Michigan Recovery Services Inc 3164 Freeway Lane Saginaw, MI 48601



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/27/2017

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).

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PRODUCER												Specialty Assigned	Risk Solutions			
The Zedaker Agency										PHONE Ext):	(A/C, No,	866-221-9640	FAX (A/C, No):			844-778-1070
PO Box 410											ADDRESS:	Policy@AFAs:	signedRisk.com			
Hemlock, MI 48626											INSURER(S) AFFORDING COVERAGE					NAIC#
											INSURER A : Accident Fund Insurance Company of America					10166
INSURED											INSURER B:					
Michigan Recovery Services Inc										INSURER B.						
3164 Freeway Lane										INSURER C:						
Saginaw, MI 48601											INSURER D:					
											INSURER E :					
										INSURER F:						
CO	/ER	AGES	3			CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:						,
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INSR LTR	TYPE OF INCUPANCE				ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP () (MM/DD/YYYY)		LIMITS	S			
		COMMERCIAL GENERAL LIABILITY			INOD				(IVIIVI/DD/TTT	(WIW/DD/1111)	EACH OCCURRENCE		\$			
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		\vdash		L									PREMISES (Ea occurrer MED EXP (Any one pers		\$	
		GEN'L A	GGREGATE LIM	IIT APP	LIES PER:								PERSONAL & ADV INJU	*	\$ \$	
		POLICY	PRO-		LOC								GENERAL AGGREGATI		\$	
		OTHER:	JECT	Γ									PRODUCTS - COMP/OF		\$	
	ALIT		LIABILITY										COMBINED SINGLE LIN	AIT	\$ \$	
	AUT	1											(Ea accident)			
		ANY AUTO OWNED SCHEDULED										BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$				
		AUTOS HIRED A	ONLY AUTOS	N	UTOS ION-OWNED								PROPERTY DAMAGE	· ·	\$ \$	
		ONLY AUTOS ONLY UMBRELLA LIAB OCCUR										(Per accident) EACH OCCURRENCE				
		1	EXCESS LIAB		CLAIMS-MADE								EACH OCCURRENCE \$ AGGREGATE \$			
					CLAIMS-M/	ADE							AGGREGATE			
	WO!	DED	RETENT										V PER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N										X STATUTE	ER	\$			
Δ		NYPROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED? landatory in NH) yes, describe under				N/A		ARP120000442		02/26/2017	02/26/2018	E.L. EACH ACCIDE	NT	\$ 1,000,0	000	
, ,											02,20,2010	E.L. DISEASE - EA I	EMPLOYEE	\$ 1,000,0	000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$ 1,000,0	000					
DESC	RIPT	ION OF	OPERATION	IS/LO	OCATIONS A	/ VEHIC	LES (A	CORD	101, Additional Remarks Sched	ule, may l	e attached if	more space is req	uired)			
Exclu	ıde	d Prop	rietors/Pa	rtne	ers/				Named Entities:			Covered	l Workplaces:			
Exec	utiv	e Offi	cers/Mem	bers	<u>::</u>											
		pierre							Michigan Recovery							
Sara	ah L	_apier	re									Sagina	w,MI 48601			
CE	RTII	FICAT	TE HOLDI	ER						CANCELLATION						
MICHIGAN RECOVERY SERVICES INC 3164 FREEWAY LANE											SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		SA	GINAW,	, MI	48601					AUTHORIZED REPRESENTATIVE						