

YSHAW DATE (MM/DD/Y

INNOREC-01

			C	EF	RTI	FICATE OF LIA	ABILI	ITY INS	SURAN	CE		06	/22/2017	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE I CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.												re ho By th	LDER. THIS E POLICIES	
I	f SUI	BROGATION IS W	AIVED, subject	ct to	the	DITIONAL INSURED, the terms and conditions of ificate holder in lieu of su	the poli	cy, certain	policies may					
this certificate does not confer rights to the certificate holder in lieu of sur PRODUCER														
Brunswick Insurance Agency, Inc. 2857 Riviera Drive														
							PHONE (A/C, No, Ext): 4255 FAX (A/C, No): E-MAIL ADDRESS: kwisor@brunswickcompanies.com							
Akron, OH 44333														
							INSURER(S) AFFORDING COVERAGE						NAIC #	
								INSURER A : Hanover Insurance Companies						
INSURED							INSURER B :							
Innovative Recovery Solutions, LLC							INSURER C :							
1742 E. University Dr. Phoenix, AZ 85034							INSURER D :							
							INSURER E :							
								INSURER F :						
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:							
l (NDICA CERTI EXCLL	ATED. NOTWITHST. FICATE MAY BE IS	ANDING ANY R SUED OR MAY TIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	SURANCE LISTED BELOW I ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	n of an Ded by	NY CONTRA THE POLIC EDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	DOCUMENT V	VITH RESPE	ECT TO	WHICH THIS	
INS		TYPE OF INSUR		ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S		
		CLAIMS-MADE	OCCUR							EACH OCCURRE DAMAGE TO REI PREMISES (Ea o		\$ \$		
										MED EXP (Any or		\$		
										PERSONAL & AD	V INJURY	\$		
	GEN	N'L AGGREGATE LIMIT A	PPLIES PER:							GENERAL AGGR		\$		
		POLICY PRO- JECT	LOC							PRODUCTS - CO		\$		
		OTHER:								11000010-00		\$		
										COMBINED SING		\$ \$		
		ANY AUTO								(Ea accident) BODILY INJURY	(Bor porcop)	\$		
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY		\$		
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAM (Per accident)	AGE	\$		
			000115									\$		
										EACH OCCURRE	NCE	\$		
		EXCESS LIAB	CLAIMS-MADE	-						AGGREGATE		\$		
	WOD		N \$							PER	OTH-	\$		
	AND	KERS COMPENSATION	Y/N							STATUTE	ER			
	ANY OFFI	PROPRIETOR/PARTNER/ CER/MEMBER EXCLUDEI Idatory in NH)		N / A						E.L. EACH ACCIE	DENT	\$		
		ndatory in NH) s, describe under								E.L. DISEASE - E	A EMPLOYEE	\$		
A	DÉS	SCRIPTION OF OPERATIONS below I062150				1062150		03/31/2017	03/31/2020	E.L. DISEASE - POLICY LIMIT \$ Client Property			1,000,000	
DE: Thi of \$	SCRIPT S Fide S250,0	ION OF OPERATIONS / L elity / Crime Covera 100 is held by Allied	OCATIONS / VEHIC ge Policy is writ Finance Adjust	LES (/ iten f	ACORE or a T	D 101, Additional Remarks Schedu Three Year Term, billed on Prence, Inc. as applicable la	ule, may be an Annu aws will a	attached if mo Ial Basis un allow	e space is requir il Renewed o	^{ed)} r Cancelled Pr	ior. The ref	ention	/ deductible	
								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.							

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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Jodefler