

**BADGAUT-01** 

**TBENNETT** 

DATE (MM/DD/YYYY) 3/8/2023

## **CERTIFICATE OF LIABILITY INSURANCE**

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.

lf th	SUBROGATION IS WAIVED, subject iis certificate does not confer rights to	ct to	the cert	terms and conditions of ificate holder in lieu of su	ch end	orsement(s)	policies may	require an endorseme	nt. As	tatement on	
PRODUCER						CONTACT NAME: PHONE (220) 964,9900 FAX (220) 964,9661					
Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125					PHONE (A/C, No, Ext): (330) 864-8800 FAX (A/C, No): (330) 864-8661					864-8661	
					E-MAIL ADDRESS:						
					INSURER(S) AFFORDING COVERAGE				NAIC #		
						INSURER A: Hanover Insurance Companies				22292	
Badgerland Auto Recovery, Inc. PO Box 75						INSURER B:					
						INSURER C:					
						INSURER D:					
Greendale, WI 53129					INSURE	RE:					
			INSURER F:								
CO	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFORM . LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICE REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESF ED HEREIN IS SUBJECT	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS		
	COMMERCIAL GENERAL LIABILITY					······	<b>,,</b>	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)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident	) \$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							DED LOTH	\$		
	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)  If yes, describe under							E.L. DISEASE - EA EMPLOYE	E \$		
	DESCRIPTION OF OPERATIONS below			DDW 4000000 00		0/04/0000	0/04/0004	E.L. DISEASE - POLICY LIMIT	\$	4 000 000	
А	Fidelity / Crime			BDW-1062388-02		3/31/2023	3/31/2024	Client Property		1,000,000	
DES This \$75,	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE Fidelity / Crime coverage policy is writt 000 is held by Allied Finance Adjusters	LES (/ ten fo Conf	ACORE or a the	Logical Remarks Schedu D 101, Additional Remarks Schedu hree-year term, billed on at ce, Inc. as applicable laws	le, may b n annua will allo	e attached if mor Il basis until i ow.	 re space is requir renewed or c	 red) ancelled prior. The reter	ition/de	ductible of	
CF	RTIFICATE HOLDER				CANC	ELLATION					
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				