

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/25/2017

VBYRD

KNIGREC-01

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	VELY (	OR NEGATIVELY AMEND, CE DOES NOT CONSTITU	EXTEND OR ALT	FER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	t to th	e terms and conditions of	the policy, certain	policies may			
PRODUCER	CONTACT Vicki Byrd						
Brunswick Insurance Agency, Inc. 2857 Riviera Drive Akron, OH 44333			PHONE (A/C, No, Ext): (330) 864-8800 FAX (A/C, No): (330) 864-8661				
			E-MAIL ADDRESS:				
,	INSURER(S) AFFORDING COVERAGE				NAIC #		
	INSURER A : Hanover Insurance Companies						
INSURED Knight Recovery, Inc. 14036 Avalon Blvd. Los Angeles, CA 90065			INSURER B :				
			INSURER C :				
			INSURER D :				
			INSURER E :				
			INSURER F :				
COVERAGES CER	TIFICA	TE NUMBER:			<b>REVISION NUMBER:</b>		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTAI POLICIE	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORM S. LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESP	ECT TO	WHICH THIS
	ADDL SUI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
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)	\$	
					BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
HIRED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DED RETENTION \$					PER OTH-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
A Fidelity / Crime		1062171	03/31/2017	03/31/2020	E.L. DISEASE - POLICY LIMIT Client Property	\$	1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL This Fidelity / Crime Coverage Policy is writt of \$250,000 is held by Allied Finance Adjuste CERTIFICATE HOLDER For Informational Purposes (	ers Con		CANCELLATION	THE ABOVE D N DATE TH TH THE POLIC	ESCRIBED POLICIES BE C	ANCEL	LED BEFORE

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