

**YSHAW** DATE (MM/DD/Y)

IMAGREC-01

| 1  |        |   | EF  | RTI         | FICATE OF LIA | BIL  | ITY INS                    | SURAN                      | CE  | 07          | /06/2017                 |
|--|--------|---|-----|-------------|---------------|--|----------------------------|----------------------------|---|-------------|--------------------------|
| 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.  |        |   |     |             |               |  |                            |                            |   |             | LDER. THIS<br>E POLICIES |
| IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.<br>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).   |        |   |     |             |               |  |                            |                            |   |             |                          |
|  | ODU    |   |     |             |               | CONTACT Kelley Wisor   |                            |                            |   |             |                          |
| Brunswick Insurance Agency, Inc.   |        |   |     |             |               | PHONE (A/C, No, Ext): 4255 FAX (A/C, No):  |                            |                            |   |             |                          |
| 2857 Riviera Drive<br>Akron, OH 44333  |        |   |     |             |               | E-Mail<br>ADDRESS: kwisor@brunswickcompanies.com   |                            |                            |   |             |                          |
|  |        |   |     |             |               | INSURER(S) AFFORDING COVERAGE  |                            |                            |   |             | NAIC #                   |
|  |        |   |     |             |               | INSURER A : Hanover Insurance Companies  |                            |                            |   |             |                          |
| INSURED  |        |   |     |             |               | INSURER B :  |                            |                            |   |             |                          |
| Image Recovery Service, Inc.   |        |   |     |             |               | INSURER C :  |                            |                            |   |             |                          |
| 12864 Pennridge Dr.<br>Bridgeton, MO 63044   |        |   |     |             |               | INSURER D :<br>INSURER E :   |                            |                            |   |             |                          |
|  |        |   |     |             |               |  |                            |                            |   |             |                          |
|  |        |   |     |             |               |  | INSURER F :                |                            |   |             |                          |
| COVERAGES CERTIFICATE NUMBER:  |        |   |     |             |               | 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<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |        |   |     |             |               |  |                            |                            |   |             |                          |
| INS<br>LT  | R<br>R |   |     | SUBR<br>WVD | POLICY NUMBER |  | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIN   | ITS         |                          |
|  |        | COMMERCIAL GENERAL LIABILITY                          |     |             |               |  |                            |                            | EACH OCCURRENCE   | \$          |                          |
|  |        | CLAIMS-MADE OCCUR                                     |     |             |               |  |                            |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)                    | \$          |                          |
|  |        |   |     |             |               |  |                            |                            | MED EXP (Any one person)  | \$          |                          |
|  |        |   |     |             |               |  |                            |                            | PERSONAL & ADV INJURY   | \$          |                          |
|  | G      |   |     |             |               |  |                            |                            | GENERAL AGGREGATE   | \$          |                          |
|  | _      |   |     |             |               |  |                            |                            | PRODUCTS - COMP/OP AGO  |             |                          |
|  | +      |   |     |             |               |  |                            |                            | COMBINED SINGLE LIMIT   | \$          |                          |
|  | -      | ANY AUTO  |     |             |               |  |                            |                            | (Ea accident)   | \$          |                          |
|  | -      | OWNED SCHEDULED AUTOS ONLY                            |     |             |               |  |                            |                            | BODILY INJURY (Per person)                                      | \$<br>t) \$ |                          |
|  |        | HIRED AUTOS ONLY AUTOS                                |     |             |               |  |                            |                            | BODILY INJURY (Per acciden<br>PROPERTY DAMAGE<br>(Per accident) | 5<br>\$     |                          |
|  |        |   |     |             |               |  |                            |                            |   | \$          |                          |
|  |        | UMBRELLA LIAB OCCUR                                   |     |             |               |  |                            |                            | EACH OCCURRENCE   | \$          |                          |
|  |        | EXCESS LIAB CLAIMS-MADE                               |     |             |               |  |                            |                            | AGGREGATE   | \$          |                          |
|  |        | DED RETENTION \$                                      |     |             |               |  |                            |                            |   | \$          |                          |
|  | W      | ORKERS COMPENSATION<br>ND EMPLOYERS' LIABILITY        |     |             |               |  |                            |                            | PER OTH-<br>STATUTE ER  |             |                          |
|  |        | VY PROPRIETOR/PARTNER/EXECUTIVE                       | N/A |             |               |  |                            |                            | E.L. EACH ACCIDENT  | \$          |                          |
|  |        |   | N/A |             |               |  |                            |                            | E.L. DISEASE - EA EMPLOYE                                       | E \$        |                          |
|  | D      | yes, describe under<br>ESCRIPTION OF OPERATIONS below |     |             |               |  |                            |                            | E.L. DISEASE - POLICY LIMI                                      | \$          |                          |
| A  | Fi     | idelity / Crime                                       |     |             | 1062284       |  | 03/31/2017                 | 03/31/2020                 | Client Property   |             | 1,000,000                |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)<br>This Fidelity / Crime Coverage Policy is written for a Three Year Term, billed on an Annual Basis until Renewed or Cancelled Prior. The retention / deductible<br>of \$250,000 is held by Allied Finance Adjusters Conference, Inc. as applicable laws will allow.   |        |   |     |             |               |  |                            |                            |   |             |                          |
| <u>_</u> CI  | ERT    | IFICATE HOLDER  |     |             | CANCELLATION  |  |                            |                            |   |             |                          |
| For Informational Purposes Only  |        |   |     |             |               | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |                            |                            |   |             |                          |

AUTHORIZED REPRESENTATIVE

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