

## **CERTIFICATE OF LIABILITY INSURANCE**

**TMUMPFIELD** 

DATE (MM/DD/YYYY) 3/29/2021

**ISLAREP-01** 

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 in is certificate does not confer rights to							require an endorsemen	t. As	tatement on						
PRODUCER Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125  INSURED  Isla Repossessions & Collections, Inc. PO Box 9166						CONTACT Teresa Bennett NAME: PHONE (A/C, No, Ext):  E-MAIL ADDRESS: tbennett@brunswickcompanies.com										
												INSURER(S) AFFORDING COVERAGE NAIC #				
												INSURER A : Hanover Insurance Companies				22292
						INSURER B:										
						INSURER C :										
						INSURER D :										
						Caguas, PR 00726					INSURER E :					
									INSURER F:							
	VERAGES CER	TIEI	^ A T [	E NUMBER:	INSUKL	N.F.		REVISION NUMBER: 1								
T II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	S O EQUI PER	F INS IREMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHEI IES DESCRIE	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	HE PO	WHICH THIS						
INSF LTR			SUBR		<b>D</b>	POLICY EFF (MM/DD/YYYY)			'S							
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MIM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$							
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$							
								MED EXP (Any one person)	\$							
								PERSONAL & ADV INJURY	\$							
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$							
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$							
	OTHER:							PRODUCTS - COMP/OF AGG	\$							
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$							
	ANY AUTO							BODILY INJURY (Per person)	\$							
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$							
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$							
	AUTOS ONLY AUTOS ONLY							(Fer accident)	\$							
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$							
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$							
	DED RETENTION \$							AGGILGATE	\$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	, J							
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$							
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	Ť							
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$							
Α	Fidelity/Crime			1849232		2/10/2021	2/10/2022	Client Property	, J	1,000,000						
DES This \$10	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL 5 Fidelity / Crime coverage policy is writt 0,000 is held by Allied Finance Adjusters	LES (Aten for	ACORE or a th	D 101, Additional Remarks Schedu hree-year term, billed on al nce, Inc. as applicable laws	ile, may b n annua s will al	e attached if mor Il basis until I IOW.	re space is requi renewed or c	 red) ancelled prior. The retent	ion/de	ductible of						
CF	RTIFICATE HOLDER				CANC	ELLATION										
For Informational 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.										
					AUTHO!	RIZED REPRESE	NTATIVE									