

DATE (MM/DD/YYYY)

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.

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PROD	UCER				CONTACT NAME: Kristi Buckland							
Pro	Surety Bond				PHONE (A/C, No	. Ext): (208) 52	22-3380		FAX (A/C, No):	(919)	702-4854	
919	S 25 E				E-MAIL ADDRES	1 ' ''O'	sureitall.com		•			
							URER(S) AFFOR	RDING COVERAGE			NAIC #	
Amı	non			ID 83406	INSURE	28932						
INSUF				**	INSURE							
BR T	owing Asset Recovery LLC				INSURE							
	NAHALE-A AVE											
2101	VALIALE-A A VE				INSURE							
1111				III 07720	INSURE							
HILO				HI 96720	INSURE	RF:						
	ERAGES CERT IS IS TO CERTIFY THAT THE POLICIES OF			NUMBER:	- FN 1001	IED TO THE I		REVISION NUM		V DEDIC	20	
INI CE	ISIS TO CENTED THAT THE POLICIES OF SICKETED. NOTWITHSTANDING ANY REQUESTIBLE TO A MAY PER CLUSIONS AND CONDITIONS OF SUCH P	JIREN TAIN,	MENT, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON	ITRACT OR OT LICIES DESCR	HER DOCUMI	ENT WITH RESPE	CT TO WH	HICH TH		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY	INSD	WVD			(11111)	(1111117)	EACH OCCURREN		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED	\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED							BODILY INJURY (P	er accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG	GE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUR							540U 000UDD5W	0.5			
	- FYCESS LIAB							EACH OCCURREN	CE	\$		
	CLATIVIS-IVIADE							AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION							I PER I	OTH- ER	\$		
	AND EMPLOYERS' LIABILITY Y/N							PER STATUTE				
	ANY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$		
	Mandatory in NH) f yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
	Dishanasty Dand							Dishonesty Bo	nd		1,000,000.00	
A	Dishonesty Bond			5207PR014041-05-167		02/15/2025	02/15/2026					
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	 D 101, Additional Remarks Sched	lule, may	be attached if mo	ore space is requ	l uired)				
CED	TIFICATE HOLDED				CANC	ELL ATION						
CER	TIFICATE HOLDER				CANC	ELLATION						
	FOR INFORMATIONAL PUR	RPOSI	ES ON	NLY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	ANY ALTERATION OF THIS				AUTHORIZED REPRESENTATIVE							
	DOCUMENT IS STRICTLY				KRISTI	BUCKLAND						



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	o continuate accenter content righte to		00	Houte Helder III Hou of ou								
PROD	UCER				CONTACT Kristi Buckland PHONE (A/C, No, Ext): (208) 522-3380							
Pro	Surety Bond				PHONE (A/C, No	(919)	702-4854					
	S 25 E				E-MAIL ADDRES	1 ' ''O'	sureitall.com		,,-			
					ADDICE			RDING COVERAGE			NAIC #	
Amı	non			ID 83406	INSURE		28932					
INSUF				100 100	INSURE	20732						
	Towing Asset Recovery LLC											
	•				INSURE							
2161	NAHALE-A AVE				INSURE							
				*** 0.5=0	INSURE							
HILO				HI 96720	INSURE	RF:						
				NUMBER:	- FN 1001	LED TO THE I		REVISION NUM		V DEDIC	\n_	
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INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					(,	(EACH OCCURREN	CE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED	\$		
								MED EXP (Any one	,	\$		
								PERSONAL & ADV	. ,	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$		
	PRO-							PRODUCTS - COM		\$		
	OTHER:							FRODUCTS - COM	F/OF AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED							BODILY INJURY (P		\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMA		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUB											
	EXCESS LIAB							EACH OCCURREN	CE	\$		
	CLAIMS-MADE	-						AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION							I PER I	I OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N	ļ						PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
	D:1 (D 1							Dishonesty Bo	ond		1,000,000.00	
A	Dishonesty Bond			5207PR014041-05-167		02/15/2025	02/15/2026					
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACOR	D 101, Additional Remarks Sched	lule, may	be attached if mo	ore space is requ	uired)				
CER	TIFICATE HOLDER				CANC	ELLATION						
	Primeritus Financial Services, I	Inc. ar	nd all	subsidiaries	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							
	Nachvilla TN 37214				KRISTI	BUCKLAND						
	Nioghyatto TN 27/31/1			•								



DATE (MM/DD/YYYY)

