

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

YSHAW

ASSOINV-02

				JUNAN	0L	06	/02/2017
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 holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights t	ct to the	e terms and conditions of	the policy, certa	in policies mag			
PRODUCER			CONTACT Kelley				
Brunswick Insurance Agency, Inc. 2857 Riviera Drive Akron, OH 44333			PHONE (A/C, No, Ext): 4255 FAX (A/C, No):				
			E-MAIL ADDRESS: kwisor@brunswickcompanies.com				
			INSURER(S) AFFORDING COVERAGE				NAIC #
			INSURER A : Hanover Insurance Companies				
INSURED Associated Investigators of Tampa, Inc. 7402 N. 56th St. #795 Tampa, FL 33617			INSURER B :				
			INSURER C :				
			INSURER D :				
			INSURER E :				
			INSURER F :				
		E NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREN PERTAIN	MENT, TERM OR CONDITION	N OF ANY CONT DED BY THE PO BEEN REDUCED	RACT OR OTHE LICIES DESCRII BY PAID CLAIMS	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT 3.	ECT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EI (MM/DD/YY	FF POLICY EXP	LIMI	тѕ	
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	\$	
					PRODUCTS - COMP/OP AGG	\$	
OTHER:					COMBINED SINGLE LIMIT	\$	
					(Ea accident)	\$	
ANY AUTO OWNED AUTOS ONLY AUTOS					BODILY INJURY (Per person)	\$	
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident PROPERTY DAMAGE) \$ \$	
					(Per accident)	\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DED RETENTION \$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYE	E \$	
If yes, describe under DESCRIPTION OF OPERATIONS below		4000004		47 00 10 1 10 00 -	E.L. DISEASE - POLICY LIMIT	\$	
A Fidelity / Crime		1062221	03/31/20	17 03/31/2020	Client Property		1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC This Fidelity / Crime Coverage Policy is wri of \$250,000 is held by Allied Finance Adjus				more space is requ until Renewed	ired) or Cancelled Prior. The R	etentio	n / 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						

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