

PRODUCER

INSURED

CER

TBENNETT

CERTIFIC	ATE OF LIABILITY INSURANCE	DATE (MM/DD/YYYY) 2/24/2022			
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.					
	DNAL INSURED, the policy(ies) must have ADDITIONAL INSU s and conditions of the policy, certain policies may require e holder in lieu of such endorsement(s).				
RODUCER runswick Insurance Agency, Inc. 09 Transportation Blvd eveland, OH 44125	CONTACT Teresa Bennett NAME: PHONE (A/C, No, Ext): E-MAIL E-MAIL B-DERESS: tbennett@brunswickcompa	FAX (A/C, No): Inies.com			
	INSURER(S) AFFORDING COV	RAGE NAIC #			

RIVECIT-09

River City Adjustments, Inc. 4107 Taylor Blvd. Rear	
Louisville. KY 40215	

Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125

COVERAGES CERTIFICATE NUMBER:

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO C	ERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE	E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED.	NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF	ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
CERTIFICATE	MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED	BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,
EXCLUSIONS A	ND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEE	N REDUCED BY PAID CLAIMS.

INSURER B : **INSURER C** : INSURER D : INSURER E : INSURER F :

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	COMMERCIAL GENERAL LIABILITY						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 AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Fidelity / Crime			H480580	3/31/2022	3/31/2023	Client Property	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) This Fidelity / Crime Coverage Policy is written for a three year term, billed on an annual basis until renewed or cancelled prior. The retention / deductible of

\$100,000 is held by Allied Finance Adjusters Conference, Inc. as applicable laws will allow.

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.
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