

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/23/2023

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 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).

Certificate	noluer in heu of such enuorsement(s).						
PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS			
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636			
	<b>RECOVERY SPECIALIST INSUF</b>	RANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM			
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC#		
	PO BOX 395 GIDDINGS TX 78942			INSURER A: GUIDEONE NATIONAL INSURANCE COMPANY	14167		
INSURED				INSURER B: LLOYDS OF LONDON	15792		
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	LIBERTY RECOVERY SERVICES 4848 TIDWELL DR. TYLER		1585 75708	INSURER D: GUIDEONE INSURANCE COMPANY	15032		
				INSURER E:			
		TX 7		INSURER F:			

COVERAGES CERTIFICATE NUMBER: G1-61026 REVISION NUMBER: 22-23GuideOne

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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR NVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
	GENERAL LIABILITY			570000002-00	09/01/2022	09/01/2023		\$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,			MED EXP (Any one person)	\$ 5,000.00
	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,			PERSONAL & ADV INJURY	\$ 1,000,000.00
С	X CYBER LIAB - \$100,000			DRIVE-AWAY,CARGO,			GENERAL AGGREGATE	\$ 5,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL LIMIT			PRODUCTS - COMP/OP AGG	\$ 3,000,000.00
	X POLICY PRO- JECT LOC			EKI3442250- CYBER				\$ 1,000,000.00
D	AUTOMOBILE LIABILITY	Υ		570000191-04	03/17/2023	03/17/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00
	ANY AUTO			COMP/COLL DED \$2,000			BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS							\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
Α	UMBRELLA LIAB X OCCUR			570000002-00	09/01/2022	09/01/2023	EACH OCCURRENCE	\$ 2,000,000.00
	X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATIONS			AGGREGATE	\$ INC. GEN AGG
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	A EMPLOYEE DISHONESTY&COMP CRIME			57000002-00	09/01/2022	09/01/2023	LIMIT: \$1,000,000.00	
Α	A GARAGEKEEPERS DIRECT PRIMARY			570000002-00	09/01/2022	09/01/2023	GKDP LIMIT: \$375,000	0.00
В	B GARAGEKEEPERS DIR PRIM EXC			B1136TR221716	09/01/2022	09/01/2023	GKDP EXCESS: \$625	,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RSIG MEMBER SINCE: 3/17/2017

30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY MEMBER REQUEST & ADDITIONAL INSURED STATUS, APPLIES TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACTPRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

LOCATION: 4848 TIDWELL DRIVE. TYLER TX 75708 // 3607 ELLEN TROUT DR. LUFKIN. TX 75904

SCHEDULED AUTOS: 16 DODGE #6188; 11 FORD #7566; 16 FORD #4571; 18 DODGE #4319, 14 DODGE #2739; 16 FORD #8318; 22 RAM #1520

CERTIFICATE HOLDER	CANCELLATION			
ALLIED FINANCE ADJUSTERS CONFERENCE, INC 888-949-8520	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
HOMEOFFICE@ALLIEDFINANCEADJUSTERS.COM	AUTHORIZED REPRESENTATIVE			
PO BOX 3853 MIDLAND TX 79702	Danadoan			

© 1988-2010 ACORD CORPORATION. All rights reserved.