

KWISOR



CERTIFICATE OF LIABILITY INSURANCE

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).

th	nis certificate does not confer rights to				ch end	lorsement(s)		require an ende	/ Scilicit	. A 30	atement on	
	DUCER					CT Kelley J						
Brunswick Insurance Agency, Inc. 5309 Transportation Blvd						o, Ext): (330) 8	64-8800		FAX (A/C, No): (330) 8	364-8661	
	veland, OH 44125				E-MAIL ADDRES	SS:						
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #	
					INSURE	RA: Hanove	r Insurance	e Companies			22292	
INSU	JRED	INSURER B:										
Express Results, Inc. 86 Woodbury Rd. Hicksville, NY 11801						INSURER C:						
						INSURER D:						
						INSURER E :						
		INSURER F:										
				NUMBER:				REVISION NUM				
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUIRE PERTAI	MEI IN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A DED BY	NY CONTRAC ' THE POLICI	CT OR OTHER ES DESCRIB	DOCUMENT WIT	H RESPE	CT TO	WHICH THIS	
INSR LTR		ADDL SUI	JBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)			LIMITS	3		
LIK	COMMERCIAL GENERAL LIABILITY	INSD W	VD	. 02.01		(MIN/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENC		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE	D	\$		
								PREMISES (Ea occu MED EXP (Any one p	, I	\$		
								PERSONAL & ADV II		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP		\$		
	OTHER:							TRODUCTO - COIVII	701 700	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	r person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	· ·	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)		\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE T/N	N/A						E.L. EACH ACCIDEN	т	\$		
	(Mandatory in NH)							E.L. DISEASE - EA E	MPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	_	\$		
Α	Fidelity / Crime		1	1062308		3/31/2020	3/31/2023	Client Property			1,000,000	
\$100 This	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Fidelity / Crime Coverage Policy is writt 0,000 is held by Allied Finance Adjusters Fidelity / Crime Coverage Policy is writt 250,000 is held by Allied Finance Adjuste	Conferten	rend a Th	ce, Inc. as applicable laws nree Year Term, billed on	s will al an Ann	low. ual Basis unt						
CE	RTIFICATE 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					