

## CERTIFICATE OF LIABILITY INSURANCE

**KWISOR** 

DATE (MM/DD/YYYY) 03/29/2017

ALLIFIN-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/jes) must have ADDITIONAL INSURED provisions or be e

PRO	DDUCER			CONTACT NAME:	Kelley J.	Wisor			
Brunswick Insurance Agency, Inc. 2857 Riviera Drive Akron, OH 44333								(330) 864-8661	
					E-MAIL ADDRESS:				
			INSURER(S) AFFORDING COVERAGE					NAIC#	
			INSURER A: Hanover Insurance Companies						
INSU	URED		INSURER B:						
Allied Finance Adjusters, Inc. Allied Finance Adjusters Conference, Inc.			Inc	INSURER C:					
	956 Bartlett Road Ste 321	nerenee,	, illo.	INSURER D	INSURER D:				
	Bartlett, IL 60103			INSURER E :					
				INSURER F	F:				
			E NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY REJECTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	EQUIREM PERTAIN POLICIES	ENT, TERM OR CONDITION OF THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	ON OF ANY RDED BY T E BEEN REI	Y CONTRACTHE POLICED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE	ECT TO W	HICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBF	POLICY NUMBER	(M	POLICY EFF (M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	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 AGG	\$	
	OTHER:						COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY						(Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						(Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$						PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						STATUTE ER		
	ANY PROPRIETOR/PARTNER/EYECLITIVE	N/A					E.L. EACH ACCIDENT	\$	
	If yes, describe under						E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below  Fidelity Crime		1849197	0	2/24/0047	40/24/0000	E.L. DISEASE - POLICY LIMIT  Client Property	\$	1,000,000
Λ									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
This Fidelity / Crime insurance Policy includes Joint Coverage with individual Members in good standing of Allied Finance Adjusters Conference, Inc. listed in the Joint Insured endorsement.

Certificate holders of this Fidelity / Crime Coverage Policy are joint insured(s) of Allied Finance Adjusters Conference, Inc. through this joint insured endorsement that will apply where applicable by law, It is reviewed quarterly, premium is paid per calendar year until renewal in 2020 unless cancelled.

CERTIFICATE HOLDER	CANCELLATION
Cape Fear Recovery Robert Rosak	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
5020 Carolina Beach Rd., Wilmington, NC 28412	AUTHORIZED REPRESENTATIVE
	Joylan .