



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/30/2021

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).

| | | | | |
|---|--|---|--|-----------------------|
| PRODUCER GATE ELEVEN SOLUTIONS, INC. PO BOX 395 GIDDINGS, TX 78942 | | CONTACT NAME PHONE (A/C, No, Ext): E-MAIL: CERTIFICATES@LHINS.NET ADDRESS: CERTIFICATES@LHINS.NET | | FAX (A/C, No): |
| | | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | | INSURER A: GUIDEONE NATIONAL INSURANCE COMPANY | | 14167 |
| | | INSURER B: GUIDEONE MUTUAL INSURANCE COMPANY | | 15032 |
| | | INSURER C: AXIS INSURANCE COMPANY | | 37273 |
| | | INSURER D: LLOYDS OF LONDON | | 15792 |
| | | INSURER E: | | |
| | | INSURER F: | | |

| | |
|---|--|
| INSURED MIDWEST RECOVERY & ADJUSTMENT, INC. T2-01 14666 TELEGRAPH ROAD REDFORD MI 48239 | |
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COVERAGES

CERTIFICATE NUMBER: G1-46470

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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|--|--|---|----------|--|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY | | | 57C200008-00 | 04/01/2021 | 04/01/2022 | EACH OCCURRENCE \$ 1,000,000.00 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | ERRORS & OMISSIONS | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY, CARGO, ON-HOOK (REPO ONLY)- EACH \$1MIL LIMIT | | | MED EXP (Any one person) \$ 5,000.00 |
| | <input checked="" type="checkbox"/> CYBER LIAB - \$1,000,000 LIMIT | | | CYB200006-00 - CYBER | | | PERSONAL & ADV INJURY \$ 1,000,000.00 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ 1,000,000.00 |
| <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ 3,000,000.00 |
| B | AUTOMOBILE LIABILITY | | | 57A200006-00 | 04/01/2021 | 04/01/2022 | REPO IN TRANSIT \$ 1,000,000.00 |
| | <input type="checkbox"/> ANY AUTO | | | COMP/COLL DED: \$2,000 | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input checked="" type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per person) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> OCCUR | | | | | | AGGREGATE \$ |
| | EXCESS LIAB | | | | | | \$ |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | \$ |
| DED RETENTION\$ | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATUTORY LIMITS OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y / N | | | | | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| A | EMPLOYEE DISHONESTY&COMP CRIME | | | 57C200008-00 | 04/01/2021 | 04/01/2022 | LIMIT: \$1,000,000.00 |
| A | GARAGEKEEPERS DIRECT PRIMARY | | | 57C200008-00 | 04/01/2021 | 04/01/2022 | GKDP LIMIT: \$300,000.00 |
| C | GARAGEKEEPERS DIR PRIM EXC | | | B1136TR210320 | 04/01/2021 | 04/01/2022 | GKDP EXCESS: \$700,000.00 |

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

LOCATION: 14666 TELEGRAPH RD., REDFORD, MI 48239

SCHEDULED AUTOS: 16 FORD #9004; 19 FORD #7499; 16 FORD #1724; 15 FORD #4083; 15 FORD #3674; 04 CHEV #4879

CERTIFICATE HOLDER**CANCELLATION**PROOF OF INSURANCE
MIDWEST RECOVERY & ADJUSTMENT, INC.
14666 TELEGRAPH ROAD

REDFORD

MI 48239

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

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