

CERTIFICATE OF LIABILITY INSURANCE

KWISOR DATE (MM/DD/YYYY)

NORTREC-01

												4/2/2020		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HO CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY TH BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), A REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.													IE POLICIES	
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be end If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statem this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).														
PR	DUC	ER						CONTACT Kelley Wisor PHONE (A/C, No, Ext): 4255 FAX (A/C, No):						
		ick Insurance												
5309 Transportation Blvd Cleveland, OH 44125									E-MAIL ADDRESS: kwisor@brunswickcompanies.com					
									INSURER(S) AFFORDING COVERAGE					
									INSURER A : Hanover Insurance Companies					
INSURED Northland Recovery Bureau 1800 Hwy. 13 West Burnsville, MN 55337									INSURER B :					
									INSURER C :					
									INSURER D :					
									INSURER E :					
		RAGES		CEI	סדובו	C A T								
			тн				E NUMBER: SURANCE LISTED BELOW	HAVE F			REVISION NUMBER:			
	NDIC CERT	ATED. NOTWIT IFICATE MAY B	THS E IS	TANDING ANY I SSUED OR MAY	REQU (PER	IREM TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF / DED B	ANY CONTRA Y THE POLIC	CT OR OTHER	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	ЕСТ ТО	WHICH THIS	
INSE	2	TYPE OF I	NSU	RANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ		
		COMMERCIAL GE	NER						, , ,	,	EACH OCCURRENCE	\$		
		CLAIMS-MAD	DE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
					-						MED EXP (Any one person)	\$		
											PERSONAL & ADV INJURY	\$		
	GE			APPLIES PER:							GENERAL AGGREGATE	\$		
		POLICY PR	CT	LOC							PRODUCTS - COMP/OP AGG	\$		
		OTHER:									COMBINED SINGLE LIMIT	\$		
	AU		Y								(Ea accident)	\$		
		ANY AUTO OWNED AUTOS ONLY		SCHEDULED							BODILY INJURY (Per person)	\$		
		HIRED AUTOS ONLY		AUTOS NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
		AUTOS UNLT										\$		
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MADE	Ξ						AGGREGATE	\$		
		DED RETE			<u> </u>							\$		
	AND	RKERS COMPENSA DEMPLOYERS' LIAB	BILIT	Ϋ́Υ Υ/Ν							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PAR		R/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under			1						E.L. DISEASE - EA EMPLOYE				
	If yes, describe under DESCRIPTION OF OPERATIONS below A Fidelity / Crime				<u> </u>		1062278		3/31/2020	3/31/2023	E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
									5/5 1/2020	5/51/2025	onent roperty		1,000,000	
							D 101, Additional Remarks Schedd Fhree Year Term, billed on rence, Inc. as applicable la			re space is requi til Renewed o	^{red)} or Cancelled Prior. The re	tention	n / deductible	
	RTI	FICATE HOLDI	ER					CANCELLATION						
		For Inforr	nati	ional 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.						
									AUTHORIZED REPRESENTATIVE					

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