

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

ARGOMAN-01

KWISOR

lf	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights to	t to	the	terms and conditions of	the poli	cy, certain prsement(s)	policies may			
PRODUCER 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:					
										NAIC #
					INSURER A : Hanover Insurance Companies					22292
INSURED Argo Management Group, Inc. 803 E. 1st Ave. Ste. C					INSURER					
					INSURER C :					
	Coal Valley, IL 61240				INSURER					
					INSURER					
:0	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER	:	1
IN Ce	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH)	equi Per Poli	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF AN DED BY	NY CONTRA THE POLIC EDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS.	DOCUMENT WITH RES	SPECT TO	WHICH THIS
ISR TR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	мітя	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	G \$	
	OTHER:							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person	i) \$	
	AUTOS ONLY AUTOS							BODILY INJURY (Per accide PROPERTY DAMAGE	nt) \$	
	HIRED AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
_	DED RETENTION \$ WORKERS COMPENSATION							PER OTH STATUTE ER	-	
	AND EMPLOYERS' LIABILITY									
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$	
	If yes, describe under							E.L. DISEASE - EA EMPLO		
	DÉSCRIPTION OF OPERATIONS below Fidelity / Crime			1062236		3/31/2020	3/31/2023	E.L. DISEASE - POLICY LIN Client Property	IT \$	1,000,000
A	,									-,,

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				
	Josefler -				

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