

CERTIFICATE OF LIABILITY INSURANCE

TMUMPFIELD

DATE	(MM/DD/YYYY)	
	10/2020	

ADVAREC-01

				TIFICATE OF					4	/8/2020		
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. 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					Contact Tina Mumpfield						
Brunswick Insurance Agency, Inc. 5309 Transportation Blvd						PHONE (A/C, No, Ext): 4262 E-MAIL ADDRESS: tmumpfield@brunswickcompanies.com						
Cleveland, OH 44125						ADDRESS: Interriphere estimation companies.com						
						INSURER A : Hanover Insurance Companies						
INSU	INSURED					INSURER B :						
		Advance Recovery Services	, Inc.		INSURER C :							
		5414 N. US Hwy 1 Fort Pierce, FL 34946			INSUR							
						INSURER E :						
CO)	/FR/	AGES CER	TIFIC	ATE NUMBER:	INSURI			REVISION NUMBER:				
TH	IIS IS DICA	S TO CERTIFY THAT THE POLICIE TED. NOTWITHSTANDING ANY R	ES OF EQUIR	INSURANCE LISTED BEL EMENT, TERM OR CONE	DITION OF	ANY CONTRA	CT OR OTHER	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE	СТ ТО	WHICH THIS		
E>		FICATE MAY BE ISSUED OR MAY SIONS AND CONDITIONS OF SUCH	POLICI	AIN, THE INSURANCE AF IES. LIMITS SHOWN MAY F	AVE BEEN	REDUCED BY	PAID CLAIMS	ED HEREIN IS SUBJECT T	O ALL	THE TERMS,		
INSR LTR		TYPE OF INSURANCE	ADDL S INSD V		ER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
		COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
		L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						GENERAL AGGREGATE	\$			
								PRODUCTS - COMP/OP AGG	\$ \$			
		OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$			
		ANY AUTO						BODILY INJURY (Per person)	\$			
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$			
		AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
									\$			
		UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE	\$ \$			
		DED RETENTION \$						AGGREGATE	\$			
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER				
		PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$			
		datory in NH) describe under						E.L. DISEASE - EA EMPLOYEE	\$			
	DÉSC	RIPTION OF OPERATIONS below		1062217		3/31/2020	3/31/2023	E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
î	i iuc			1002211		0/01/2020	0/0 1/2020	Chent reperty		1,000,000		
DESC This notic	Fidel	ON OF OPERATIONS / LOCATIONS / VEHIC lity / Crime Coverage Policy is writ he retention / deductible of \$100,0	LES (AC tten for 00 is h	CORD 101, Additional Remarks S r a Three Year Term, bille eld by Allied Finance Adj	chedule, may l d on an anr usters Cont	be attached if mor ual basis unt ierence, Inc. a	re space is requi il renewed or is applicable	^{red)} cancelled prior with 30 d laws will allow.	ays cai	ncellation		
CEF	CERTIFICATE HOLDER					CANCELLATION						
For Informational Purposes Only				THE	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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