

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/28/2025

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).

CE	ertifi	cate h	older in	lieu (of such endors	eme	nt(s).										
PRODUCER CONTACT NAME																	
GATE ELEVEN SOLUTIONS, INC.											PHONE (A/C, No, Ext): FAX (A/C, No):						
PO BOX 395											ADDRESS: CERTIFICATES@LHINS.NET						
GIDDINGS, TX 78942											INSURER(S) AFFORDING COVERAGE NAIC #						
											INSURER A: COLONY INSURANCE COMPANY				39993		
INSURED											INSURER B: ARGONAUT-MIDWEST NSURANCE COMPANY					19828	
											INSURER C: TECHNOLOGY INSURANCE COMPANY					42376	
MIDWEST RECOVERY & ADJUSTMENT, INC. T2-01											INSURER D: LLOYDS OF LONDON					15792	
14666 TELEGRAPH ROAD													OF LONDO	N .		13732	
REDFORD							MI 48239				INSURER E:						
							ATE			242	INSURE	R F:		DEVICION NUMBER.		- 00T0	
COVERAGES CERTIFIC THIS IS TO CERTIFY THAT THE POLICIES OF I									ER: G1-533		DEEN	ISSUED TO T		REVISION NUMBER:		5-26T2	
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICL CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.															HICH THIS		
INSR LTR			TYPE OF I				SUBR WVD		POLICY NUME			POLICY EFF (MM/DD/YYYY)		LIMI	rs		
LIIK		NERAL L	JABILITY			IIVOIX	VVVD		000153-00				04/01/2026			,000,000.00	
A	X	COMM	EBCIAL GE	NEDA	LIARILITY				RS & OMISSI	IONE		04/01/2025	04/01/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	<u> </u>	100,000.00	
^	-							2010/2011 0000 0000000000000000000000000	GFUL REPO,						\$		
	CLAIMS-MADE X OCCUR											MED EXP (Any one person)	\$	5,000.00			
С	OVERTIME CARCOCCUST						SESSED AU					PERSONAL & ADV INJURY		,000,000.00			
	X CYBER LIAB - \$1,000,000 LIMIT						AWAY,CARG		1 18 417			GENERAL AGGREGATE	+	3,000,000.00			
		I'L AGGI I			PPLIES PER:		ON-HOOK - EACH \$1MIL							PRODUCTS - COMP/OP AGG		3,000,000.00	
	X	POLIC			LOC			CARIZ	200053-02-	CYBE	:R			REPO IN TRANSIT		,000,000.00	
В	AU	FOMOBI	LE LIABILIT	ſΥ				MC874	MC8747736			04/01/2025	04/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1	,000,000.00	
			AUTO					COMP	COMP/COLL DED: \$2,		500			BODILY INJURY (Per person)	\$		
		ALL O\ AUTOS	WNED	X	SCHEDULED AUTOS									BODILY INJURY (Per accident)	\$		
	Х	HIRED	AUTOS	X	NON-OWNED AUTOS									PROPERTY DAMAGE (Per accident)	\$		
															\$		
		UMBRELLA LIAB OCCUR										EACH OCCURRENCE	\$				
		EXCES	S LIAB		CLAIMS-MADE									AGGREGATE	\$		
		DED	RETER	UTION		1								AGGILLOATE			
	WOI		COMPENSA		Ψ									WC STATU- OTH-	\$	****	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE												-				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					N/A								E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under													E.L. DISEASE - EA EMPLOYEE	-		
<u> </u>	DÉSCRIPTION OF OPERATIONS below							0.47.4	222452			0.4/0.4/0.00=	0.1/0.1/0.00	E.L. DISEASE - POLICY LIMIT			
A		EMPLOYEE DISHONESTY&COMP CRIME							000153-00					LIMIT: \$1,000,000.00			
A		GAT-1000153-00 GARAGEKEEPERS DIR PRIM EXC GARAGEKEEPERS DIR PRIM EXC B0831TR2318242M-										04/01/2025 04/01/2026 GKDP LIMIT: \$300,000.00					
C									TR2318242		T						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY INSURED REQUEST & ADDITIONAL INSURED STATUS, APPLIES TO THE CERTIFICATE HOLDER AS REQUIRED BY WRITTEN CONTRACT																	
					EGRAPH RD.,					OIL	QUII	LD DI WIKI	I I LIN COINT	IVACT			
										D #17	724:19	FORD #74	99· 15 FORI	0 #3674· 00 FORD #04	480· 1	3 DODGE	
SCHEDULED AUTOS: 16 FORD #9004; 15 FORD #4083; 16 FORD #1724;19 FORD #7499; 15 FORD #3674; 00 FORD #0480; 13 DODGE #4741; 23 FORD #3445															OBOBOL		
CE	RTII	FICAT	TE HOL	DER	?						CANO	CELLATION	J				
					-						9,711		-				
												SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
PROOF OF INSURANCE																	
MIDWEST RECOVERY & ADJUSTMENT, INC.											ACCORDANCE WITH THE POLICY PROVISIONS.						
14CCC TELEODADU DOAD												AUTHODIZED DEDDECENTATIVE					
			1-TUUU I		CIVALITIVOAL						AUTHORIZED REPRESENTATIVE						
	REDFORD MI 48239								18330		Eric B Reininger						
REDFORD MI 48239										0							

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