

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 E POLICIES
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).											
	ODU					CONTACT Kelley Wisor					
Brunswick Insurance Agency, Inc.						PHONE (A/C, No, Ext): 4255 FAX (A/C, No):					
2857 Riviera Drive Akron, OH 44333						E-Mail 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. Bridgeton, MO 63044						INSURER D : 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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INS LT	R R			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	ITS	
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED 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)	\$ t) \$	
		HIRED AUTOS ONLY AUTOS							BODILY INJURY (Per acciden PROPERTY DAMAGE (Per accident)	5 \$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION \$								\$	
	W	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
		VY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
			N/A						E.L. DISEASE - EA EMPLOYE	E \$	
	D	yes, describe under 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) 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 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 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

AUTHORIZED REPRESENTATIVE

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