



# 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).

<b>PRODUCER</b>  <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.): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: COLONY INSURANCE COMPANY</td> <td>39993</td> </tr> <tr> <td>INSURER B: LLOYDS OF LONDON</td> <td>15792</td> </tr> <tr> <td>INSURER C: SCOTTSDALE INDEMNITY COMPANY</td> <td>15580</td> </tr> <tr> <td>INSURER D: GUIDEONE INSURANCE COMPANY</td> <td>15032</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	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:
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:														
<b>INSURED</b>  GEORGIA COLLATERAL REC BUR INC. 1054 PO BOX 71491 ALBANY GA 31708														


**COVERAGES**      **CERTIFICATE NUMBER:** COL9645      **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: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 5,000,000.00
D	<b>AUTOMOBILE LIABILITY</b>			570000265-04 COMP/COLL DED: \$1,000	11/27/2023	11/27/2024	PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			GAT-1000000-00 SEE DESC. OF OPERATIONS	09/01/2024	09/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person) \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			GAT-1000000-00 EMPLOYEE DISHONESTY&COMP CRIME	09/01/2024	09/01/2025	BODILY INJURY (Per accident) \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A					
A	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			GAT-1000000-00 GARAGEKEEPERS DIRECT PRIMARY	09/01/2024	09/01/2025	WC STATUTORY LIMITS
							OTHER
B	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			B0831TR23180358M GARAGEKEEPERS DIR PRIM EXC	09/01/2024	09/01/2025	E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

**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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763  
PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY  
SCHEDULED AUTOS: 06 CHEV #8969; 15 CHEV #0911; 24 GMC #8727

<b>CERTIFICATE HOLDER</b>  PROOF OF INSURANCE GEORGIA COLLATERAL REC BUREAU, INC 229-432-7221 PO BOX 71491 ALBANY GA 31708	<b>CANCELLATION</b>  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 
--	--

© 1988-2010 ACORD CORPORATION. All rights reserved.