

DATE (MM/DD/YYYY) 09/01/2023

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).											
PRO	DUCER IG., INC./RSIG				CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (AC, No, Ext): 703-365-0199//LH703.365.0362 FAX (AC, No): 703-365-0636						
	RECOVERY SPECIALIST GATE ELEVEN SOLUTIONS	Γ IN	SUR		É-MAIL ADDRESS: CERTIFICATES@RSIG.COM INSURER(S) AFFORDING COVERAGE NAIC #						
	PO BOX 395 GIDDINGS TX 789	42		-	INSURER(S) AFFORDING COVERAGE NAIO INSURER A: GUIDEONE NATIONAL INSURANCE COMPANY 14167						
INSU					INSURER B: LLOYDS OF LONDON 15792						
				L L L L L L L L L L L L L L L L L L L	INSURER C: SCOTTSDALE INDEMNITY COMPANY 1558						
	BAYOU RECOVERY SERVI	-	LLC	1257	INSURE	r d: GUIDEO	NE INSURAN	ICE COMPANY		15032	
	5475 PARKVIEW CHURCH	RD			INSURE	R E:					
	BATON ROUGE			LA 70816	INSURE	R F:					
-				NUMBER: G1-64392	REEN			REVISION NUMBER: 2		-	
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	6		
	GENERAL LIABILITY			570000002-01				EACH OCCURRENCE	\$ 1,C	000,000.00	
А	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1	100,000.00	
				WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00	
С	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,				PERSONAL & ADV INJURY	,	00,000.00	
•				DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL I	іміт			GENERAL AGGREGATE	. ,	00,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC			EKI33490957- CYBER				PRODUCTS - COMP/OP AGG		00,000.00	
D				570000275-03		08/08/2023	08/08/2024	COMBINED SINGLE LIMIT (Ea accident)	,	00,000.00	
U	ANY AUTO			COMP/COLL DED: \$10	000	00/00/2023	00/00/2024	BODILY INJURY (Per person)	\$ 1,0		
	ALL OWNED X SCHEDULED				,00			BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
А	UMBRELLA LIAB X OCCUR			57000002-01		09/01/2023	09/01/2024	EACH OCCURRENCE	T :	00,000.00	
	X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATIO	JNS			AGGREGATE	\$ INC	. GEN AGG	
	DED RETENTION \$							WC STATU- OTH-	\$		
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED?	N/A							<u>э</u> \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
А	EMPLOYEE DISHONESTY&COMP CRIME			57000002-01		09/01/2023	09/01/2024	LIMIT: \$1,000,000.00			
А	GARAGEKEEPERS DIRECT PRIMARY			57000002-01				GKDP LIMIT: \$375,00			
B				B0831TR23180358M				GKDP EXCESS: \$625	,000.0	0	
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE GMEMBER SINCE: 12/22/04 - 30 [•				•	• •				
	MBER REQUEST & ADDITIONAL IN		-		-	-					
PRI	IMARY LIMITS PROVIDE FULL \$3,0	00,00	000 L	IMIT WITH A \$5,000,00	0 AG	G IN LIEU O	F A SEPAR	ATE EXCESS LIABILIT	Y POL		
	CATIONS: 4190 BOWDEN RD, GEIS										
	5228 GREENWOOD RD., SHREVE REET, GRETNA, LA 70053 // 8435 H								DSIG	5 AT 76 1ST	
511	XEET, GRETNA, LA 70033 // 0433 1		105	, FULLOUR, LA 71407	// 3020		2010 31, 30	LETION, LA 70005			
CEF	RTIFICATE HOLDER				CANO	CELLATION	1				
			_		••••						
								ESCRIBED POLICIES BE CA REOF, NOTICE WILL B			
	ALLIED FINANCE ADJUST 888-949-8520	ER	5 00	INFERENCE, INC				Y PROVISIONS.			
