



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/28/2024

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 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	<b>IG., INC./RSIG</b> <b>RECOVERY SPECIALIST INSURANCE GROUP</b> 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:	COLONY INSURANCE COMPANY	39993
		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:** COL9843      **REVISION NUMBER:** 24-25Colony

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>			GAT-1000000-00 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3537443 - CYBER	09/01/2024	09/01/2025	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
C	<input checked="" type="checkbox"/> CYBER LIAB \$2MIL POLICYAGG			GAT-1000000-00 CYBER LIAB - \$100,000	09/01/2024	09/01/2025	PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 5,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000.00
D	<b>AUTOMOBILE LIABILITY</b>			570000298-01 COMP/COLL DED: \$3,000	09/07/2023	09/07/2024	REPO IN TRANSIT \$ 1,000,000.00
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input checked="" 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) \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR			GAT-1000000-00 SEE DESC. OF OPERATIONS	09/01/2024	09/01/2025	EACH OCCURRENCE \$ 2,000,000.00
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ INC. GEN AGG
	DED \$      RETENTION \$						\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>							
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N			N/A				WC STATUTORY LIMITS      OTH-ER
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT \$
A	EMPLOYEE DISHONESTY&COMP CRIME			GAT-1000000-00	09/01/2024	09/01/2025	LIMIT: \$1,000,000.00
A	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-00	09/01/2024	09/01/2025	GKDP LIMIT: \$375,000.00
B	GARAGEKEEPERS DIR PRIM EXC			B0831TR23180358M	09/01/2024	09/01/2025	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, 266 RAMONCITA DR #A, CHALMETTE,LA 70043  
SCHEDULED AUTOS: 18 FORD #8213; 15 RAM #7812; 24 RAM #6576

**CERTIFICATE HOLDER**      **CANCELLATION**

PROOF OF INSURANCE HAZELWOOD TOWING/REC & INV SVCS LLC CHAD@HAZELWOODINVESTIGATIONS.COM PO BOX 38 LOREAUVILLE      LA      70522	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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