

KWISOR DATE (MM/DD/YYYY)

INNOREC-01

| 200 Tronon | PRODUCER Brunswick Insurance Agency, Inc. | | | | | CONTACT NAME: Kelley J Wisor PHONE (A/C, No, Ext): (330) 864-8800 FAX (A/C, No): (330) 864-8661 | | | | |
|---|--|---------------|-----------------------|---|--------------------|--|---|--|---------|--|
| leveland, C | portation Blvd | | | | E-MAIL ADDRESS: | 004-0000 | (A/C, No): | (330) 0 | 04-0001 | |
| lovolana, v | | | | | | INSURER(S) AFFO | RDING COVERAGE | | NAIC # | |
| | | | | | INSURER A : Hano | | | | 22292 | |
| SURED | | | | | INSURER B : | | | | | |
| Innovative Recovery Solutions, LLC 1742 E. University Dr. Phoenix, AZ 85034 | | | | | INSURER C : | | | | | |
| | | | | | INSURER D : | | | | | |
| | | | | | INSURER E : | | | | | |
| - | | | | | INSURER F : | | | | | |
| OVERAG | ES CER | | | UMBER: | | | REVISION NUMBER: | | | |
| CERTIFICA | D. NOTWITHSTANDING ANY F ATE MAY BE ISSUED OR MAY INS AND CONDITIONS OF SUCH | PERT POLIC | TAIN, TH CIES. LIN | HE INSURANCE AFFOR MITS SHOWN MAY HAVE | RDED BY THE POL | ICIES DESCRIE | BED HEREIN IS SUBJECT 1 | FO ALL 1 | | |
| र 🔤 | | ADDL INSD | WVD | POLICY NUMBER | (MM/DD/YYY | | LIMIT | rs | | |
| CO | | | | | | | EACH OCCURRENCE | \$ | | |
| | | | | | | | PREMISES (Ea occurrence) MED EXP (Any one person) | \$ | | |
| | | | | | | | PERSONAL & ADV INJURY | \$ | | |
| | | | | | | | | Ψ | | |
| GEN'L AC | GGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | | |
| | GGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE PRODUCTS - COMP/OP AGG | \$ \$ | | |
| POL | | | | | | | PRODUCTS - COMP/OP AGG | \$ \$ \$ | | |
| POL OTH | | | | | | | | \$ | | |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ | | |
| | LICY PRO- HER: LOC JBILE LIABILITY Y AUTO NED TOS ONLY SCHEDULED AUTOS | | | | | | PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) | \$ \$ \$ \$ | | |
| | | | | | | | PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) | \$ \$ \$ \$ | | |
| | LICY PRO- HER: LOC JBILE LIABILITY Y AUTO NED TOS ONLY SCHEDULED AUTOS | | | | | | PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) | \$ \$ \$ \$ \$ | | |
| | LICY PRO- HER: LOC HER: LIABILITY Y AUTO NED TOS ONLY SCHEDULED AUTOS ED TOS ONLY AUTOS ED TOS ONLY AUTOS ONLY BRELLA LIAB OCCUR | | | | | | PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) | \$ \$ \$ \$ \$ \$ | | |
| | LICY PRO- HER: LIABILITY Y AUTO NED TOS ONLY AUTOS ED FOS ONLY AUTOS ED FOS ONLY AUTOS ONLY BRELLA LIAB OCCUR CESS LIAB CLAIMS-MADE | | | | | | PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | |
| AUTOMC AUTOMC ANN OW AUT HIR AUT EXC DEL | LICY PRO- HER: LIABILITY Y AUTO NED TOS ONLY AUTOS ED FOS ONLY AUTOS ED FOS ONLY AUTOS ED ERELLA LIAB OCCUR CESS LIAB OCCUR CLAIMS-MADE | | | | | | PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE PER OTH- | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | |
| AUTOMO AUTOMO ANN OW AUT HIR AUT AUT AUT AUT AUT AUT AUT AUT AUT AUT | LICY PRO- JECT LOC HER: DBILE LIABILITY Y AUTO NED NOD NOD NOD NOD NOD NOD NOD NO | | | | | | PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE PER PER OTH- STATUTE OTH- ER | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | |
| AUTOMO AUTOMO ANN OW AUT HIR AUT AUT AUT AUT AUT AUT AUT AUT AUT AUT | LICY PRO- JECT LOC HER: DBILE LIABILITY Y AUTO NED NOD NOD NOD NOD NOD NOD NOD NO | N / A | | | | | PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE PER STATUTE E.L. EACH ACCIDENT | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | |
| AUTOMC AUTOMC ANN OW AUT HIR AUT UMI EXC DEL WORKER AND EMP OFFICER ANY PRO OFFICER (Mandato | LICY PRO- JECT LOC HER: LIABILITY Y AUTO NED SCHEDULED AUTOS FD AUTOS FD NELY AUTOS FD NELY AUTOS FD CCUR ERELLA LIAB OCCUR CLAIMS-MADE D RETENTION \$ | - | | | | | PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE PER PER OTH- STATUTE OTH- | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | |

| CERTIFICATE 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. |
| | AUTHORIZED REPRESENTATIVE |

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