	HOMEOFFICE@ALLIEDFI	NAN		DJUSTERS COM							
	PO BOX 3853	, ., .,		200012100000							
	MIDLAND			TX 79702	Danadoan						

The ACORD name and logo are registered marks of ACORD

© 1988-2010 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 09/01/2023

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 - LIGHTHOUSE INSURANCE SVCS												CS				
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																
		GATE ELE	VEN	SOLUTIONS					INSURER(S) AFFORDING COVERAGE NAIC #							
		PO BOX 39	5 GI	IDDINGS TX 78	942				INSURER A: GUIDEONE NATIONAL INSURANCE COMPANY							
										INSURER B: LLOYDS OF LONDON 1579						
									INSURE	R C: SCOTTS		INITY COMPANY		15580		
NAVAPACHE ASSET ADJUSTERS 1535								1535	INSURE	R D: GUIDEO	NE INSURAN	NCE COMPANY		15032		
		PO BOX 9 PINETOP	1				AZ	85935	INSURE							
~~~		_		050	TIFIC				INSURE	RF:			00.040	Duide One		
_		AGES	ЧΔТ					ER: G1-66871				REVISION NUMBER: NAMED ABOVE FOR THE				
IN Cl	DICA ERTI	ATED. NOTWITH: FICATE MAY BE	STA ISSI	NDING ANY RE	QUIRE ERTA	EMENT IN, T	r, term He insu	OR CONDITION O	F ANY D BY T	CONTRACT O	R OTHER DO	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	то wh	IICH THIS		
	CLU	JSIONS AND CON	DITI	ONS OF SUCH P			MITS SH	OWN SHOWN MAY	HAVE E							
INSR LTR		TYPE OF IN	SUR	ANCE	INSR	SUBR WVD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	-			
١.		NERAL LIABILITY					57000002-01			09/01/2023	09/01/2024	EACH OCCURRENCE	ļ <del>,</del> ,	000,000.00		
А	X	COMMERCIAL GEN						S & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence)		100,000.00		
		CLAIMS-MADE						GFUL REPO,				MED EXP (Any one person)	\$	5,000.00		
С	X		-					SESSED AUTO, AWAY,CARGO,				PERSONAL & ADV INJURY	· · ·	000,000.00		
-	X			/				OK - EACH \$1MIL	ыміт			GENERAL AGGREGATE		000,000.00		
	X	I'L AGGREGATE LIMI POLICY						90957- CYBER				PRODUCTS - COMP/OP AGG		000,000.00 000,000.00		
<b>_</b>				LOC						40/45/0000	40/45/0000	COMBINED SINGLE LIMIT (Ea accident)		000,000.00		
D		ANY AUTO						)115-04 /COLL DED \$30	00	10/15/2022	10/15/2023	(Ea accident) BODILY INJURY (Per person)	\$ 1, \$	000,000.00		
	ANTAUTOS X SCHEDULED					CONF	COLL DED \$30	000			BODILY INJURY (Per accident)	\$				
	Х	HIRED AUTOS	X	NON-OWNED AUTOS								PROPERTY DAMAGE (Per accident)	\$			
				10100									\$			
А		UMBRELLA LIAB		X OCCUR			570000	002-01		09/01/2023	09/01/2024	EACH OCCURRENCE	<u>\$</u> 2,	000,000.00		
	X EXCESS LIAB CLAIMS-MADE					SEE DE	SC. OF OPERATI	ONS			AGGREGATE	_{\$} INC	C. GEN AGG			
		DED RETENT		\$									\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N												WC STATU- TORY LIMITS ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE					N / A							E.L. EACH ACCIDENT	\$			
	(Mar	ndatory in NH) s, describe under		. <u> </u>								E.L. DISEASE - EA EMPLOYEE				
	DÉS	SCRIPTION OF OPER					F7000	2000.01		00/04/0000	00/04/000	E.L. DISEASE - POLICY LIMIT				
A		PLOYEE DISHONE RAGEKEEPERS DI					57000002-01					LIMIT: \$1,000,000.00				
A B	-	RAGEKEEPERS DI					570000002-01 B0831TR23180358M					4 GKDP LIMIT: \$375,000.00 4 GKDP EXCESS: \$625,000.00				
					ES (A	tach A		, Additional Remarks S	Schedule.			GRDF EXCESS. 402	5,000.0	50		
					•					•	• •	OVERY INC DBA NAV	APACH	HE ASSET		
AD,	JUS	TERS*****	30 I	DAY CANCEL	LAT	ION I	NOTICE	E EXCEPT IN C	ASES	OF NON-PA	AYMENT OF	R CANCELLATION BY	MEM	BER		
												TTEN CONTRACT PF	RIMAR	Y LIMITS		
PR		DE FULL \$3,00	)0,0		TH A	\$5,0										
												9  // 1945 N BROAD S OYOTA #2770; 22 FO				
000	017	, CONEDOLLE		010.2110.00	1120	00, I			1 // 000		,2100, 211	01017(#2110, 2210				
CEI	<u> </u>	FICATE HOLD	)ER	R					CAN	CELLATION						
												ESCRIBED POLICIES BE C REOF, NOTICE WILL				
ALLIED FINANCE ADJUSTERS CONFERENCE, INC								ENCE, INC				Y PROVISIONS.				
