

CERTIFICATE OF LIABILITY INSURANCE

TMUMPFIELD

DATE (MM/DD/YYYY)

CONFASS-01

				\						3/	25/2021		
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).													
	DUCE		J				CONTACT Teresa Bennett						
Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125							PHONE FAX (A/C, No, Ext): (A/C, No):						
							E-MAIL ADDRESS: tbennett@brunswickcompanies.com						
							INSURER(S) AFFORDING COVERAGE				NAIC #		
							INSURER A : Hanover Insurance Companies					22292	
INSURED							INSURER B :						
			al Asset Recover	y Sei	rvices	s, LLC	INSURER C :						
		120 Colebre Winsted C					INSURER D :						
Winsted, CT 6098							INSURER E :						
								INSURER F :					
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER: 1					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIEN INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												WHICH THIS	
INSR LTR	TYPE OF INSURANCE							POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
		COMMERCIAL GEN							, ,	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								PRODUCTS - COMP/OP AGG	\$		
		OTHER:								COMBINED SINGLE LIMIT	\$		
	AUT									(Ea accident)	\$		
		ANY AUTO OWNED	SCHEDULED							BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY	AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE			
		HIRED AUTOS ONLY	AUTOS ONLY							(Per accident)	\$		
		UMBRELLA LIAB	OCCUR								\$		
		EXCESS LIAB	CLAIMS-MADE	=							\$		
		DED RETEN		_						AGGREGATE	\$ \$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									PER OTH-	φ		
	ANY PROPRIETOR/PARTNER/EXECUTIVE			1						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED?				`					E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT			
A	Fidelity / Crime					1062197		3/31/2021	3/31/2022	Client Property		1,000,000	
This \$10(Fide 0,000	elity / Crime cove is held by Allied	rage policy is wri Finance Adjuste	tten f	or a tl	0 101, Additional Remarks Schedu hree-year term, billed on a nce, Inc. as applicable laws	n annu s will a	al basis until i llow.	e space is requi renewed or c	⊢ ^{red)} ancelled prior. The retent	ion/de	ductible of	
CE	RTIF	FICATE HOLDER	ĸ				CAN	CELLATION					
	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.					

AUTHORIZED REPRESENTATIVE

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