



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/06/2020

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	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS		
		PHONE (A/C, No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C, No):	703-365-0636
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM		
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: GUIDEONE MUTUAL INSURANCE CO		15032	
		INSURER B: LLOYDS OF LONDON		15792	
		INSURER C: SCOTTSDALE INDEMNITY COMPANY		15580	
		INSURER D:			
		INSURER E:			
		INSURER F:			
INSURED	NATIONWIDE REC SER INC 891 PO BOX 51 KINGSTON NH 03848				

COVERAGES CERTIFICATE NUMBER: G1-43637 REVISION NUMBER: 20-21GuideOne

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 C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CYBLIAB \$2MIL POLICYAGG <input checked="" type="checkbox"/> CYBER LIAB - \$100,000			570000001-02 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY, CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3341063 - CYBER	09/01/2020	09/01/2021	EACH OCCURRENCE \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
							MED EXP (Any one person) \$ 5,000.00
							PERSONAL & ADV INJURY \$ 1,000,000.00
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			570000274-00 COMP/COLL DED: \$1,000	07/11/2020	07/11/2021	GENERAL AGGREGATE \$ 5,000,000.00
							PRODUCTS - COMP/OP AGG \$ 3,000,000.00
							REPO IN TRANSIT \$ 1,000,000.00
							COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$			570000001-02 SEE DESC. OF OPERATIONS	09/01/2020	09/01/2021	EACH OCCURRENCE \$ 2,000,000.00
							AGGREGATE \$ INC. GEN AGG
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS \$
							OTH-ER \$
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	EMPLOYEE DISHONESTY&COMP CRIME			570000001-02	09/01/2020	09/01/2021	LIMIT: \$1,000,000.00
A	GARAGEKEEPERS DIRECT PRIMARY			570000001-02	09/01/2020	09/01/2021	GKDP LIMIT: \$300,000.00
B	GARAGEKEEPERS DIR PRIM EXC			B1136P0582020	09/01/2020	09/01/2021	GKDP EXCESS: \$700,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RSIG MEMBER SINCE: 01/24/97 -
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 CONTRACT
LOCATION: 52 ROUTE 125, KINGSTON, NH. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY
SCHEDULED AUOTS: 07 FORD #6747; 06 FORD #0462; 16 FORD #7701; 16 FORD #6830

CERTIFICATE HOLDER ALLIED FINANCE ADJUSTERS CONFERENCE, INC 888-949-8520 HOMEOFFICE@ALLIEDFINANCEADJUSTERS.COM PO BOX 3853 MIDLAND TX 79702	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 