062161	3/31/2021	3/31/2022	E.L. DISEASE - POLICY LIMIT Client Property	\$	1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI This Fidelity / Crime coverage policy is wri \$100,000 is held by Allied Finance Adjuste	tten for a	three-year term, billed on a	n annual basis until	re space is requi	<sup>red)</sup> ancelled prior. The retenti	on/deo	luctible of
CERTIFICATE HOLDER	CANCELLATION						
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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