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	s certificate does not confer rights to	o the	certi	ficate holder in lieu of su			•					
PRO	UCER				CONTACT NAME: Kristi Buckland							
Pro	Surety Bond				PHONE (A/C, No, Ext): (208) 522-3380 FAX (A/C, No): (919) 702-4854							
919	S 25 E				ADDRESS: kristi@insureitall.com							
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #	
Am	non			ID 83406	INSURE		28932					
INSU	RED				INSURER B:							
BB '	Towing Asset Recovery LLC				INSURE	RC:						
218	NAHALE-A AVE				INSURE							
					INSURER E :							
HIL)			HI 96720	INSURE	RF:						
CO	ERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUM	BER:			
IN CE EX	IS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQ RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH P	UIREM TAIN, OLICI	IENT, THE I ES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON THE PO	ITRACT OR OT DLICIES DESCI DUCED BY PAI	THER DOCUMI RIBED HEREIN D CLAIMS.	ENT WITH RESPE	CT TO WH	ICH TH		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$		
								MED EXP (Any one p	person)	\$		
								PERSONAL & ADV I	NJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE S	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$		
	OTHER:								;	•		
	AUTOMOBILE LIABILITY							(Ea accident)		\$		
	ANY AUTO							BODILY INJURY (Pe		\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe	·-	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)		•		
									;	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE :	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	:	\$		
	DED RETENTION \$							IDED	1 3	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	NT :	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$		
	Dishonesty Bond							Dishonesty Bor	nd		1,000,000.00	
A	Dishonesty Bond			5207PR014041-05-167		02/15/2025	02/15/2026					
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACORI	D 101, Additional Remarks Sched	lule, may	be attached if m	ore space is requ	uired)				
CER	TIFICATE HOLDER				CANC	ELLATION						
	MVConnect, LLC Its Officers, 2000 Progress Parkway Suite 8				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							
					KRISTI	BUCKLAND						



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PRODU	ICER				CONTACT CONTACT Kristi Buckland						
					PHONE (200) 522 2200 FAX (010) 702 4						102 1051
	urety Bond				(A/C, No, Ext): (208) 322-3380 (A/C, No): (919)						02-4854
919 8	25 E				ADDRESS: kristi@insureitall.com						
							NAIC #				
Amn	on			ID 83406	INSURE		28932				
INSUR	ED				INSURE						
BB To	owing Asset Recovery LLC				INSURE						
218 N	AHALE-A AVE				INSURE						
					INSURE						
HILO				HI 96720							
	DACES CERT				INSURE	KF:		DEVICION NUM	DED.		
	ERAGES CERT S IS TO CERTIFY THAT THE POLICIES OF			NUMBER:	EN ISSI	IED TO THE IN		REVISION NUME ED ABOVE FOR TH		/ PERIO	n I
IND CEF	CATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PER BLUSIONS AND CONDITIONS OF SUCH PA	JIREN TAIN,	IENT, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON	ITRACT OR OT LICIES DESCR	HER DOCUME	ENT WITH RESPE	CT TO WH	IICH TH	
INSR		ADDL	SUBR		,	POLICY FFF	POLICY EXP		1 1807	•	
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		
	+ -							EACH OCCURRENC	D	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occur		\$	
								MED EXP (Any one p	person)	\$	
								PERSONAL & ADV II	NJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP.	P/OP AGG	\$	
	OTHER:									\$	
-	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
-	ANY AUTO							BODILY INJURY (Per	r person)	\$	
-	OWNED SCHEDULED							BODILY INJURY (Per		\$	
-	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAG		\$	
-	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	UMPRELLALIAR									·	
-	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
_	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
Δ	NY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN	NT.	\$	
(1	FFICER/MEMBER EXCLUDED? Mandatory in NH)	", "						E.L. DISEASE - EA E	MPLOYEE	\$	
	yes, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	ICY LIMIT	\$	
								Dishonesty Bon			1,000,000.00
A	Dishonesty Bond			5207PR014041-05-167		02/15/2025	02/15/2026				-,,
DESC	IPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Sched	lule, mav	be attached if mo	ore space is requ	uired)			
		·			, •			,			
CFR	IFICATE HOLDER				CANC	ELLATION					
JEIN	Loss Prevention Services (MS) 321 Franklin St Natchez, MS 39				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						
		•			0.0000000000000000000000000000000000000	BUCKLAND					



