KWISOR



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 statement of statement of the certificate holder in lieu of statement of statement of statement of the certificate holder in lieu of statement of st					CONTACT Kelley J. Wisor						
					PHONE (A/C, No, Ext): (330) 864-8800 FAX (A/C, No) E-MAIL ADDRESS:					9):(330) 864-8661	
					INSURER(S) AFFORDING COVERAGE					NAIC#	
					INSURER A: Hanover Insurance Companies					22292	
					INSURER B:						
					INSURER C:						
914 College Park Rd. Summerville, SC 29483				INSURE	RD:						
				INSURE	RE:						
					INSURER F:						
TH IN CI EX	VERAGES CER  HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	ES OF INS EQUIREMI PERTAIN, POLICIES.	ENT, TERM OR CONDITIC THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAI THE POLIC EDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WI SED HEREIN IS S	VE FOR T	CT TO	WHICH THIS	
LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S		
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR					2	DAMAGE TO RENT PREMISES (Ea occ		\$		
							MED EXP (Any one	EXP (Any one person) \$			
							PERSONAL & ADV	V INJURY \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGRE	GATE	\$		
	POLICY PRO- JECT LOC	20					PRODUCTS - COM	IP/OP AGG	\$		
	OTHER:						COMBINED SINGL	E LIMIT	\$		
	AUTOMOBILE LIABILITY						(Ea accident)	L CIIVII I	\$		
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (F		\$		
							BODILY INJURY (P PROPERTY DAMA		\$		
	HIRED AUTOS ONLY AUTOS ONLY						(Per accident)		\$		
	UMBRELLA LIAB OCCUR					9	FAOU COCURREN	105	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	ICE	\$		
	DED RETENTION \$						AGGREGATE		\$	1,341	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH- ER	Ψ	3 83	
							E.L. EACH ACCIDE		\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA	EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - PO	LICY LIMIT	\$		
A	Fidelity / Crime		1062356		3/31/2020	3/31/2023	Client Propert	ty		1,000,000	
This of \$1 This	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Fidelity / Crime Coverage Policy is writ 100,000 is held by Allied Finance Adjust Fidelity / Crime Coverage Policy is writ 250,000 is held by Allied Finance Adjust	tten for a l ters Confe tten for a l	Γhree Year Term, billed on rence, Inc. as applicable l Γhree Year Term, billed on	an Ann aws will an Ann	ual Basis un allow ual Basis un	til Renewed o	or Cancelled Price				
CEI	RTIFICATE HOLDER		GOVERNING.	CANO	ELLATION			71.50	JOH.		
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.						
				AUTHO	RIZED REPRESE	NTATIVE		b.30		is .	