

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/14/2018

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.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to		licy, certain policies may require an endorsement. A statement on endorsement(s).								
PRO	DUCER	CONTACT Name: Nancy Goverde									
Rec	overy Insurance Services	PHONE (A/C, No, Ext): (877) 902-7376 FAX (A/C, No): (877) 260-4991									
44 Clinton Street						E-MAIL anncy@recoveryinsuranceservices.com					
					INSURER(S) AFFORDING COVERAGE					NAIC#	
Hudson OH 44236						INSURER A: Falls Lake National Insurance Co.					23809
INSU	RED				INSURER B:						
	Michigan Creditors Service Inc.				INSURER C:						
	4500 Remembrance Rd NW		INSURER D:								
						INSURER E:					
Grand Rapids				MI 49534	INSURER F:						
COVERAGES CERTIFICATE NUMBER: CL18514					REVISION NUMBER:						
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES OF II DICATED. NOTWITHSTANDING ANY REQUIF ERTIFICATE MAY BE ISSUED OR MAY PERTA (CLUSIONS AND CONDITIONS OF SUCH PO	REME IN, TH LICIE:	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE	CONTRA POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	DOCUMENT V DHEREIN IS SI AIMS.	VITH RESPECT TO	O WHICH T	HIS	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY						DAMACE TO DENTED			00,000	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)		Ψ Γ 00	,000
Α	Wrongful Repo		FI NIC A DATA DODDET DA			05/18/2018	05/40/0040	MED EXP (Any one person)		\$ 5,000 \$ 1,000,000	
^	<u> </u>		FLNCA011000355-01		03/	03/16/2016	05/18/2019			2 000 000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							2.00		0,000	
	POLICY JECT LOC							PRODUCTS - COMP		\$ 3,00	,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE		-	0.000
	ANY AUTO						05/18/2019	COMBINED SINGLE LIMIT \$ 1,000,0 (Ea accident) \$ 1,000,0 BODILY INJURY (Per person) \$,000	
Α	OWNED SCHEDULED			FLNCA011000355-01	05/	05/18/2018		BODILY INJURY (Per accident) \$			
A	AUTOS ONLY AUTOS NON-OWNED			FLINGAUT1000353-01		05/16/2016		PROPERTY DAMAGE &			
	AUTOS ONLY DriveAway							(Per accident) Medical paymen		\$ 5,00	00
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$ \$	
	DED RETENTION \$							AGGREGATE		\$	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	Ψ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								•	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		\$	
								\$100,000	LIOT LIMIT	•	000 deduct
Α	On-Hook GarageKeepers (DP)			FLNCA011000355-01		05/18/2018	05/18/2019	\$500,000			
	Caragorias para (2 ·)										
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)				
Cer	tificate holder is listed as an additional insure	ed.									
Lot:	4500 Remembrance Rd NW, Grand Rapids	s, MI	49534	1							
\/oh	icles: 2005 International vin#135375; 2007 (^hovr	olot v	in#136020: 2006 Ford vin#36	Ω11						
ven	icies. 2005 international vin#155575, 2007 (SHEVI	olet v	111#130929, 2000 F010 VIII#30	011.						
<u> </u>	TIFICATE UOI DED				0410	CLI ATION					
CEI	RTIFICATE HOLDER		CANC	CANCELLATION							
Allied Finance Adjusters Conference						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	956 S. Bartlett Rd Ste 321 Bartlett, IL 60103				AUTHORIZED REPRESENTATIVE						
	Dartiett, IL 00103				Q- Maley						

			ADDI	TIONAL COVE	RAG	ES				
Ref #	Description Uninsured	n I motorist combined	Coverage Code UMCSL	Form No.	Edition Date					
Limit 1 1,000,0	000	Limit 2	Limit 3	Deductible Amount		ctible Type	Premium			
Ref #	Description Underinsured motorist combined single limit UNCSL						Form No.	Edition Date		
Limit 1 1,000,0		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium			
Ref #	Description	n	Coverage Code	Form No. Edition Date						
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium			
Ref #	Description	n				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type		Premium			
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	nit 3 Deductible Amount		ctible Type	Premium			
				<u> </u>						
Ref #	Description	n				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium			
Ref #	Description	n	Coverage Code	Form No.	Edition Date					
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium			
Ref #	Description	n			Coverage Code	Form No.	Edition Date			
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium			
Ref #	Description	n				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium			
Ref #	Description	n				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Deductible Amount	Deductible Type		Premium				
Ref #	Description	n				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium			
OFADTLCV Copyright 2001, AMS Services, Inc.										