

CERTIFICATE OF LIABILITY INSURANCE

TMUMPFIELD

DATE (MM/DD/YYYY)

BAKEREC-01

										3	/5/2021	
	CERT BELC	CERTIFICATE IS ISSUED A TIFICATE DOES NOT AFFIR OW. THIS CERTIFICATE O RESENTATIVE OR PRODUCE	MATIVE	ELY O	R NEGATIVELY AMEND E DOES NOT CONSTITU	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	вү тн	E POLICIES	
	f SU	RTANT: If the certificate h BROGATION IS WAIVED, s	ubject	to the	terms and conditions of	f the po	licy, certain	policies may				
	his c	ertificate does not confer rig	nts to th	ne cer	tificate holder in lieu of s							
PRODUCER						CONTACT Tina Mumpfield						
Brunswick Insurance Agency, Inc. 5309 Transportation Blvd							(A/C, No, Ext): 4262 (A/C, No):					
INSURED Baker Recovery, Inc.						E-MAIL ADDRESS: tmumpfield@brunswickcompanies.com						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : Hanover Insurance Companies					22292	
						INSURER B :						
						INSURER C :						
		7509 E. 11th St.				INSURER D :						
		Tulsa, OK 74112				INSURER E :						
						INSURER F :						
_ C (OVEF	RAGES	CERTIF	FICAT	E NUMBER:	REVISION NUMBER:						
	NDIC. CERT EXCLI	IS TO CERTIFY THAT THE PO ATED. NOTWITHSTANDING A IFICATE MAY BE ISSUED OR USIONS AND CONDITIONS OF S	NY REQ MAY PE UCH PO	UIREN RTAIN LICIES	IENT, TERM OR CONDITIC , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHEI IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T 5.	ст то	WHICH THIS	
INS LTI	R 2	TYPE OF INSURANCE	AD INS	DL SUBI SD WVD	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	\$		
	GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
		OTHER:								\$		
	AU								COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY AUTOS								\$		
		HIRED NON-OWNE AUTOS ONLY)						PROPERTY DAMAGE (Per accident)	\$		
										\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS	ADE						AGGREGATE	\$		
		DED RETENTION \$								\$		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
		PROPRIETOR/PARTNER/EXECUTIVE	<u>Y / N</u> N /						E.L. EACH ACCIDENT	\$		
		ICER/MEMBER EXCLUDED?	N /	^					E.L. DISEASE - EA EMPLOYEE	\$		
A	DÉS	is, describe under SCRIPTION OF OPERATIONS below elity / Crime			1062343		3/31/2020	3/31/2023	E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
		TION OF OPERATIONS / LOCATIONS / elity / Crime Coverage Policy i) is held by Allied Finance Adj						e space is requi il renewed or	ired) r cancelled prior. The reter	ntion /	deductible of	
	RTI	FICATE HOLDER				CANCELLATION						
++++ For Information 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						

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