

## CERTIFICATE OF LIABILITY INSURANCE

TBENNETT

DATE (	(MM/DD/YYYY	)
<b>5</b> /·	10/2021	

BAKEREC-01

								5/	10/2021		
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. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
	DUCER				<sup>c⊤</sup> Teresa E						
Bru	Brunswick Insurance Agency, Inc.				PHONE FAX						
	9 Transportation Blvd /eland, OH 44125			(A/C, No, Ext): E-MAIL ADDRESS: tbennett@brunswickcompanies.com							
				ADDRESS:					NAIC #		
			INSURER A : Hanover Insurance Companies					22292			
INSU	INSURED			INSURER B :							
	Baker Recovery, Inc. 7509 E. 11th St.			INSURE							
Tulsa, OK 74112			INSURE								
				INSURE							
	VERAGES CERT		NUMBER:	INSORE	ΝΓ.		<b>REVISION NUMBER: 1</b>				
	HIS IS TO CERTIFY THAT THE POLICIES			HAVE B							
IN CI EX	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH P	QUIREME PERTAIN, OLICIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE	ст то	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	NSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5			
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$			
1							MED EXP (Any one person)	\$			
							PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$			
							PRODUCTS - COMP/OP AGG	\$			
	OTHER:							\$			
							COMBINED SINGLE LIMIT	\$			
							(Ea accident)	\$			
	OWNED SCHEDULED						BODILY INJURY (Per person)	<u>э</u> \$			
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE	<u>\$</u> \$			
							(Per accident)				
	UMBRELLA LIAB OCCUR							\$			
	EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE	\$ \$			
	DED RETENTION \$						AGGREGATE				
							PER OTH-	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY DEODDIETOR/DADTNED/EVECUTIVE							¢			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE				
Δ	Fidelity / Crime		1062343		3/31/2021	3/31/2022	E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
									.,,		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) This Fidelity / Crime Coverage Policy is written for a Three Year Term, billed on an annual basis until renewed or cancelled prior. The retention / deductible of \$100,000 is held by Allied Finance Adjusters Conference, Inc. as applicable laws will allow											
CE	RTIFICATE HOLDER	CANCELLATION									
For Information 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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