DATE (MM/DD/YYYY) 1/24/2025

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this certificate does not confer rights to	o tne	certi	ticate noider in lieu of su		. ,						
PRODUCER				CONTA NAME:	Kristi Buc	kland					
Pro Surety Bond				PHONE (A/C, No	o, Ext): (208) 52	22-3380	FAX (A/C, No)	(919)	702-4854		
919 S 25 E				E-MAIL ADDRE	ss: kristi@ins	sureitall.com					
					INS	URER(S) AFFOR	RDING COVERAGE		NAIC #		
Ammon			ID 83406	INSURE	RA: Markel A	American Insur	rance Company		28932		
INSURED				INSURE	RB:						
BB Towing Asset Recovery LLC				INSURE							
218 NAHALE-A AVE				INSURE	1						
				INSURE							
HILO			HI 96720	INSURE					1		
	TIFIC	ATE	NUMBER:				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES O				EN ISS	UED TO THE IN			CY PERI	IOD		
INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH F	TAIN,	, THE	INSURANCE AFFORDED BY	THE PO	LICIES DESCR	RIBED HEREIN					
INSR LTR TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS			
COMMERCIAL GENERAL LIABILITY	11100	1111			(,22,,	(EACH OCCURRENCE	\$			
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
							MED EXP (Any one person)	\$			
							PERSONAL & ADV INJURY	\$			
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
OTHER:								\$			
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
ANY AUTO							BODILY INJURY (Per person)	\$			
OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)) \$			
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
							,	\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
DED RETENTION \$	1							\$	-		
WORKERS COMPENSATION							PER OTH-	1			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE	1			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
Description of Electricate Scient							Dishonesty Bond	+	1.000.000.00		
A Dishonesty Bond			5207PR014041-05-167		02/15/2025	02/15/2026	Bishonesty Bond		1,000,000.00		
			320/11(01/01/03/10/		02/13/2023	02/13/2020					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACOR	D 101, Additional Remarks Sched	dule, may	be attached if mo	ore space is requ	uired)				
CERTIFICATE HOLDER				CANC	ELLATION						
CENTIFICATE HOLDER											
Pro Found Recovery Solutions	, Inc.	and its	s clients	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
11618 Fair Oaks Blvd. Suite 10	1			AUTHORIZED REPRESENTATIVE KRISTI BUCKLAND							
Fair Oaks, CA 95628				HEINA	MANAMA						



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	UCER				CONTACT Kristi Buckland						
					PHONE (200) 522 2200 FAX (010) 702						102 1051
	Surety Bond				(A/C, No, Ext): (208) 322-3380 (A/C, No): (919)						02-4854
919	S 25 E				ADDRES	ss: kristi@ins	sureitall.com				
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
Amı	non			ID 83406	INSURE	28932					
INSUF	ED				INSURE						
вв т	owing Asset Recovery LLC				INSURE						
2181	NAHALE-A AVE				INSURE						
					INSURE						
HILO)			HI 96720	INSURE						
COV	ERAGES CER	TIFIC	ATF	NUMBER:				REVISION NUMI	BFR·		
	S IS TO CERTIFY THAT THE POLICIES OF				EN ISSI	JED TO THE IN				Y PERIC	D
	ICATED. NOTWITHSTANDING ANY REQ										S
	RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH P							I IS SUBJECT TO A	ALL THE T	ERMS,	
INSR		ADDL	SUBR		EN KEL	POLICY FFF	POLICY EXP				
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTE		\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occu		\$	
								MED EXP (Any one p	person)	\$	
								PERSONAL & ADV II	NJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	
·	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
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	OWNED SCHEDULED							BODILY INJURY (Pe	r accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG		\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	UMBRELLA LIAB OCCUR									·	
	- CCCCCR							EACH OCCURRENC		\$	
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE		\$	
	DED RETENTION \$							IDED		\$	
	NORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	IT.	\$	
	Mandatory in NH)							E.L. DISEASE - EA E	MPLOYEE	\$	
	f yes, describe under DESCRIPTION OF OPERATIONS below	L						E.L. DISEASE - POL	ICY LIMIT	\$	
								Dishonesty Bon	nd		1,000,000.00
Α	Dishonesty Bond			5207PR014041-05-167		02/15/2025	02/15/2026				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sched	lule, may	be attached if mo	ore space is requ	uired)	ļ.		
CER	TIFICATE HOLDER				CANC	ELLATION					i
					SHO	III D ANY OF T	HE ABOVE DI	ESCRIBED POLICE	IFS BF CA	NCFLL	ED BEFORE
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	The Hertz Corporation				ACCORDANCE WITH THE POLICY PROVISIONS.						
	8501 Williams Rd Estero, FL 3	3928			AUTHOR	RIZED REPRESEI	NTATIVE				
					KRISTI	BUCKLAND					
					ı						ı



DATE (MM/DD/YYYY)

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.

