



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/23/2024

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Shane Foster	
Insure It All		<b>PHONE (A/C, No, Ext):</b> 208-497-0101	<b>FAX (A/C, No):</b> 208-902-3727
919 S 25th East		<b>E-MAIL ADDRESS:</b> shane@insureitall.com	
Ammon		<b>INSURER(S) AFFORDING COVERAGE</b>	
ID 83406	<b>INSURER A:</b> Rock Ridge Insurance Company		<b>NAIC #</b> 11089
<b>INSURED</b>		<b>INSURER B:</b> Markel American Insurance Company	
Metro Investigation and Recovery Solutions Inc		<b>INSURER C:</b> Texas Mutual Insurance Company	
DBA Final Notice, LLC		<b>INSURER D:</b> Apogee Insurance Company	
PO Box 702		<b>INSURER E:</b> Kinsale Insurance Company	
White Marsh		<b>INSURER F:</b>	
MD 21162			38920

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Wrongful Repossession GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BE8311000059-00	07/31/2023	07/31/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Wrongful Repossession \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BE8311000059-00	07/31/2023	07/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Driveaway \$ Included
E	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			0100249824-0	7/31/2023	7/31/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	0002049487	07/01/2023	07/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Garage Keepers Direct Primary/On-Hook Cyber Liability			BE8311000059-00	07/31/2023	07/31/2024	Garage Keeper DP 1,000,000 On Hook 100,000 Cyber ESH001192969 1,000,000

**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 in regards to both General and Auto Liability.  
 30 Day Notice of Cancellation with additional 10 days for non payment. Our office will notify direct within 72 hours of Agency notification.  
 CASA Association Dishonesty Policy Markel American Insurance Company #5207PR014041-06-31 eff. 07/31/2023 - 07/31/2024 for \$1,000,000  
 Storage Locations: 11051 Pulaski Hwy White Marsh, MD 21162, 4221 Curtis Avenue Baltimore, MD 21226, 7908 Bellefonte Lane Clinton, MD 20735, 1075 KENILWORTH AVE NE WASHINGTON, DC 200192705, 8595 Dorsey Run Rd Annapolis Junction, MD 20701, 10202 Deer Trail Drive Houston, TX 77038, 210 N Loop 336 E Conroe, TX 77301, 9201 TAVENOR LN HOUSTON, TX 770752329, 12 PEOPLES DR NEWARK, DE 197021323. 2507 Bladensburg Rd NE Washington DC 20018, 700 West Sunset Ave Greensboro, MD 21639

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Allied Finance Adjusters Conference Inc.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
P.O. Box 3853 Midland, TX 79702	AUTHORIZED REPRESENTATIVE <i>Shane Foster</i>

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