



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 IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP 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	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: COLONY INSURANCE COMPANY	39993
INSURED ER RECOVERY 1537 1620 BEARANGER RD ATTICA MI 48412		INSURER B: LLOYDS OF LONDON	15792
		INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
		INSURER D: ARGONAUT-MIDWEST INSURANCE COMPANY	19828
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** COL9531 **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			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			
	<input checked="" type="checkbox"/> CYBLIAB \$2MIL POLICYAGG						PERSONAL & ADV INJURY	\$ 1,000,000.00			
C	<input checked="" type="checkbox"/> CYBER LIAB - \$100,000						GENERAL AGGREGATE	\$ 5,000,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:									PRODUCTS - COMP/OP AGG	\$ 3,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC									REPO IN TRANSIT	\$ 1,000,000.00
D	<input type="checkbox"/> AUTOMOBILE LIABILITY			MC8713999 COMP/COLL DED: \$1,000	10/24/2024	10/24/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00			
	<input type="checkbox"/> ANY AUTO									BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS									BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$			
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			GAT-1000000-00 SEE DESC. OF OPERATIONS	09/01/2024	09/01/2025	EACH OCCURRENCE	\$ 2,000,000.00			
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ INC. GEN AGG			
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						WC STATUTORY LIMITS	OTHE-R			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH)						E.L. EACH ACCIDENT	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$			
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			B0507TR2418M001	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 09/24/16 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: STORAGE LOTS ONLY: 1620 BEARANGER RD, ATTICA, MI 48412, 1144 N CORNELL AVE, FLINT, MI 48505
SCHEDULED AUTO: 99 FORD #0046; 11 DODGE #1076; 95 INT'L #3275

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