

**YSHAW** 

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/10/2017

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).

t	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su	ıch end	dorsement(s)	j.	require an endorse		A Statement on	
	DUCER				CONTA NAME:	CT Kelley W	/isor				
Brunswick Insurance Agency, Inc. 2857 Riviera Drive Akron, OH 44333						PHONE (A/C, No, Ext): 4255 FAX (A/C, No):					
						E-MAIL ADDRESS: kwisor@brunswickcompanies.com					
						INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A: Hanover Insurance Companies					
INSURED  Northland Recovery Bureau						INSURER B:					
						INSURER C:					
1800 Hwy. 13 West Burnsville, MN 55337					INSURER D:						
					INSURER E:						
						INSURER F:					
CC	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER	₹:		
l II	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRA Y THE POLIC	CT OR OTHER	R DOCUMENT WITH RE SED HEREIN IS SUBJE	SPECT	TO WHICH THIS	
INSF	TYPE OF INQUIRANCE	ADDL	SUBR				POLICY EXP (MM/DD/YYYY)		LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR		WVD			(MINN/DD/1111)	(MINUSE) 1111)	EACH OCCURRENCE \$			
								DAMAGE TO RENTED PREMISES (Ea occurrence			
								MED EXP (Any one persor	<u> </u>		
								PERSONAL & ADV INJUR			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP A			
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	Г \$		
	ANY AUTO							BODILY INJURY (Per pers	son) \$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accid	dent) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							1050	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OT STATUTE EF	TH- R		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLO	OYEE \$		
_	DÉSCRIPTION OF OPERATIONS below			4062279		02/24/2047	02/24/2020	E.L. DISEASE - POLICY L	IMIT \$	4 000 000	
A	Fidelity / Crime			1062278		03/31/2017	03/31/2020	Client Property		1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICS Fidelity / Crime Coverage Policy is writ 250,000 is held by Allied Finance Adjust						re space is requitil Renewed o	 red) or Cancelled Prior. Th	e retent	ion / deductible	
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  Juffin:					