



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/21/2019

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 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).

| | | |
|--|---|-------------------------------------|
| PRODUCER Harding Brooks Associates LLC 441 Commerce Rd Vestal NY 13850 | CONTACT NAME: Melissa Frawley PHONE (A/C, No, Ext): (315)214-5822 E-MAIL ADDRESS: mfrawley@hardingbrooks.com | FAX (A/C, No): (607)798-6693 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED TJL, Inc, DBA: Pratt Adjustment Bureau PO Box 29744 Denver CO 80229 | INSURER A: Wesco Insurance Company | NAIC # 25011 |
| | INSURER B: Underwriters At Lloyd's London | 15642 |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES

CERTIFICATE NUMBER: CL1921316189

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|-----------|----------|------------------|-------------------------|-------------------------|--|-----------------------------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | X | | WPP1803067-00 | 2/21/2019 | 2/21/2020 | EACH OCCURRENCE \$ 1,000,000 | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 | |
| B | <input checked="" type="checkbox"/> Wrongful Repossession E&O | | | MPL-826198437-00 | 2/21/2019 | 2/21/2020 | MED EXP (Any one person) \$ 5,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 | |
| | | | | | | | GENERAL AGGREGATE \$ 3,000,000 | |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ 3,000,000 | |
| | | | | | | | Wrongful Repo (E&O) \$ 1,000,000 | |
| A | AUTOMOBILE LIABILITY | X | | WPP1803067-00 | 2/21/2019 | 2/21/2020 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 | |
| | <input type="checkbox"/> ANY AUTO | | | | | | <input checked="" type="checkbox"/> SCHEDULED AUTOS | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | <input checked="" type="checkbox"/> NON-OWNED AUTOS | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input checked="" type="checkbox"/> Drive Away | | | | | | \$ | |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ | |
| | <input type="checkbox"/> EXCESS LIAB | | | | | | AGGREGATE \$ | |
| | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PER STATUTE OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | | | | | E.L. EACH ACCIDENT \$ | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | | E.L. DISEASE - EA EMPLOYEE \$ | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | |
| A | On-Hook Cargo | | | WPP1803067-00 | 2/21/2019 | 2/21/2020 | Ded \$1,000 \$100,000 | |
| A | Garagekeepers Direct Primary | | | WPP1803067-00 | 2/21/2019 | 2/21/2020 | Ded \$500 / \$2,500 \$600,000 | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is an additional insured only when required by written contract or agreement as per referenced policy forms.

Lot Location: 6800 Downing St Denver, CO 80229

CERTIFICATE HOLDER

(888)949-8520 HomeOffice@alliedfinanceadjusters
 Allied Finance Adjusters
 P.O. Box 3853
 Midland, TX 79702

CANCELLATION

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

Thomas Harding/JON

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ACORD 25 (2014/01)

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