th	s certificate does not confer rights t	o the	certi	ficate holder in lieu of su			•					
PROD	UCER				CONTACT NAME: Kristi Buckland							
Pro	Surety Bond				PHONE (A/C, No, Ext): (208) 522-3380 FAX (A/C, No): (919) 702-4854							
919	S 25 E				E-MAIL ADDRESS: kristi@insureitall.com							
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC #		
Am	non			ID 83406	INSURE	28932						
INSUI				12 00 100		20,02						
DD 1	Owing Asset Recovery LLC				INSURER B:							
	-				INSURE							
216	NAHALE-A AVE				INSURE							
					INSURER E :							
HIL				HI 96720	INSURE	RF:						
				NUMBER:		TO THE !!		REVISION NUMBER:	, DED10	_		
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES O DICATED. NOTWITHSTANDING ANY REQ RTIFICATE MAY BE ISSUED OR MAY PEF CLUSIONS AND CONDITIONS OF SUCH F	UIREN RTAIN, POLICI	MENT, THE ES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON THE PC	ITRACT OR OT LICIES DESCI DUCED BY PAI	THER DOCUMI RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	IICH THI			
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S			
	COMMERCIAL GENERAL LIABILITY	1				,	,	EACH OCCURRENCE	\$			
	CLAIMS-MADE OCCUR	1						DAMAGE TO RENTED	\$			
									\$ \$			
		1						` , ' , '	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:	1							\$ \$			
	PRO-								•			
	POLICY JECT LOC								\$ \$			
	OTHER: AUTOMOBILE LIABILITY	-							\$			
								(Ea accident)	*			
	ANY AUTO OWNED SCHEDULED							` ' '	\$			
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$	7							\$			
	WORKERS COMPENSATION							PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	l							\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$			
	DECORATION OF OFERWARDS							Dishonesty Bond	Ψ	1.000.000.00		
A	Dishonesty Bond			5207PR014041-05-167		02/15/2025	02/15/2026	Dishonesty Bond		1,000,000.00		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI	ı D 101, Additional Remarks Sched	ule, may	be attached if m	ore space is requ	uired)				
CER	TIFICATE HOLDER				CANCELLATION							
JER	III IOATE HOLDEN				SANG	LLLATION						
	DCS2 Asset Recovery LLC, a	nd clie	ents		THE	EXPIRATION [DATE THEREC	ESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVE Y PROVISIONS.		ED BEFORE		
	11344 Coloma Road Suite 280	Gold	Rive	r, CA 95670	AUTHOR	RIZED REPRESE	NTATIVE					
					KRISTI	BUCKLAND						



DATE (MM/DD/YYYY)

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.

	uorn				CONTACT Waited Development							
	UCER				NAME: Kristi Buckland							
Pro	Surety Bond				(A/C, No, Ext): (208) 322-3380 (A/C, No): (919)						702-4854	
919	S 25 E				E-MAIL ADDRES	ss: kristi@ins	sureitall.com		<u>-</u>			
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #	
Amı	non			ID 83406	INSURE	28932						
INSUF	ED				INSURE							
вв т	owing Asset Recovery LLC				INSURE							
	JAHALE-A AVE				INSURE							
					INSURE							
HILO				HI 96720								
		TIFIC			INSURE	KF:		DEVISION NUM	DED.			
	ERAGES CERT S IS TO CERTIFY THAT THE POLICIES OF			NUMBER:	EN ISSI	LIED TO THE IN		REVISION NUM		/ PERIO	D OC	
INI CE	OICATED. NOTWITHSTANDING ANY REQUESTIBLE OF MAY BE ISSUED OR MAY PERCLUSIONS AND CONDITIONS OF SUCH P	JIREN TAIN,	IENT, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON	TRACT OR OT	HER DOCUMI	ENT WITH RESPE	CT TO WH	ICH TH		
INSR		ADDL	SUBR		LININLL	POLICY FFF	POLICY EXP	I				
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE TO RENTE		\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occu		\$		
								MED EXP (Any one p	person)	\$		
								PERSONAL & ADV I	NJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP	OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	r person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	r accident)	\$		
	HIRED NON-OWNED							PROPERTY DAMAG (Per accident)	Ε	\$		
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$		
	UMBRELLA LIAB OCCUR							EAGU GOOUDDENG	\F	<u> </u>		
	- CCCCCR							EACH OCCURRENC		\$		
	CLAIWS-WADE	1						AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION							IPER		\$		
	AND EMPLOYERS' LIABILITY Y / N							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	NT I	\$		
	Mandatory in NH) f yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
	Dish sussets David							Dishonesty Bor	nd		1,000,000.00	
A	Dishonesty Bond			5207PR014041-05-167		02/15/2025	02/15/2026					
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sched	lule, may	be attached if mo	ore space is requ	uired)				
										_		
CER	TIFICATE HOLDER				CANC	ELLATION						
						-		ESCRIBED POLIC	-		-	
	Credit Acceptance				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						'	
												
	25505 Twelve Mile Rd				AUTHORIZED REPRESENTATIVE							
	6th Floor				KRISTI	BUCKLAND						
	Englewood CO 80112					10 min 1911 Fr. 1911 F						