



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/02/2022

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	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):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A:	GUIDEONE NATIONAL INSURANCE COMPANY	14167
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	SCOTTSDALE INDEMNITY COMPANY	15580
		INSURER D:	GUIDEONE INSURANCE COMPANY	15032
		INSURER E:		
		INSURER F:		

COVERAGES CERTIFICATE NUMBER: G1-60654 REVISION NUMBER: 22-23GuideOne

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 <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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC			570000002-00 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI344250- CYBER	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 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) \$ \$
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			570000298-00 COMP/COLL DED: \$3,000	09/07/2022	09/07/2023	\$ \$ \$ \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			570000002-00 SEE DESC. OF OPERATIONS	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N/A 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			570000002-00	09/01/2022	09/01/2023	LIMIT: \$1,000,000.00
A	GARAGEKEEPERS DIRECT PRIMARY			570000002-00	09/01/2022	09/01/2023	GKDP LIMIT: \$375,000.00
B	GARAGEKEEPERS DIR PRIM EXC			B1136TR221716	09/01/2022	09/01/2023	GKDP EXCESS: \$625,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RSIG MEMBER SINCE: 09/07/2022- FULL COMPANY NAME: HAZELWOOD RECOVERY & INVESTIGATIVE SERVICES, LLC DBA HAZELWOOD TOWING/RECOVERY & INVESTIGATIVE SERVICES 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 RIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY LOCATIONS: 205 N MAIN, LOREAUVILLE LA 70522 SCHEDULED
 AUTOS: 18 FORD #8213; 17 RAM #6017

CERTIFICATE HOLDER LA OFFICE OF FINANCIAL INSTITUTION JNORRIS@OFI.LA.GOV 8660 UNITED PLAZA BLVD 2ND FLOOR BATON ROUGE L 70809	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 