

**CGRAF** 



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 08/28/2017

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.

	SUBROGATION IS WAIVED, subjection is certificate does not confer rights to				ıch end	dorsement(s)	j.	require an endorsemen	t. A S	tatement on	
PRODUCER Brunswick Insurance Agency, Inc. 2857 Riviera Drive Akron, OH 44333  INSURED  JSC Towing & Recovery 1824 Hwy 371 Tupelo, MS 38804						CONTACT Kelley Wisor					
						PHONE (A/C, No, Ext): 4255 FAX (A/C, No):					
						E-MAIL ADDRESS: kwisor@brunswickcompanies.com					
						INSURER(S) AFFORDING COVERAGE NAIC #				NAIC #	
						INSURER A: Hanover Insurance Companies					
						RB:					
						R C :					
						INSURER D:					
						INSURER E :					
						INSURER F:					
CC	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:			
II C	HIS IS TO CERTIFY THAT THE POLICII WIGHTER ON WITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRA Y THE POLIC	CT OR OTHER	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSF LTR			SUBR				POLICY EXP (MM/DD/YYYY)		s		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	7,0200,000		(WIW/DD/TTTT)	(WIW/DD/TTTT)	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 NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							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 EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below			400000		00/04/0047	00/04/0000	E.L. DISEASE - POLICY LIMIT	\$	4 000 000	
Α	Fidelity / Crime			1062280		03/31/2017	03/31/2020	Client Property		1,000,000	
DES This	CRIPTION OF OPERATIONS / LOCATIONS / VEHICS FIDERITY / Crime Coverage Policy is wri	LES (	ACORE	D 101, Additional Remarks Schedu Three Year Term, billed on	ıle, may b an Anr	e attached if mon	re space is requi til Renewed o	red) or Cancelled Prior. The ret	ention	/ deductible	
	250,000 is held by Allied Finance Adjus										
CERTIFICATE HOLDER  Credit Acceptance Corporation 25505 West 12th Mile Rd. Southfield, MI 48034						CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE					