

YSHAW



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/12/2017

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).

ti	nis certificate does not confer rights to				ich end	dorsement(s)		require air chaor.	301110111	i. A 31	atement on
_	DUCER				CONTA NAME:	CT Kelley W	/isor				
Bru 285	nswick Insurance Agency, Inc. 7 Riviera Drive	PHONE (A/C, No, Ext): 4255 FAX (A/C, No):									
	on, OH 44333	E-MAIL ADDRESS: kwisor@brunswickcompanies.com									
		INSURER(S) AFFORDING COVERAGE NAIC #						NAIC #			
		INSURE	RA: Hanove	er Insuranc	e Companies						
INSI	JRED	INSURER B:									
Sun West Recovery, Inc.						INSURER C:					
	28053 Mitchell Ave. Punta Gorda, FL 33982				INSURER D:						
	Punta Gorda, FL 33962		INSURER E :								
		INSURER F:						L			
				E NUMBER:				REVISION NUMB			
II C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RETTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REM TAIN,	ENT, TERM OR CONDITIOI , THE INSURANCE AFFORI	N OF A	ANY CONTRA Y THE POLIC	CT OR OTHER IES DESCRIE	R DOCUMENT WITH SED HEREIN IS SUB	RESPE	CT TO	WHICH THIS
INSR TYPE OF INSURANCE			SUBR WVD				POLICY EXP (MM/DD/YYYY)				
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR		WVD			(MIM/DD/TTTT)		EACH OCCURRENCE \$			
								DAMAGE TO RENTED PREMISES (Ea occurre	1	\$	
								MED EXP (Any one per		\$	
								PERSONAL & ADV INJ	JURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		\$	
	POLICY PRO- LOC							PRODUCTS - COMP/O	P AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	MIT	\$	
	ANY AUTO							BODILY INJURY (Per p	erson)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per a	ccident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							PER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							PER STATUTE	OTH- ER		
								E.L. EACH ACCIDENT		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMI			
Α	DESCRIPTION OF OPERATIONS below Fidelity / Crime			1062216		03/31/2017	03/31/2020	E.L. DISEASE - POLICY Client Property	Y LIMIT	\$	1,000,000
								. ,			, ,
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE Fidelity / Crime Coverage Policy is writ 0,000 is held by Allied Finance Adjusters						re space is requi il renewed or	red) cancelled prior. Th	ne reten	ntion / c	leductible of
CF	RTIFICATE HOLDER	CANCELLATION									
	For Informational Purposes	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									
		Josephan -									