888-949-8520																
HOMEOFFICE@ALLIEDFINANCEADJUSTERS.COM								ERS.COM	AUTHORIZED REPRESENTATIVE							
PO BOX 3853 MIDLAND TX 79702							тх	79702	Dana dona.							
							iЛ	10102		~	4000 0040		A !!!	hte usersuited		
										C	1900-2010 A	CORD CORPORATION.	All rig	ms reserved.		

The ACORD name and logo are registered marks of ACORD



DATE (MM/DD/YYYY) 09/01/2023

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).												
	IG., INC./RSIG RECOVERY SPECIALIS	•		CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (AC, No, Ext): 703-365-0199//LH703.365.0362 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM								
INSU	GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78	942		INSURER (S) AFFORDING COVERAGE NAIC # INSURER A: GUIDEONE NATIONAL INSURANCE COMPANY 14167 INSURER B: LLOYDS OF LONDON 15792								
1100	REC & AUCT SVCS, INC 630 VALLEY MALL #398		1359	INSURER C: SCOTTSDALE INDEMNITY COMPANY INSURER D: GUIDEONE INSURANCE COMPANY					15792 15580 15032			
	EAST WENATCHEE		WA 98802	INSURE								
CO	VERAGES CER	TIFICAT	E NUMBER: G1-67451				REVISION NUMBER: 2	3-24G	uideOne			
IN CE	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 SUB	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	6				
A	GENERAL LIABILITY       X     COMMERCIAL GENERAL LIABILITY       CLAIMS-MADE     X       X     CYBLIAB \$2MIL POLICYAGG		570000002-01 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO,		09/01/2023	09/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$	000,000.00 100,000.00 5,000.00 000.000.00			
С	X     CYBER LIAB - \$100,000       GEN'L AGGREGATE LIMIT APPLIES PER:       X     POLICY         PRO-   LOC		DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL EKI33490957- CYBER	LIMIT			GENERAL AGGREGATE PRODUCTS - COMP/OP AGG REPO IN TRANSIT	NERAL AGGREGATE         \$         5,000,000.0           ODUCTS - COMP/OP AGG         \$         3,000,000.0           EPO IN TRANSIT         \$         1,000,000.0				
D	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	OMOBILE LIABILITY     570000244-04       ANY AUTO     COMP/COLL       ALL OWNED     X       AUTOS     AUTOS				07/28/2024	BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,0 \$ \$ \$ \$	000,000.00			
A	UMBRELLA LIAB     X     OCCUR       X     EXCESS LIAB     CLAIMS-MADE       DED     RETENTION \$		57000002-01 SEE DESC. OF OPERATIO	ONS	09/01/2023	09/01/2024	AGGREGATE	÷ .	000,000.00 GEN AGG			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A						\$ \$ \$				
A A B	EMPLOYEE DISHONESTY&COMP CRIME GARAGEKEEPERS DIRECT PRIMARY GARAGEKEEPERS DIR PRIM EXC	570000002-01 570000002-01 B0831TR23180358M		09/01/2023 09/01/2023	09/01/2024 09/01/2024	LIMIT: \$1,000,000.00 GKDP LIMIT: \$375,000 GKDP EXCESS: \$625		0				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) RSIG MEMBER SINCE 03/23/2020 - 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 PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY LOCATION: LEASED SPACE AT: 423 ROCK ISLAND RD UNIT #13, E. WENATCHEE, WA 98802. SCHEDULED AUTOS: 09 STERLING #9998; 17 DODGE #0398; 11 FORD #7033												
CEI	RTIFICATE HOLDER			CANO		1						
	ALLIED FINANCE ADJUS 888-949-8520 HOMEOFFICE@ALLIEDF		,	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	PO BOX 3853 MIDLAND		TX 79702	AUTHORIZED REPRESENTATIVE								

The ACORD name and logo are registered marks of ACORD

© 1988-2010 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 09/01/2023

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).															
