

CERTIFICATE OF LIABILITY INSURANCE

TMUMPFIELD

3/26/2021

EAGLEYE-02

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).

lt th	SUBROGATION IS WAIVED, subjet is certificate does not confer rights to	ct to the	the certi	terms and conditions of ificate holder in lieu of su	the pol Ich end	licy, certain lorsement(s)	policies may	require an endorsemen	t. As	tatement on	
PRODUCER Brunswick Insurance Agency, Inc.						CONTACT Teresa Bennett					
						PHONE FAX (A/C, No, Ext): (A/C, No):					
5309 Transportation Blvd Cleveland, OH 44125					E-MAIL ADDRESS: tbennett@brunswickcompanies.com						
						INSURER(S) AFFORDING COVERAGE				NAIC #	
					INSURE	RA: Hanove	r Insuranc	e Companies		22292	
Eagle Eye Recovery Inc. 1850 Carrollton Villa Rica Hwy. Villa Rica, GA 30180						RB:					
						INSURER C:					
						INSURER D:					
						INSURER E:					
						RF:					
CO	VERAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBER: 1			
IN Cl	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHEFIES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD				POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY					(111111/20/11111/	(MINIOD) 1111)	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							DEP OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below Fidelity/Crime			1062452		3/31/2021	3/31/2022	E.L. DISEASE - POLICY LIMIT Client Property	\$	1,000,000	
Α	Fidenty/Crime			1002432		3/31/2021	3/31/2022	Chefit Property		1,000,000	
DESC This \$100	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Fidelity / Crime coverage policy is writ ,000 is held by Allied Finance Adjuster	tEES (A	ACORE or a th	o 101, Additional Remarks Schedu nree-year term, billed on ai nce, Inc. as applicable law	ile, may b n annua s will al	e attached if mor Il basis until I Iow.	re space is requi renewed or c	red) ancelled prior. The retent	on/de	ductible of	
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					