

ERTIFICATE OF LIABILITY INSURANCE

KWISOR DATE (MM/DD/YYYY)

EAGLEYE-02

		E		FICATE OF LIA	BIL	ITY INS	SURAN	CE	3	8/10/2020	
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.											
lf	IPORTANT: If the certificate holde SUBROGATION IS WAIVED, subjection is certificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain	policies may				
PRODUCER						CONTACT NAME: Kelley J Wisor PHONE (A/C, No, Ext): (330) 864-8800 FAX (A/C, No):(864-8661	
						E-MAIL ADDRESS:					
				-						NAIC #	
						INSURER A : Hanover Insurance Companies				22292	
Eagle Eye Recovery Inc.						INSURER B : INSURER C :					
											1850 Carrollton Villa Rica Hwy. Villa Rica, GA 30180
				-	INSURER E : INSURER F :						
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COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW						REVISION NUMBER:					
IN C	IS TO CERTIFY THAT THE FOLICIT DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORE	N OF A	NY CONTRA	CT OR OTHEF	R DOCUMENT WITH ED HEREIN IS SUB	RESPECT T	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrented)	s		
								MED EXP (Any one pers			
								PERSONAL & ADV INJU			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/O	PAGG \$		
								COMBINED SINGLE LIN			
	ANY AUTO							(Ea accident) BODILY INJURY (Per pe			
	OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per ac PROPERTY DAMAGE (Per accident)			
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMF	PLOYEE \$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	Y LIMIT \$		
Α	Fidelity / Crime			1062452		3/31/2020	3/31/2023	Client		1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Fidelity / Crime Coverage Policy is writ ,000 is held by Allied Finance Adjuster						re space is requir il renewed or	^{ed)} cancelled prior. Th	e retention	/ deductible of	
CE					CANC	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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