



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/31/2022

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 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	

COVERAGES CERTIFICATE NUMBER: G1-53313 REVISION NUMBER: 21-22GuideOne

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	<input checked="" type="checkbox"/> GENERAL LIABILITY			57C200008-01 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY, CARGO, ON-HOOK - EACH \$1MIL LIMIT CYB200006-00- CYBER	04/01/2022	04/01/2023	EACH OCCURRENCE \$ 1,000,000.00	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00	
	<input checked="" type="checkbox"/> CYBER LIAB - \$1,000,000 LIMIT						PERSONAL & ADV INJURY \$ 1,000,000.00	
C	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000.00	
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 3,000,000.00	
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			57A200006-01 COMP/COLL DED: \$2,000	04/01/2022	04/01/2023	REPO IN TRANSIT \$ 1,000,000.00	
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					PROPERTY DAMAGE (Per accident) \$	
	DED	RETENTION \$					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						EACH OCCURRENCE \$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> N / A				AGGREGATE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						\$	
A	EMPLOYEE DISHONESTY & COMP CRIME			57C200008-01	04/01/2022	04/01/2023	WC STATU-TORY LIMITS OTH-ER	
A	GARAGEKEEPERS DIRECT PRIMARY			57C200008-01	04/01/2022	04/01/2023	E.L. EACH ACCIDENT \$	
C	GARAGEKEEPERS DIR PRIM EXC			B1136TR2103201	04/01/2022	04/01/2023	E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	
							LIMIT: \$1,000,000.00	
							GKDP LIMIT: \$300,000.00	
							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; 00 FORD #0480; 13 DODGE #4741

CERTIFICATE HOLDER PROOF OF INSURANCE MIDWEST RECOVERY & ADJUSTMENT, INC. 14666 TELEGRAPH ROAD REDFORD MI 48239	CANCELLATION 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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