

ERTIFICATE OF LIABILITY INSURANCE

YSHAW DATE (MM/DD/YYYY)

KETT&SO-01

			JERTIFICATE OF LIABILITY INSURANCE							06/13/2017		
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).												
PRODUCER							CONTACT Kelley Wisor					
Brunswick Insurance Agency, Inc. 2857 Riviera Drive						PHONE (A/C, No, Ext): 4255 FAX (A/C, No):						
		OH 44333					E-MAIL ADDRESS: kwisor@brunswickcompanies.com				1	
						INSURER(S) AFFORDING COVERAGE					NAIC #	
							INSURER A : Hanover Insurance Companies					
INSURED							INSURER B :					
Ketterle & Sons, Inc.						INSURER C :						
		340 Fairlane Ave. Orlando, FL 32809				INSURER D :						
COVERAGES CERTIFICATE NUMBER:												
<u> </u>		IS TO CERTIFY THAT THE POLICIE				HAVE B	FEN ISSUED		REVISION NUMBER:	THE PO		
	IDIC. ERTI	ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	equi Per	REME TAIN,	ENT, TERM OR CONDITIO	N OF A	NY CONTRA (THE POLIC	CT OR OTHER IES DESCRIB	DOCUMENT WITH RES	PECT TO	WHICH THIS	
INSR LTR			ADDL	SUBR WVD			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIN	IITS		
		COMMERCIAL GENERAL LIABILITY	1100					(1111/200/1111/	EACH OCCURRENCE	\$		
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
									MED EXP (Any one person)	\$		
									PERSONAL & ADV INJURY	\$		
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
									PRODUCTS - COMP/OP AGO	\$		
		OTHER:							COMBINED SINGLE LIMIT	\$		
	AU								(Ea accident)	\$		
		ANY AUTO OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per person)			
		AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accider PROPERTY DAMAGE (Per accident)	t) \$ \$		
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$ \$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	s		
		DED RETENTION \$								\$		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY		N/A						E.L. EACH ACCIDENT	\$		
		ICER/MEMBER EXCLUDED?	N/ A						E.L. DISEASE - EA EMPLOY	EE \$		
		es, describe under SCRIPTION OF OPERATIONS below			1000150		00/04/0047	00/04/0000	E.L. DISEASE - POLICY LIMI	г \$	4 000 000	
A	Fid	lelity / Crime			1062450		03/31/2017	03/31/2020	Client Property		1,000,000	
		TION OF OPERATIONS / LOCATIONS / VEHICI elity / Crime Coverage Policy is writ) is held by Allied Finance Adjusters						re space is requir il renewed or	^{ed)} cancelled prior. The re [,]	ention /	deductible of	
							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.					
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