



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

JAN 5 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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER
WEXLER INSURANCE AGENCY, INC.
 1120 PONCE DE LEON BLVD
 CORAL GABLES FL 33134

Phone: (305) 445-5050 Fax: 305-448-8189

CONTACT NAME: **WEXLER INSURANCE AGENCY, INC.**
 PHONE (A/C, No, Ext): **(305) 445-5050** FAX (A/C, No): **305-448-8189**
 E-MAIL ADDRESS: **info@wexlerinsurance.com**
 PRODUCER CUSTOMER ID: **37325**

INSURED
CR INTERNATIONAL SERVICES LLC
 4650 WEST SPENCER STREET SUITE #1
 APPLETON WI 54914

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A	AJG. (CHECK CASHING) SS0001912	
INSURER B		
INSURER C		
INSURER D		
INSURER E		
INSURER F		

COVERAGES CERTIFICATE NUMBER: 175961 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS			
A	<input checked="" type="checkbox"/>	PROPERTY	ss0001916/0066	DEC 28 2016	DEC 28 2017	BUILDING	\$			
		CAUSES OF LOSS				DEDUCTIBLES	<input checked="" type="checkbox"/>	PERSONAL PROPERTY	\$ 5,000	
		BASIC				BUILDING		BUSINESS INCOME	\$	
		BROAD				CONTENTS		EXTRA EXPENSE	\$	
		SPECIAL						RENTAL VALUE	\$	
		EARTHQUAKE						BLANKET BUILDING	\$	
		WIND						BLANKET PERS PROP	\$	
		FLOOD						BLANKET BLDG & PP	\$	
								<input checked="" type="checkbox"/>	Inventory	\$ 100,000
								<input checked="" type="checkbox"/>	Cash in Transit	\$ 50,000
			<input checked="" type="checkbox"/>	Employee Fidelity	\$ 25,000					
	INLAND MARINE	TYPE OF POLICY				\$				
	CAUSES OF LOSS					\$				
	NAMED PERILS	POLICY NUMBER				\$				
	CRIME					\$				
	TYPE OF POLICY					\$				
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$				

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

ATTENTION:

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

Michael J Wexler, PH 786-433-4444 Fax 305-415-8057