



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/5/2025

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|  |   |
|--|---|
| <b>PRODUCER</b><br>Pro Surety Bond<br>919 S 25 E<br><br>Ammon<br>ID 83406    | <b>CONTACT</b><br>NAME: Kristi Buckland<br>PHONE (A/C, No, Ext): (208) 522-3380<br>E-MAIL: kristi@insureitall.com<br>ADDRESS: kristi@insureitall.com<br><b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A : Markel American Insurance Comapny<br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F :<br>NAIC #<br>28932 |
| <b>INSURED</b><br>NYCR Industries Corp<br>PO BOX 57<br><br>BRONX<br>NY 10464 |   |

**COVERAGES****CERTIFICATE NUMBER:****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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER       | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|---------------------|-------------------------|-------------------------|---|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |                     |                         |                         | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                |           |          |                     |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                 |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |           |          |                     |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                  |           | N / A    |                     |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                      |
| A        | Dishonesty Bond  |           |          | 5207PR014041-05-224 | 02/20/2025              | 02/20/2026              | Dishonesty Bond 1,000,000.00  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

FOR INFORMATIONAL PURPOSES ONLY

ANY ALTERATION OF THIS  
DOCUMENT IS STRICTLY  
PROHIBITEDSHOULD 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

KRISTI BUCKLAND



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| <b>INSURED</b><br>NYCR Industries Corp<br>PO BOX 57<br><br>BRONX<br>NY 10464 |  |

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

|   |   |
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| Resolution<br><br>2177 SALK AVE STE 200<br>CARLSBAD, CA 92008 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>KRISTI BUCKLAND |
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| <b>INSURED</b><br>NYCR Industries Corp<br>PO BOX 57<br><br>BRONX<br>NY 10464 |  |

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| <b>CERTIFICATE HOLDER</b><br>MVConnect, LLC Its Officers, Clients & Employees<br><br>2000 Progress Parkway Suite 800 Schaumburg, IL 60173 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>KRISTI BUCKLAND |
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**CERTIFICATE HOLDER****CANCELLATION**

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| Resolution<br><br>2177 Salk Avenue Suite 200 Carlsbad, CA. 92008 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>KRISTI BUCKLAND |
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Secure Collateral Management

9330 Lyndon B Johnson Fwy Suite 700 Dallas, TX 75243

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|  |  |   |
|--|--|---|
| <b>PRODUCER</b><br>Pro Surety Bond<br>919 S 25 E<br><br>Ammon<br>ID 83406    | <b>CONTACT</b><br>NAME: Kristi Buckland<br>PHONE (A/C, No, Ext): (208) 522-3380<br>E-MAIL: kristi@insureitall.com<br>ADDRESS: kristi@insureitall.com<br><b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: Markel American Insurance Comapny<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: | <b>FAX</b><br>(A/C, No): (919) 702-4854<br><b>NAIC #</b><br>28932 |
| <b>INSURED</b><br>NYCR Industries Corp<br>PO BOX 57<br><br>BRONX<br>NY 10464 |  |   |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER       | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|---------------------|-------------------------|-------------------------|---|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |                     |                         |                         | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                |           |          |                     |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                 |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |           |          |                     |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                  |           | N / A    |                     |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                      |
| A        | Dishonesty Bond  |           |          | 5207PR014041-05-224 | 02/20/2025              | 02/20/2026              | Dishonesty Bond 1,000,000.00  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

United Recovery and Remarketing LLC

311 Moore Ln Collierville TN 38017

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

KRISTI BUCKLAND

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/5/2025

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| <b>PRODUCER</b><br>Pro Surety Bond<br>919 S 25 E<br><br>Ammon<br>ID 83406    | <b>CONTACT</b><br>NAME: Kristi Buckland<br>PHONE (A/C, No, Ext): (208) 522-3380<br>FAX (A/C, No): (919) 702-4854<br>E-MAIL ADDRESS: kristi@insureitall.com   |                               |        |  |       |            |  |            |  |            |  |            |  |            |  |
|--|--|-------------------------------|--------|--|-------|------------|--|------------|--|------------|--|------------|--|------------|--|
| <b>INSURED</b><br>NYCR Industries Corp<br>PO BOX 57<br><br>BRONX<br>NY 10464 | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Markel American Insurance Comapny</td><td>28932</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Markel American Insurance Comapny | 28932 | INSURER B: |  | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE  | NAIC #   |                               |        |  |       |            |  |            |  |            |  |            |  |            |  |
| INSURER A: Markel American Insurance Comapny                                 | 28932  |                               |        |  |       |            |  |            |  |            |  |            |  |            |  |
| INSURER B:   |  |                               |        |  |       |            |  |            |  |            |  |            |  |            |  |
| INSURER C:   |  |                               |        |  |       |            |  |            |  |            |  |            |  |            |  |
| INSURER D:   |  |                               |        |  |       |            |  |            |  |            |  |            |  |            |  |
| INSURER E:   |  |                               |        |  |       |            |  |            |  |            |  |            |  |            |  |
| INSURER F:   |  |                               |        |  |       |            |  |            |  |            |  |            |  |            |  |

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| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER       | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|---------------------|-------------------------|-------------------------|---|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |                     |                         |                         | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                |           |          |                     |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                 |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |           |          |                     |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                  |           | N / A    |                     |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                      |
| A        | Dishonesty Bond  |           |          | 5207PR014041-05-224 | 02/20/2025              | 02/20/2026              | Dishonesty Bond 1,000,000.00  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| GM Financial<br><br>801 Cherry Street<br><br>Fort Worth, TX 76102 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>KRISTI BUCKLAND |
|---|--|

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| <b>PRODUCER</b><br>Pro Surety Bond<br>919 S 25 E<br><br>Ammon<br>ID 83406    | <b>CONTACT</b><br>NAME: Kristi Buckland<br>PHONE (A/C, No, Ext): (208) 522-3380<br>E-MAIL: kristi@insureitall.com<br>ADDRESS: kristi@insureitall.com<br><b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: Markel American Insurance Comapny<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: | <b>FAX</b><br>(A/C, No): (919) 702-4854<br><b>NAIC #</b><br>28932 |
| <b>INSURED</b><br>NYCR Industries Corp<br>PO BOX 57<br><br>BRONX<br>NY 10464 |  |   |

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| A        | Dishonesty Bond   |           |          | 5207PR014041-05-224 | 02/20/2025              | 02/20/2026              | Dishonesty Bond 1,000,000.00   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| PAR North America Vendor Compliance Specialist<br><br>11299 N Illinois St<br><br>Carmel IN 46032 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>KRISTI BUCKLAND |
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| <b>INSURED</b><br>NYCR Industries Corp<br>PO BOX 57<br><br>BRONX<br>NY 10464 |  |   |

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|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                |           |          |                     |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                 |
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**CERTIFICATE HOLDER****CANCELLATION**

Summs Skip and Collateral Solutions  
2616 Quality Court  
Virginia Beach, VA 23454

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**AUTHORIZED REPRESENTATIVE**

KRISTI BUCKLAND

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