

CERTIFICATE OF LIABILITY INSURANCE

TBENNETT

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	E /4	Al	204	24	

NATIREC-01

							U	5/	14/2021
CEF BEL	S CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMATI .OW. THIS CERTIFICATE OF INS PRESENTATIVE OR PRODUCER, AN	IVELY C	R NEGATIVELY AMEND E DOES NOT CONSTITU), EXTEI	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES
If S	ORTANT: If the certificate holder UBROGATION IS WAIVED, subject certificate does not confer rights to	t to the	e terms and conditions of	f the pol	icy, certain j	oolicies may			
PRODU	v								
Brunswick Insurance Agency, Inc. 5309 Transportation Blvd				CONTACT Teresa Bennett NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: tbennett@brunswickcompanies.com					
Clevel	and, OH 44125			ADDRES					1
				INSURER(S) AFFORDING COVERAGE					NAIC #
INSURE				-					22292
	Nationwide Recovery Servic	os Inc			INSURER B :				
	52 Rte. 125	es, me.		INSURER D :					
	Kingston, NH 3848			INSURER E :					
				INSURER F :					
COVE	RAGES CER	TIFICAT	E NUMBER:				REVISION NUMBER:		
INDI CER	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	EQUIREN PERTAIN	IENT, TERM OR CONDITIC	ON OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	
	COMMERCIAL GENERAL LIABILITY				. ,	. ,	EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
G							GENERAL AGGREGATE	\$	
							PRODUCTS - COMP/OP AGG	\$	
<u> </u>	OTHER:						COMBINED SINGLE LIMIT	\$	
A							(Ea accident)	\$	
	ANY AUTO							\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
		N/A					E.L. EACH ACCIDENT	\$	
	FFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$	
D	yes, describe under ESCRIPTION OF OPERATIONS below		4000004		0/04/0004	0/04/0000		\$	4 000 000
A Fi	delity Bond		1062291		3/31/2021	3/31/2022	Client Property		1,000,000
of \$100	PTION OF OPERATIONS / LOCATIONS / VEHICI delity / Crime Coverage Policy is writ 0,000 is held by Allied Finance Adjust			CANC	allow. ELLATION				
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.					
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