

CERTIFICATE OF LIABILITY INSURANCE

TMUMPFIELD

2/9/2021

UNLIMAS-01

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).

th	is certificate does not confer rights to				ıch end	lorsement(s)	j.	require air chaors	sement.	A 310	atement on	
PRO	DUCER				CONTA NAME:	ст Tina Mui	mpfield					
Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125						PHONE (A/C, No, Ext): 4262 FAX (A/C, No):						
						E-MAIL ADDRESS: tmumpfield@brunswickcompanies.com						
						INSURER(S) AFFORDING COVERAGE NAIC #						
					INCLIDE			e Companies			22292	
INSURED								c companies			LLLUL	
						INSURER B : INSURER C :						
Unlimited Asset Adjusters PO Box 130924 Tyler, TX 75713						INSURER D:						
						INSURER E:						
						INSURER F:						
				E NUMBER:				REVISION NUMB				
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRA	CT OR OTHER IES DESCRIB	R DOCUMENT WITH SED HEREIN IS SUB	RESPEC [®]	T TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE			ADDL SUBR INSD WVD POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY)		LIMITS					
LIK	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR		WVD			<u>(1111) - (1</u>	(MINUDD) 1111)	EACH OCCURRENCE \$				
								DAMAGE TO RENTED				
								PREMISES (Ea occurre				
								MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$				
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- PRO- LOC												
								GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$				
								PRODUCTS - COMP/OI				
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIN	MIT \$			
	ANY AUTO							(Ea accident)	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per pe	-			
								PROPERTY DAMAGE (Per accident)				
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$			
	Lusens Localis								\$			
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$			
								AGGREGATE	\$			
	DED RETENTION \$							PER	OTH-			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE				
_	DESCRIPTION OF OPERATIONS below			1040200		2/10/2020	2/4.0/2022	E.L. DISEASE - POLICY	LIMIT \$		1 000 000	
А	Fidelity / Crime			1849208		2/10/2020	2/10/2023	Client Property			1,000,000	
DES Polid	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC cy was issued for a three year term, Pre	LES (A	ACORE n is b	0 101, Additional Remarks Schedu illed on a calendar basis u	_{ile,} may b Intil ren	e attached if mor ewed in 2023	re space is requii 6 or cancelled	red)	l			
CF	RTIFICATE HOLDER	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						
						Joseph						