

## **CERTIFICATE OF LIABILITY INSURANCE**

TMUMPFIELD

3/26/2021

**DEZBASS-01** 

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 Brunswick Insurance Agency, Inc. 5309 Transportation Blvd Cleveland, OH 44125						CONTACT Teresa Bennett					
						PHONE   FAX (A/C, No, Ext): (A/C, No):					
						E-MAIL ADDRESS: tbennett@brunswickcompanies.com					
						INSURER(S) AFFORDING COVERAGE				NAIC #	
						INSURER A: Hanover Insurance Companies				22292	
Dezba Asset Recovery, Inc. 110 Eads Street						RB:					
						INSURER C:					
						INSURER D:					
West Babylon, NY 11704					INSURER E:						
						RF:					
CO	VERAGES CEF	RTIFIC	CATE	E NUMBER:				<b>REVISION NUMBER: 1</b>			
IN Cl	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REME TAIN,	ENT, TERM OR CONDITION , THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHEFIES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY	III III				(111111/20/11111/	(MINIOD) 1111)	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-							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							DEP OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below Fidelity/Crime			H219039		3/31/2021	3/31/2022	E.L. DISEASE - POLICY LIMIT  Client Property	\$	1,000,000	
Α	Fidenty/Crime			HZ 19039		3/31/2021	3/31/2022	Chefit Property		1,000,000	
DESC This \$100	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Fidelity / Crime Coverage Policy is wri ,000 is held by Allied Finance Adjuster	tten f	ACORE or a t	D 101, Additional Remarks Schedu three year term, billed on a nce, Inc. as applicable laws	ile, may b n annua s will al	e attached if mor al basis until low.	re space is requi renewed or c	red) rancelled prior. The retent	ion / d	eductible of	
CF	RTIFICATE HOLDER				CANC	ELLATION					
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					