

YSHAW

ACORD®

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 07/06/2017

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 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				ich end	lorsement(s)		require an endorsemen	t. A St	atement on												
PRODUCER Brunswick Insurance Agency, Inc. 2857 Riviera Drive Akron, OH 44333						CONTACT Kelley Wisor NAME: PHONE (A/C, No, Ext): 4255  E-MAIL ADDRESS: kwisor@brunswickcompanies.com																
																				RDING COVERAGE		NAIC #
																	INSURER A : Hanover Insurance Companies					
Absolute Towing And Recovery, LLC 4617 Jennylind Rd., Ft. Smith, Fort Smith, AR 72903  COVERAGES  CERTIFICATE NUMBER:						INSURER B:																
						INSURER C:																
						INSURER D:																
						INSURER E :																
						INSURER F:																
T N	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	ES OF	INS REME	SURANCE LISTED BELOW   ENT, TERM OR CONDITION	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO	WHICH THIS												
	XCLUSIONS AND CONDITIONS OF SUCH				BEEN F																	
INSR LTR		ADDL: INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s													
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$													
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$													
								MED EXP (Any one person)	\$													
								PERSONAL & ADV INJURY	\$													
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$													
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$													
	OTHER:							COMBINED SINGLE LIMIT	\$													
	AUTOMOBILE LIABILITY							(Ea accident)	\$													
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per person)	\$													
								BODILY INJURY (Per accident) PROPERTY DAMAGE	\$													
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$													
	UNADDELLA LIAD OCCUP								\$													
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$													
	DED RETENTION\$							AGGREGATE	\$													
								PER OTH- STATUTE ER	\$													
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE								\$													
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE														
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$													
Α	Fidelity / Crime			1062159		03/31/2017	03/31/2020	Client Property	J.	1,000,000												
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE Fidelity / Crime Coverage Policy is writ 250,000 is held by Allied Finance Adjust						re space is requir til Renewed c	red) or Cancelled Prior. The Ro	etentio	n / Deductible												
CE	RTIFICATE 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.																
					AUTHO	RIZED REPRESE	NTATIVE															
					Soldto.																	