

KWISOR

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 3/12/2020

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. 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).

	nis certificate does not confer rights to							require an endorsemer	it. AS	tatement on	
PRODUCER Brunswick Insurance Agency, Inc. 5309 Transportation Blvd						CONTACT Kelley J Wisor					
						PHONE (A/C, No, Ext): (330) 864-8800 FAX (A/C, No): (330) 864-8661					
	veland, OH 44125				E-MAIL ADDRESS:						
								RDING COVERAGE		NAIC #	
					INSURE	RA: Hanove	r Insuranc	e Companies		22292	
INSURED Guardian Services, LLC 15 W. 23rd St. Kenner, LA 70062						INSURER B:					
						INSURER C:					
						INSURER D:					
						INSURER E :					
						INSURER F:					
				E NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I	EQUIF PERT	REME AIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT	ECT TO	WHICH THIS	
INSR		ADDL S			DLLINI	POLICY EFF	POLICY EXP	LIMI			
LTR	COMMERCIAL GENERAL LIABILITY		WVD	FOLICT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\s		
	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:							111000010 0011117017100	\$		
	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	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
Α.	DÉSCRIPTION OF OPERATIONS below  Fidelity / Crime			1062258		3/31/2020	3/31/2023	E.L. DISEASE - POLICY LIMIT  Client Property	\$	1,000,000	
A	ridenty / Crime			1002236		3/3 1/2020	3/31/2023	Chefit Froperty		1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Fidelity / Crime Coverage Policy is writt 100,000 is held by Allied Finance Adjust						re space is requir il Renewed o	ed) or Cancelled Prior. The re	tention	/ deductible	
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					
					Soldfar						