

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/17/2017

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 be endorsed. If SUBROGATION IS WAIVED, subject to

	e terms and conditions of the policy ertificate holder in lieu of such endor			ndorse	ement. A sta	tement on th	nis certificate does not confer	rights to the	
PRODUCER				CONTACT Melissa Miller					
Harding Brooks Associates LLC				NAME: PHONE (315) 214-5822 FAX (A/C, No): (607) 798-6693 (A/C, No).					
441 Commerce Rd.				(A/C, No, Ext): (A/C, No): (A/C,					
				ADDKE	INSURER(S) AFFORDING COVERAGE NAIC #				
Vestal NY 13850				INSURER A: Travelers Casualty and Surety				31194	
INSURED				INSURER B:					
A1:	Allied Finance Adjusters Conference Inc.				INSURER C:				
956 South Bartlett Rd #321				INSURER D :					
				INSURER E :					
Bartlett IL 60103			INSURER F:						
COVERAGES CERT		TIFICA	TE NUMBER:CL1698067				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	TYPE OF INSURANCE	ADDL SUB INSD WV			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR						EACH OCCURRENCE \$ DAMAGE TO RENTED 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) \$		
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$		
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$		
							\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$		
	DED RETENTION\$						\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$		
	(Mandatory in NH)  If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$		
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$		
A	Employee Dishonesty/ Theft		106339299		1/1/2017	1/1/2018	Includes 3rd Party Clients Property	\$1,000,000	
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	I ES (ACC	OPD 101 Additional Remarks Calar	lulo	ho attached if	oro onoco lo re-	uirod\		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Coverage under this certificate is afforded to the following Additional Member Named Insured:									
F 5 Investigation, Inc.									
David White									
F400 Now How Bd. Blockeld NW 04704									
5429 New Hope Rd., Bluefield, WV 24701									
CERTIFICATE HOLDER					CANCELLATION				
Proof of Insurance				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					
					Thomas Harding/MELISS VIImo & Barling				