

## CERTIFICATE OF LIABILITY INSURANCE

**VBYRD** 

**ACTIAUT-02** 

DATE (MM/DD/YYYY) 04/19/2017

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.

PRODUCER Brunswick Insurance Agency, Inc. 2857 Riviera Drive Akron, OH 44333  INSURED  Tracker Auto Recovery, Inc. John Dickinson 6301 Angelo Ct. #5, Loomis, CA 95650  COVERAGES  CERTIFICATE NUMBER:								<sub>No):</sub> (330) 864-8661		
					E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE					NAIC#
					INSURER A : Hanover Insurance Companies					
					INSURER B: INSURER C: INSURER D: INSURER E:					
					INSURE	RF:			_	
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	ES OF REQUIR PERTA POLICI	INSURAI EMENT, AIN, THE ES. LIMIT	NCE LISTED BELOW TERM OR CONDITIO INSURANCE AFFOR IS SHOWN MAY HAVE	N OF A DED BY	NY CONTRA THE POLIC EDUCED BY	TO THE INSUF CT OR OTHEF IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RI ED HEREIN IS SUBJE	OR THE PC ESPECT TO CT TO ALL	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL S INSD V	VVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  OCCUR  BEN'L AGGREGATE LIMIT APPLIES PER: POLICY POLICY PRODUCY DIFFE:  UTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrenc MED EXP (Any one persor PERSONAL & ADV INJUR GENERAL AGGREGATE PRODUCTS - COMP/OP / COMBINED SINGLE LIMI (Ea accident) BODILY INJURY (Per persor BODILY INJURY (Per accident) EACH OCCURRENCE AGGREGATE	1) \$	
	DED RETENTION \$								\$	
AN OF (M	ORKERS COMPENSATION VD EMPLOYERS' LIABILITY  Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? landatory in NH) yes, describe under ESCRIPTION OF OPERATIONS below	N/A						PER O'EH  E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLO  E.L. DISEASE - POLICY L	\$ DYEE \$	
	delity / Crime						03/31/2020	Client Property		1,000,000
of \$250	PTION OF OPERATIONS / LOCATIONS / VEHIC delity / Crime Coverage Policy is wri 0,000 is held by Allied Finance Adjus	CLES (AC tten for ters Co	CORD 101, A	Additional Remarks Schedt Year Term, billed on e, Inc. as applicable la	aws will	e attached if mon ual Basis unt allow	re space is requir til Renewed o	red) or Cancelled Prior. TI	ne Retentio	on / Deductible

**AUTHORIZED REPRESENTATIVE**