

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/06/2020

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).											
	DUCER					CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS					
IG., INC./RSIG						PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 [FAX (A/C, No): 703-365-0636					
RECOVERY SPECIALIST INSURANCE GROUP						ADDRESS: CERTIFICATES@RSIG.COM					
GATE ELEVEN SOLUTIONS					INSURER(S) AFFORDING COVERAGE NAIC #						
PO BOX 395 GIDDINGS TX 78942					INSURER A: GUIDEONE MUTUAL INSURANCE CO				15032		
INSURED					INSURE	R B: LLOYDS	OF LONDON	1	15792		
					INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580				15580		
GEORGIA COLLATERAL REC BUR INC. 1054					INSURER D:						
PO BOX 71491			CA 21709			INSURER E:					
~~~	ALBANY GA 31708					INSURER F:					
COVERAGES         CERTIFICATE NUMBER:         G1-41618         REVISION NUMBER:         20-21GuideOne           THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD         D1-41618         D1-41618											
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			
	GENERAL LIABILITY			57000001-02		09/01/2020			,000,000.00		
А	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000.00		
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,				MED EXP (Any one person) \$	5,000.00		
с	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,					,000,000.00		
C	A CIDER LIAD - \$100,000			DRIVE-AWAY,CARGO,			-		,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL LI					,000,000.00		
		POLICY PRO- JECT LOC EKI3341063 - CYBER						COMBINED SINGLE LIMIT	,000,000.00		
Α		570000265-00				11/27/2019	11/27/2020		,000,000.00		
	ANY AUTO ALL OWNED X SCHEDULED AUTOS X AUTOS	ANY AUTO		000			BODILY INJURY (Per person) \$				
	X HIRED AUTOS X AUTOS						-	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$			
	A HIRED AUTOS							(Per accident) \$			
Α		MBRELLA LIAB X OCCUR 57000001-02			09/01/2020	00/01/2021	•	,000,000.00			
~	X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATIO	NS	03/01/2020	03/01/2021	Ψ	IC. GEN AGG		
	DED RETENTION \$							\$			
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER			
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT \$			
OFFICER/MEMBER EXCLUDED?								E.L. DISEASE - EA EMPLOYEE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
А	EMPLOYEE DISHONESTY&COMP CRIME			570000001-02				LIMIT: \$1,000,000.00			
Α	GARAGEKEEPERS DIRECT PRIMARY			57000001-02				GKDP LIMIT: \$300,000.00			
	B GARAGEKEEPERS DIR PRIM EXC B1136P0582020							GKDP EXCESS: \$700,000	.00		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) RSIG MEMBER SINCE 09/20/00- 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											
	CATIONS: 623 FUSSELL RD. LEE					_					
	MARY LIMITS PROVIDE FULL \$3,				0 AG(	G IN LIEU O	F A SEPAR	ATE EXCESS LIABILITY PO	DLICY		
SCHEDULED AUTOS: 08 CHEV #7815, 06 CHEV #8969											
CERTIFICATE HOLDER CAN							ANCELLATION				
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	GEORGIA COLLATERAL	REC	BUF	REAU, INC							
							JTHORIZED REPRESENTATIVE				
PO BOX 71491						Durd					
ALBANY GA 31708											
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