CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/18/2024

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 have ADDITIONAL INSURED provisions or 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 Legacy Plus Insurance Agency 3303 Kimber Drive, Suite E Newbury Park CA 91320	**CONTACT NAME:** Melody Holguin **PHONE (A/C, No, Ext):** (818) 865-8867 **FAX (A/C, No):** (818) 865-8869 **E-MAIL ADDRESS:** CSR@Legacyplusins.com
INSURED CMB Recovery Inc., DBA: Lenders Recovery Service 14285 Hwy 67, Suite 5 Lakeside CA 92040	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Allied World Surplus Lines Insurance Co 22730 **INSURER B :** Vantapro Specialty Insurance Company 44768 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 2024 Master Cert w/Cyber **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	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		5029-0004-02	06/27/2024	06/27/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Wrongful Repossession	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [X] Driveaway	Y		5028-0004-02	06/27/2024	06/27/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Uninsured motorist	$ 1,000,000 $ $ $ $ 30,000
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						~~COMBINED SINGLE LIMIT~~ EACH OCCURRENCE AGGREGATE 	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
B/A	Garagekeepers Direct Primary On-Hook / Vehicle Cargo			5028-0004-02 / 5029-0004-02	06/27/2024	06/27/2025	$500, $2,500 Deductibles $1,000 Deductible	$1,000,000 $100,000

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

Certificate holder is named as additional insured only when required by written contract or agreement per policy provisions, and will be given 30 days written notice of cancellation (10 days for non-payment) per policy provisions.
Cyber: Colation Ins. Solutions, Inc. Policy #C-4LRI-108417 , 7/12/2024-07/12/2025, $250,000 limit, $1,000 deductible

Location: 12485 Highway 67, Suite #5, Lakeside , CA 92040
Vehicles are listed on the "ADDITIONAL REMARKS" page

CERTIFICATE HOLDER

Allied Finance Adjusters
214 West Texas Ave. #203
Midland TX 79701

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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AGENCY CUSTOMER ID: 00000053

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY	NAMED INSURED
Legacy Plus Insurance Agency	CMB Recovery Inc., DBA: Lenders Recovery Service
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Vehicles:
2019 Ford F450 VIN 1FDUF4GY8KEF88444
2014 Ford F450 VIN1FDUF4GT3EEA43650
2011 Honda Civic VIN 2HGFA1F57BH308380
2012 Honda Civic VIN 19XFB2F57CE390447
2016 Ford F350 VIN 1FD8X3H65GEC53977
2017 Ford F450 VIN 1FDUF4GY5HEE35030
2011 Nissan Versa VIN 3N1BC1CP9BL380692
2021 Toyota Corolla VIN 5YFEPMAE5MP157148
2021 Toyota Corolla VIN JTDEPMAE0MJ127916

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