

KWISOR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/24/2020

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.

	nis certificate does not confer rights to				ich end	lorsement(s)		require an endo	rsemen	t. A S	atement on	
PRODUCER Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125						CONTACT Kelley J Wisor						
						PHONE (A/C, No, Ext): (330) 864-8800 FAX (A/C, No): (330) 86						
						E-MAIL ADDRESS:						
							• •	RDING COVERAGE			NAIC #	
		INSURER A: Hanover Insurance Companies						22292				
INSURED						INSURER B:						
	Tri Star Recovery Service, In	INSURER C:					-					
3250 Hwy 94 N. St. Charles, MO 63301						INSURER D:						
						INSURER E :						
						INSURER F:						
				E NUMBER:				REVISION NUM				
	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RI											
C	ERTIFICATE MAY BE ISSUED OR MAY	PERT	ΓΑΙΝ,	THE INSURANCE AFFORI	DED BY	THE POLICI	IES DESCRIE	BED HEREIN IS SU				
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER						POLICY FFF POLICY FXP						
INSR LTR			WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC DAMAGE TO RENTE		\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occur	rrence)	\$		
								MED EXP (Any one p	erson)	\$		
								PERSONAL & ADV II	NJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP.	OP AGG	\$		
	OTHER:							COMBINED SINGLE	LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	LIIVIII	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per	r person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per PROPERTY DAMAG		\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	L	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							DED	OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	Т	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$		
_	DÉSCRIPTION OF OPERATIONS below			4062202		3/31/2020	2/24/2022	E.L. DISEASE - POLI		\$	4 000 000	
Α	Fidelity / Crime			1062283		3/31/2020	3/31/2023	Client Property			1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Fidelity / Crime Coverage Policy is writ 0,000 is held by Allied Finance Adjusters						re space is requi il renewed or	red) cancelled prior. ⁻	The reter	ntion /	deductible of	
CE	RTIFICATE 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.										
1					AUTHO	RIZED REPRESE	NTATIVE					
		Soldton.										