

KWISOR



CERTIFICATE OF

3/10/2020

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).

this certificate does not confer rights to the certificate holder in lieu of supproducer  Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125					contact Kelley J Wisor					
					PHONE (A/C, No, Ext): (330) 864-8800 FAX (A/C, No): (330) 864-8661					
					E-MAIL ADDRESS:					
	•	INSURER(S) AFFORDING COVERAGE				NAIC #				
		INSURE	INSURER A: Hanover Insurance Companies				22292			
Confidential Asset Recovery Services, LLC 120 Colebrook Rd. Winsted, CT 6098  COVERAGES  CERTIFICATE NUMBER:					INSURER B:					
					INSURER C:					
					INSURER D:					
					INSURER E :					
					INSURER F:					
TI IN C	VERAGES CERT  HIS IS TO CERTIFY THAT THE POLICIE  NDICATED. NOTWITHSTANDING ANY RE  ERTIFICATE MAY BE ISSUED OR MAY  XCLUSIONS AND CONDITIONS OF SUCH F	S OF INS EQUIREME PERTAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF AI DED BY	NY CONTRAC THE POLICI	TO THE INSUF CT OR OTHER ES DESCRIB	R DOCUMENT WITH R ED HEREIN IS SUBJE	OR THE P	O WHICH THIS	
INSR		ADDL SUBR INSD WVD			POLICY EFF	POLICY EXP		LIMITS		
LTR	COMMERCIAL GENERAL LIABILITY	INSD WVD	TOLIOT NOMBER	UMBER (MM/DD/YYYY) (MM/DD/YYYY)		(MM/DD/YYYY)	EACH OCCURRENCE			
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence			
							MED EXP (Any one perso	.		
							PERSONAL & ADV INJUI	RY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$		
	POLICY PRO- LOC						PRODUCTS - COMP/OP	AGG \$		
	OTHER:						COMBINED SINGLE LIMI	\$		
	AUTOMOBILE LIABILITY						(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per per			
							BODILY INJURY (Per acc PROPERTY DAMAGE (Per accident)			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						(Per accident)	\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER O STATUTE E	TH- R		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under						E.L. DISEASE - EA EMPL	LOYEE \$		
	DESCRIPTION OF OPERATIONS below  Fidelity / Crime		4000407		2/24/2020	2/24/2022	E.L. DISEASE - POLICY L	LIMIT \$	4 000 000	
А	Fidelity / Crime		1062197		3/31/2020	3/31/2023	Client Property		1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Fidelity / Crime Coverage Policy is writt 100,000 is held by Allied Finance Adjuste					e space is requii il Renewed c	ed) or Cancelled Prior. Th	he retentio	n / deductible	
CERTIFICATE HOLDER  +++ For Information Only +++					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.					
				AUTHOR	IZED REPRESEI	NTATIVE				
				Soldte	<u>} .</u>					