

## CERTIFICATE OF LIABILITY INSURANCE

TMUMPFIELD

DATE (MM/DD/YYYY)

NORTREC-01

								3/	31/2021	
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 holde If SUBROGATION IS WAIVED, subjection to the subject the servicity of the service of the se	ct to	the	terms and conditions of	the po	licy, certain	policies may				
PRODUCER					CONTACT Teresa Bennett					
Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125					PHONE FAX (A/C, No, Ext): (A/C, No):					
					E-MAIL ADDRESS: tbennett@brunswickcompanies.com					
							RDING COVERAGE		NAIC #	
					INSURER A : Hanover Insurance Companies					
INSURED Northland Recovery Bureau 1800 Hwy. 13 West Burnsville, MN 55337					INSURER B :					
					INSURER C :					
					INSURER D :					
					INSURER E :					
					INSURER F :					
COVERAGES CER	REVISION NUMBER:									
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUII PER POLIC	REME FAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRACT THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5		
COMMERCIAL GENERAL LIABILITY								\$		
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
							MED EXP (Any one person)	\$		
· · · · · · · · · · · · · · · · · · ·							PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:								\$		
								\$		
							COMBINED SINGLE LIMIT	\$		
							(==============	\$		
OWNED SCHEDULED								\$		
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE	\$ \$		
AUTOS ONLY AUTOS ONLY								\$ \$		
UMBRELLA LIAB OCCUR								\$		
EXCESS LIAB CLAIMS-MADE								\$		
DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	N/A						E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
A Fidelity/Crime			1062278		3/31/2021	3/31/2022	Client Property		1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC This Fidelity / Crime Coverage Policy is wr of \$100,000 is held by Allied Finance Adjus						e space is requi il Renewed c	<sup>red)</sup> r Cancelled Prior. The reto	ention	/ deductible	
CERTIFICATE HOLDER					CANCELLATION					
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.						
					AUTHORIZED REPRESENTATIVE					

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