



# 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).

PRODUCER  <b>IG., INC./RSIG</b> <b>RECOVERY SPECIALIST INSURANCE GROUP</b> GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME <b>IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS</b>
	PHONE (A/C, No, Ext): 703-365-0199/LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED  B G LENDERS SERVICES LLC 1259 100 PARK ROAD QUEENSBURY NY 12804	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:

COVERAGES CERTIFICATE NUMBER: COL8243 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 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	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR CYBLIAB \$2MIL POLICYAGG			GAT-1000000-00 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY, CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3537442 - CYBER	09/01/2024	09/01/2025	EACH OCCURRENCE \$ 1,000,000.00
	C	<input checked="" type="checkbox"/> CYBER LIAB - \$100,000 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC					
D	<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			570000202-05 COMP/COLL DED \$2000	03/28/2024	03/28/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$			GAT-1000000-00 SEE DESC. OF OPERATIONS	09/01/2024	09/01/2025	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG \$ WC STATUTORY LIMITS OTH FR
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	EMPLOYEE DISHONESTY&COMP CRIME			GAT-1000000-00	09/01/2024	09/01/2025	LIMIT: \$1,000,000.00
A	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-00	09/01/2024	09/01/2025	GKDP LIMIT: \$375,000.00
B	GARAGEKEEPERS DIR PRIM EXC			B0831TR23180358M	09/01/2024	09/01/2025	GKDP EXCESS: \$625,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RSIG MEMBER SINCE 03/01/05 - 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  
LOCATIONS: 100 PARK RD., KINGSBURY NY 12839  
SCHEDULED AUTO: 22 PETERBILT #9528; 19 FRT'L #0112; 17 HINO #2785; 19 FRT'L #5487; 23 CHEV #1059

### CERTIFICATE HOLDER

### CANCELLATION

ALLIED FINANCE ADJUSTERS CONFERENCE, INC  
888-949-8520  
HOMEOFFICE@ALLIEDFINANCEADJUSTERS.COM  
PO BOX 3853  
MIDLAND TX 79702

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

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