



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/28/2023

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).

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):
INSURED MIDWEST RECOVERY & ADJUSTMENT, INC. T2-01 14666 TELEGRAPH ROAD REDFORD MI 48239		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: GUIDEONE NATIONAL INSURANCE COMPANY		14167
		INSURER B: GUIDEONE INSURANCE COMPANY		15032
		INSURER C: TECHNOLOGY INSURANCE COMPANY		42376
		INSURER D: LLOYDS OF LONDON		15792
		INSURER E:		
INSURER F:				

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	GENERAL LIABILITY			57C200008-02 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY, CARGO, ON-HOOK - EACH \$1MIL LIMIT CYB200006-00- CYBER	04/01/2023	04/01/2024	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
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000.00
B	AUTOMOBILE LIABILITY			57A200006-02 COMP/COLL DED: \$2,000	04/01/2023	04/01/2024	REPO IN TRANSIT	\$ 1,000,000.00
	<input type="checkbox"/> ANY AUTO						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	\$
	EXCESS LIAB						AGGREGATE	\$
	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 / <input type="checkbox"/> N	N / A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
A	EMPLOYEE DISHONESTY & COMP CRIME			57C200008-02	04/01/2023	04/01/2024	LIMIT: \$1,000,000.00	
A	GARAGEKEEPERS DIRECT PRIMARY			57C200008-02	04/01/2023	04/01/2024	GKDP LIMIT: \$300,000.00	
C	GARAGEKEEPERS DIR PRIM EXC			B1136TR220320	04/01/2023	04/01/2024	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**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