PROD	UCEF	2						CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS							
		IG., INC.						PHONE (AC, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636							
					T IN	SUR	ANCE GROUP	É-MAIL ADDRESS: CERTIFICATES@RSIG.COM							
				N SOLUTIONS	240					( )		D (	NAIC #		
PO BOX 395 GIDDINGS TX 78942															
									INSURER B: LLOYDS OF LONDON 1579 INSURER C: SCOTTSDALE INDEMNITY COMPANY 1558						
		REI ENTI	ES	S RECOVERY	' I I C	2	1521						15032		
				E ROAD, SUIT			1021	INSURE					10002		
		SLIDELL		-			LA 70460	INSURE							
COV	/ER/	AGES		CER	TIFIC	ATE	NUMBER: G1-67625	1			REVISION NUMBER:	23-24G	GuideOne		
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			ISUR	ANCE	INSR	SUBR WVD	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMIT				
<u>,</u>	14						57000002-01		09/01/2023	09/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	÷ ,	000,000.00		
Α	^	COMMERCIAL GEN					ERRORS & OMISSIONS WRONGFUL REPO,						100,000.00 5,000.00		
	x	CYBLIAB \$2MIL PO					REPOSSESSED AUTO,				MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$ 1.(	<u>5,000.00</u> 000,000.00		
С		CYBER LIAB	8 - \$	100 000			DRIVE-AWAY,CARGO,				GENERAL AGGREGATE	,	00,000.00		
		L AGGREGATE LIM					ON-HOOK - EACH \$1MIL	LIMIT			PRODUCTS - COMP/OP AGG				
		POLICY PRO		LOC			EKI33490957- CYBER				REPO IN TRANSIT	,	00,000.00		
D	AUTO	OMOBILE LIABILIT					570000127-04 \$	2.000	09/18/2022	09/18/2023	COMBINED SINGLE LIMIT (Ea accident)		00,000.00		
_		ANY AUTO					COMP/COLL DED	_,		00/10/2020	BODILY INJURY (Per person)	\$			
		ALL OWNED AUTOS	Х	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	Х	HIRED AUTOS	Х	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
			L									\$			
Α		UMBRELLA LIAB		X OCCUR			57000002-01		09/01/2023	09/01/2024	EACH OCCURRENCE	φ <i>'</i>	00,000.00		
	X	EXCESS LIAB		CLAIMS-MADE			SEE DESC. OF OPERAT	IONS			AGGREGATE	_{\$} INC	C. GEN AGG		
		DED RETEN	-								WC STATU- OTH-	\$			
	AND	EMPLOYERS' LIAE	BILITY	r y∕n							TORY LIMITS ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE					N / A						E.L. EACH ACCIDENT	\$			
	If yes,	datory in NH) , describe under		_							E.L. DISEASE - EA EMPLOYEE	-			
Α		CRIPTION OF OPER LOYEE DISHONE					570000002-01		09/01/2023	09/01/2024	E.L. DISEASE - POLICY LIMIT LIMIT: \$1,000,000.00	Φ			
A		AGEKEEPERS D					570000002-01				GKDP LIMIT: \$375,00	0.00			
	GAR	AGEKEEPERS D	IR P	RIM EXC			B0831TR23180358M				GKDP EXCESS: \$62		0		
DESC	RIPTIC	ON OF OPERATION	IS / L				CORD 101, Additional Remarks		•	• •					
	-	EMBER SINC					CELLATION NOTICE								
ME	NBE	RREQUEST	& A	ADDITIONAL I	NSU	RED	STATUS, APPLIES TO	JIHE	CERT HOLL	JER AS REG	2 BY WRITTEN CONT	RACT			
LOC	CATI	ON: 33490 S	SYL	VE ROAD. SU	ITE F	E. SI	LIDELL, LA 70460								
PRI	MAF	RY LIMITS PF	ROV	/IDE FULL \$3,	000,0	000 L	IMIT WITH A \$5,000,0	00 AG	G IN LIEU O	F A SEPAR	ATE EXCESS LIABILI	TY PO	LICY		
SCH	IED	ULED VEHIC	LES	S: 16 DODGE	#184	6									
				_											
CEF	(TIF	ICATE HOLI	DEF	<				CANC	CELLATION	1					
ALLIED FINANCE ADJUSTERS CONFERENCE, INC ALLIED FINANCE ADJUSTERS CONFERENCE, INC															
888-949-8520															
				-	INAN	ICEA	DJUSTERS.COM	AUTHO	RIZED REPRESE	NTATIVE					
		PO BOX		53			TV 70700			$\sum$	Ann				
		MIDLANI	U				TX 79702			Nana	nean				
	© 1988-2010 ACORD CORPORATION. All rights reserved.														

The ACORD name and logo are registered marks of ACORD