



CERTIFICATE OF LIABILITY INSURANCE

TMUMPFIELD

3/4/2021

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).

	SUBROGATION IS WAIVED, subjection is certificate does not confer rights to				ıch enc	lorsement(s)		require an endorsemen	ι. AS	tatement on	
PRODUCER Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125						CONTACT Teresa Bennett					
						PHONE FAX (A/C, No, Ext): (A/C, No):					
						E-MAIL address: tbennett@brunswickcompanies.com					
						INSURER(S) AFFORDING COVERAGE				NAIC #	
					INSURE	R A : Hanove	r Insuranc	e Companies		22292	
Auto Lock Unlimited, Inc. PO Box 606 South Windsor, CT 06074						INSURER B:					
						INSURER C:					
						INSURER D:					
						INSURER E :					
						INSURER F:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
II C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORM	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TC	WHICH THIS	
INSR		ADDL	SUBR		DEEN	POLICY EFF	POLICY EXP	LIMIT			
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	CLAINIS-MADE CCCOR								\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	POLICY PROJECT LOC							GENERAL AGGREGATE	\$		
								PRODUCTS - COMP/OP AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per person)			
	HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$	1						AGGREGATE	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	J .		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Fidelity / Crime			1062196		3/31/2020	3/31/2023	Client Property	Ψ	1,000,000	
								. ,			
DES Fide \$100	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC lity / Crime Coverage Policy is written for the coverage Policy is written for the coverage process of the	LES (/ or a l s Cor	ACORE Three nferer	D 101, Additional Remarks Schedu Year Term, billed on an A nce, Inc. as applicable laws	ıle, may b nnual E s will al	e attached if mor Basis until Rei Iow.	re space is requi newed or Ca	red) ncelled Prior. The Retenti	on / De	eductible of	
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.					
					AUTHO	RIZED REPRESE	NTATIVE				