

CGRAF

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/12/2017

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).

| lt<br>th                                    | SUBROGATION IS WAIVED, subjet is certificate does not confer rights to   | ct to<br>o the | the<br>certi  | terms and conditions of<br>ificate holder in lieu of su | the po<br>ich end                                | licy, certain  <br>lorsement(s)  | policies may                       | require an endorsemen                           | t. A St   | atement on    |  |
|---|--|----------------|---------------|---|--|--|------------------------------------|---|-----------|---------------|--|
| PRODUCER Brunswick Insurance Agency, Inc.   |  |                |               |   |  | CONTACT Kelley Wisor   |                                    |   |           |               |  |
|   |  |                |               |   |  | PHONE (A/C, No, Ext): 4255 FAX (A/C, No):  |                                    |   |           |               |  |
| 2857 Riviera Drive<br>Akron, OH 44333       |  |                |               |   | E-MAIL<br>ADDRESS: kwisor@brunswickcompanies.com |  |                                    |   |           |               |  |
|   |  |                |               |   |  | INSURER(S) AFFORDING COVERAGE NAIC #   |                                    |   |           |               |  |
|   |  |                |               |   |  | INSURER A : Hanover Insurance Companies  |                                    |   |           |               |  |
| Xtreme Auto Recovery, Inc. 17 Frederick St. |  |                |               |   |  | INSURER B:   |                                    |   |           |               |  |
|   |  |                |               |   |  | INSURER C:   |                                    |   |           |               |  |
|   |  |                |               |   |  | INSURER D :  |                                    |   |           |               |  |
| Constantia, NY 13044                        |  |                |               |   | INSURER E :                                      |  |                                    |   |           |               |  |
|   |  |                |               |   |  | INSURER F:   |                                    |   |           |               |  |
| CO  | VERAGES CER  | TIFIC          | CATE          | NUMBER:   |  |  |                                    | REVISION NUMBER:                                |           |               |  |
| IN<br>Cl                                    | HIS IS TO CERTIFY THAT THE POLICI<br>DICATED. NOTWITHSTANDING ANY F<br>ERTIFICATE MAY BE ISSUED OR MAY<br>KCLUSIONS AND CONDITIONS OF SUCH | REQUI<br>PER   | REME<br>TAIN, | ENT, TERM OR CONDITIO<br>THE INSURANCE AFFOR            | N OF A<br>DED BY                                 | NY CONTRA<br>7 THE POLIC   | CT OR OTHER<br>IES DESCRIE         | R DOCUMENT WITH RESPE<br>ED HEREIN IS SUBJECT T | CT TO     | WHICH THIS    |  |
| INSR<br>LTR                                 | TYPE OF INSURANCE  |                | SUBR<br>WVD   |   |  | POLICY EFF   | POLICY EXP<br>(MM/DD/YYYY)         | LIMIT   | <br>S     |               |  |
| LIK   | COMMERCIAL GENERAL LIABILITY   |                | WVD           |   |  | (INIIVI/DUTTTT)  | (WIW/DD/TTTT)                      | EACH OCCURRENCE                                 | \$        |               |  |
|   | CLAIMS-MADE OCCUR  |                |               |   |  |  |                                    | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)    | \$        |               |  |
|   |  |                |               |   |  |  |                                    | MED EXP (Any one person)                        | \$        |               |  |
|   |  |                |               |   |  |  |                                    | PERSONAL & ADV INJURY                           | \$        |               |  |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:   |                |               |   |  |  |                                    | GENERAL AGGREGATE                               | \$        |               |  |
|   | POLICY PRO- LOC  |                |               |   |  |  |                                    | PRODUCTS - COMP/OP AGG                          | \$        |               |  |
|   | OTHER:   |                |               |   |  |  |                                    |   | \$        |               |  |
|   | AUTOMOBILE LIABILITY   |                |               |   |  |  |                                    | COMBINED SINGLE LIMIT (Ea accident)             | \$        |               |  |
|   | ANY AUTO   |                |               |   |  |  |                                    | BODILY INJURY (Per person)                      | \$        |               |  |
|   | OWNED AUTOS ONLY SCHEDULED AUTOS   |                |               |   |  |  |                                    | BODILY INJURY (Per accident)                    | \$        |               |  |
|   | 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<br>AND EMPLOYERS' LIABILITY Y/N   |                |               |   |  |  |                                    | PER OTH-<br>STATUTE ER                          |           |               |  |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A            |               |   |  |  |                                    | E.L. EACH ACCIDENT                              | \$        |               |  |
|   | If yes, describe under   |                |               |   |  |  |                                    | E.L. DISEASE - EA EMPLOYEE                      |           |               |  |
| Α   | DÉSCRIPTION OF OPERATIONS below  Fidelity / Crime  |                |               | 1062323   |  | 03/31/2017   | 03/31/2020                         | E.L. DISEASE - POLICY LIMIT  Client Property    | \$        | 1,000,000     |  |
| ^   | ridenty / Grime  |                |               | 1002323   |  | 03/31/2011   | 03/3 1/2020                        | One it i Tope ity                               |           | 1,000,000     |  |
|   | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC<br>Fidelity / Crime Coverage Policy is wri<br>,000 is held by Allied Finance Adjuster           |                |               |   |  |  | re space is requi<br>il renewed or | red)<br>cancelled prior. The reter              | ntion / c | deductible of |  |
| 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  |                                    |   |           |               |  |