

## CEDTIEICATE OF LIABILITY INCLIDANCE

**TBENNETT** 

DATE (MM/DD/YYYY)											
3/28/2023											

THEPEAK-01

						۱DIL				3/	28/2023
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).											
PRODUCER CONTACT NAME:											
	Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125					PHONE (A/C, No, Ext): (330) 864-8800 FAX (A/C, N				:(330)	864-8661
Clev						E-MAIL ADDRESS:					
						INSURER(S) AFFORDING COVERAGE					NAIC #
INSI	INSURED						INSURER A : Hanover insurance companies				
		The Peak Service Corporation	n			INSURER C :					
		PO Box 2329				INSURE					
		Cinnaminson, NJ 08077				INSURER E :					
						INSURE	RF:				
					E NUMBER:	REVISION NUMBER:					
IN C E	IDIC) ERTI XCLI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFORM LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC ( THE POLICI REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	ECT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	тѕ	
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
									MED EXP (Any one person)	\$	
									PERSONAL & ADV INJURY	\$	
	GEI	VIL AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	
		OTHER:								\$	
	AU								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident	) \$	
		AUTOS ONLY NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
										\$	
	-	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE								\$	
		DED RETENTION \$	-						AGGREGATE	\$	
		RKERS COMPENSATION							PER OTH- STATUTE ER		
		Y/N	N/A						E.L. EACH ACCIDENT	\$	
		PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. DISEASE - EA EMPLOYE	E \$	
_	DÉS	s, describe under CRIPTION OF OPERATIONS below					0/04/0000	0/04/0004	E.L. DISEASE - POLICY LIMIT	\$	4 000 000
A	FIG	elity / Crime			BDW-H480586-04		3/31/2023	3/31/2024	Client Property		1,000,000
\$75,	000	TION OF OPERATIONS / LOCATIONS / VEHIC elity / Crime coverage policy is writ is held by Allied Finance Adjusters				will allo	ow.	e space is requi renewed or c	⊢ <sup>red)</sup> ancelled prior. The reter	tion/de	ductible of
CE	RTIF	FICATE 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					

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