

CERTIFICATE OF LIABILITY INSURANCE

TMUMPFIELD

3/3/2021

ACTIAUT-02

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 endorsemen	i. A S	atement on	
PRODUCER					CONTACT Teresa Bennett						
Brunswick Insurance Agency, Inc. 5309 Transportation Blvd						PHONE FAX (A/C, No, Ext): (A/C, No):					
Cleveland, OH 44125					E-MAIL ADDRESS: tbennett@brunswickcompanies.com						
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
					INSURE	RA: Hanove	r Insurance	e Companies		22292	
Action Auto Recovery 2436 E. 4th St. #84						INSURER B:					
						RC:					
						INSURER D:					
Long Beach, CA 90814					INSURER E :						
						RF:					
CO	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
IN Cl	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUIF PERT	REME ΓΑΙΝ,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR		ADDL INSD			DELIVI	POLICY EFF	POLICY EXP	LIMIT	•		
LTR	COMMERCIAL GENERAL LIABILITY		WVD	1 OLIOT NOMBER		(MIM/DD/YYYY)	(MM/DD/YYYY)	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:							PRODUCTS - COMP/OF AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	NOTES SINE!							,	\$		
	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	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	117.7						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$		
Α	Fidelity / Crime			1062172		3/31/2020	3/31/2023	Client Copy		1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Fidelity / Crime Coverage Policy is writt 100,000 is held by Allied Finance Adjusto						e space is requii til Renewed c	ed) r Cancelled Prior. The Re	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					