

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

**YSHAW** 

PETEPRE-01

|  |   |              | <b>``</b>    |                         |  |                            |                            |   | 06/   | 22/2017      |
|--|---|--------------|--------------|-------------------------|--|----------------------------|----------------------------|---|-------|--------------|
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. |   |              |              |                         |  |                            |                            |   |       |              |
| lf   | MPORTANT: If the certificate holde<br>SUBROGATION IS WAIVED, subjection subjection of the subjection of the subjection of the subject of the sub | ct to        | the          | terms and conditions of | the po   | licy, certain              | policies may               |   |       |              |
| PRODUCER   |   |              |              |                         | CONTACT Kelley Wisor   |                            |                            |   |       |              |
| Brunswick Insurance Agency, Inc.<br>2857 Riviera Drive<br>Akron, OH 44333  |   |              |              |                         | PHONE<br>(A/C, No, Ext): <b>4255</b> FAX<br>(A/C, No):   |                            |                            |   |       |              |
|  |   |              |              |                         | E-MAIL<br>ADDRESS: kwisor@brunswickcompanies.com   |                            |                            |   |       |              |
|  |   |              |              |                         | INSURER(S) AFFORDING COVERAGE  |                            |                            |   |       | NAIC #       |
|  |   |              |              |                         | INSURER A : Hanover Insurance Companies  |                            |                            |   |       |              |
| INSURED  |   |              |              |                         | INSURER B :  |                            |                            |   |       |              |
| Peter P. Recovery<br>3560 S. Madison Ave.  |   |              |              |                         | INSURER C :  |                            |                            |   |       |              |
| Indianapolis, IN 46227   |   |              |              |                         | INSURER D :  |                            |                            |   |       |              |
|  |   |              |              |                         | INSURER E :<br>INSURER F :   |                            |                            |   |       |              |
| COVERAGES CERTIFICATE NUMBER:  |   |              |              |                         | REVISION NUMBER:   |                            |                            |   |       |              |
|  | HIS IS TO CERTIFY THAT THE POLICIE  |              | -            |                         | HAVE B   | EEN ISSUED                 |                            |   | E POL | ICY PERIOD   |
| C  | IDICATED. NOTWITHSTANDING ANY R<br>ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH  | PER          | TAIN,        | THE INSURANCE AFFOR     | DED BY   | THE POLIC                  | IES DESCRIB                |   |       |              |
| INSR<br>LTR  | TYPE OF INSURANCE   | ADDL<br>INSD | SUBR<br>WVD  | POLICY NUMBER           |  | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS  |       |              |
|  | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR  |              |              |                         |  |                            |                            | EACH OCCURRENCE \$<br>DAMAGE TO RENTED<br>PREMISES (Ea occurrence) \$ |       |              |
|  |   |              |              |                         |  |                            |                            | MED EXP (Any one person) \$   | 5     |              |
|  |   |              |              |                         |  |                            |                            | PERSONAL & ADV INJURY \$  | 5     |              |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:  |              |              |                         |  |                            |                            | GENERAL AGGREGATE \$  | 6     |              |
|  |   |              |              |                         |  |                            |                            | PRODUCTS - COMP/OP AGG \$   | 5     |              |
|  | OTHER:  |              |              |                         |  |                            |                            | COMBINED SINGLE LIMIT   |       |              |
|  |   |              |              |                         |  |                            |                            | (Ea accident) \$  |       |              |
|  | OWNED AUTOS ONLY AUTOS  |              |              |                         |  |                            |                            | BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$         |       |              |
|  | HIRED<br>AUTOS ONLY NON-OWNED<br>AUTOS ONLY   |              |              |                         |  |                            |                            | BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$     |       |              |
|  |   |              |              |                         |  |                            |                            | (i ci dooident) \$  |       |              |
|  | UMBRELLA LIAB OCCUR   |              |              |                         |  |                            |                            | EACH OCCURRENCE \$  | 5     |              |
|  | EXCESS LIAB CLAIMS-MADE   |              |              |                         |  |                            |                            | AGGREGATE \$  | 5     |              |
|  | DED RETENTION \$  |              |              |                         |  |                            |                            | PER OTH-  | 5     |              |
|  | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY<br>Y / N   |              |              |                         |  |                            |                            | STATUTE ER  |       |              |
|  | ANY PROPRIETOR/PARTNER/EXECUTIVE<br>OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)   | N / A        |              |                         |  |                            |                            | E.L. EACH ACCIDENT \$   |       |              |
|  | If yes, describe under<br>DESCRIPTION OF OPERATIONS below   |              |              |                         |  |                            |                            | E.L. DISEASE - EA EMPLOYEE \$   |       |              |
| A  | Fidelity / Crime  |              |              | 1062246                 |  | 03/31/2017                 | 03/31/2020                 | E.L. DISEASE - POLICY LIMIT \$  | 6     | 1,000,000    |
|  | -   |              |              |                         |  |                            |                            |   |       |              |
|  | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC<br>Fidelity / Crime Coverage Policy is writ<br>250,000 is held by Allied Finance Adjust  |              |              |                         |  |                            | re space is requin         | <sup>ed)</sup><br>r Cancelled Prior. The reter                        | ntion | / deductible |
| CE   | RTIFICATE HOLDER  | CANC         | CANCELLATION |                         |  |                            |                            |   |       |              |
| For Informational Purposes Only  |   |              |              |                         | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |                            |                            |   |       |              |
|  |   |              |              |                         | AUTHORIZED REPRESENTATIVE  |                            |                            |   |       |              |

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