

KWISOR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/10/2020

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	is certificate does not confer rights to							require an endorseme	it. AS	tatement on	
PRODUCER					CONTACT Kelley J Wisor						
Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125						PHONE (A/C, No, Ext): (330) 864-8800 FAX (A/C, No): (330) 864-8661					
						E-MAIL ADDRESS:					
							•	RDING COVERAGE		NAIC #	
					INSURE	RA: Hanove	er Insuranc	e Companies		22292	
INSURED Financial Adjusters Inc. 1634 Macarthur Rd. Whitehall, PA 18052						INSURER B:					
						INSURER C:					
						INSURER D:					
Winterian, FA 10032					INSURER E :						
						INSURER F:					
				NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH I	EQUIF PERT	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRA THE POLIC	CT OR OTHER	R DOCUMENT WITH RESP SED HEREIN IS SUBJECT	ECT TO	WHICH THIS	
INSR		ADDL:			DELINI	POLICY EFF	POLICY EXP		TS		
LTR	COMMERCIAL GENERAL LIABILITY		WVD	TOLIOT NOMBER		(MIM/DD/YYYY)	(MM/DD/YYYY)	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- JECT LOC							PRODUCTS - COMP/OP AGG			
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							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 \$							DED OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	If yes, describe under							E.L. DISEASE - EA EMPLOYE			
٨	DÉSCRIPTION OF OPERATIONS below Fidelity / Crime			1071223		3/31/2020	3/31/2023	E.L. DISEASE - POLICY LIMIT Client Property	\$	1.000.000	
^	ridenty / Orinic			107 1220		0/01/2020	0,01,2020	One in Topolity		1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Fidelity / Crime Coverage Policy is writ 0,000 is held by Allied Finance Adjusters						re space is requi renewed or c	 red) canceled prior. The reten	tion / d	leductible of	
CE	RTIFICATE HOLDER				CANO	ELLATION					
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					