

DATE (MM/DD/YYYY) 08/28/2024

CI TH	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											
te		rtain po	olicies n									
	DUCER		<i>.</i>		CONTA NAME	CT IG. INC.	RSIG - LIG	HTHOUSE INSURANCE	SVC	s		
	IG., INC./RSIG							703.365.0362 FAX (A/C, No): 7				
	RECOVERY SPECIALIS	T INSL	JRANC	E GROUP								
	GATE ELEVEN SOLUTIONS							DING COVERAGE		NAIC #		
	PO BOX 395 GIDDINGS TX 78	942			INSURE	RA: COLONY	/ INSURANC	E COMPANY		39993		
INSU	RED				INSURE		15792					
					INSURE	15580						
	ER RECOVERY			1537	INSURE	R D: GUIDEO	NE INSURAN	ICE COMPANY		15032		
	1620 BEARANGER RD				INSURE	ER E:						
	ATTICA		MI	48412	INSURER F:							
				BER: COL9521						SColony		
IN CE	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P KCLUSIONS AND CONDITIONS OF SUCH P	QUIREME ERTAIN, OLICIES	ENT, TER THE IN LIMITS S	M OR CONDITION OF	F ANY D BY T	CONTRACT OF HE POLICIES BEEN REDUCE	r other do Described H D by Paid CLA	CUMENT WITH RESPECT TO HEREIN IS SUBJECT TO ALI	о мні	ICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL SU INSR W	BR VD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	GENERAL LIABILITY			-1000000-00				EACH OCCURRENCE	s 1,0	000,000.00		
Α	X COMMERCIAL GENERAL LIABILITY		ERRO	ORS & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence)		100,000.00		
	CLAIMS-MADE X OCCUR			NGFUL REPO,				MED EXP (Any one person)		5,000.00		
с	X CYBLIAB \$2MIL POLICYAGG			DSSESSED AUTO,				PERSONAL & ADV INJURY	,	000,000.00		
	X CYBER LIAB - \$100,000			E-AWAY,CARGO,				GENERAL AGGREGATE	,	000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:			OOK - EACH \$1MIL	LIMIT			PRODUCTS - COMP/OP AGG	,	000,000.00		
	X POLICY PRO- JECT LOC		EKI3	537443 - CYBER						000,000.00		
D			5700	00125-05		10/24/2023	10/24/2024			000,000.00		
			COM	IP/COLL DED: \$1,	000			BODILY INJURY (Per person)	3			
	ALL OWNED X SCHEDULED AUTOS							BODILY INJURY (Per accident)	6			
	X HIRED AUTOS X NON-OWNED AUTOS							(Per accident)				
					\$ 09/01/2024 09/01/2025 EACH OCCURRENCE \$ 2					000 000 00		
A				-1000000-00	ONG	09/01/2024	09/01/2025		, ,			
	X EXCESS LIAB CLAIMS-MADE		SEE	DESC. OF OPERATI	UNS			AGGREGATE		C. GEN AGG		
	DED RETENTION \$ WORKERS COMPENSATION							WC STATU- OTH-	6			
	AND EMPLOYERS' LIABILITY Y / N							WC STATU- TORY LIMITS ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT				
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE				
٨	DESCRIPTION OF OPERATIONS below EMPLOYEE DISHONESTY&COMP CRIME		C ^ T	100000 00		00/01/2024	00/01/2025	E.L. DISEASE - POLICY LIMIT	•			
A A	GARAGEKEEPERS DIRECT PRIMARY			-1000000-00 -1000000-00				GKDP LIMIT: \$375,000	00			
B	GARAGEKEEPERS DIR PRIM EXC			31TR23180358M				GKDP EXCESS: \$625.		0		
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attac			chedule,			CRB1 EX0200. 0020,	000.0			
RS	G MEMBER SINCE 09/24/16 30 E		NCELL	ATION NOTICE E	XCEP	T IN CASES	OF NON-F	AYMENT OR CANCELL	ATIC	ON BY		
ME	MBER REQUEST & ADDITIONAL I	NSURE	ED STA	TUS, APPLIES TO	THE (CERT HOLD	DER AS REC	Q BY WRITTEN CONTR	ACT			
	MARY LIMITS PROVIDE FULL \$3,	,							POL	LICY		
	CATION: STORAGE LOTS ONLY:					3412, 1144 N	I CORNELL	AVE, FLINT, MI 48505				
SC	HEDULED AUTO: 99 FORD #0046;	11 DO	DGE #1	076; 95 INT'L #32	15							
CE	RTIFICATE HOLDER				CAN	CELLATION	1					
•=-					0/111		•					
								ESCRIBED POLICIES BE CA				
	ACS - ASSET COMPLIAN	T SOLI	JTIONS					EREOF, NOTICE WILL BE Y PROVISIONS.	: DEL	LIVERED IN		
	866-936-0613 / ACSINSU	RANCE	E@ACS	-CAM.COM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	65 LAWRENCE BELL DR				AUTHO	RIZED REPRESE	NTATIVE					
	STE 101						T	~				
	WILLIAMSVILLE		NY	14221			6 Jana	Joan				



DATE (MM/DD/YYYY) 08/28/2024

CI TH RI	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											
te		rtain	polic									
	DUCER				CONTA NAME		RSIG - LIGI	HTHOUSE INSURANCE	SVC	S		
	IG., INC./RSIG							703.365.0362 FAX (A/C, No): 7				
	RECOVERY SPECIALIS		SUR		E-MAIL	ss: CERTIFI	CATES@RS					
	GATE ELEVEN SOLUTIONS				ADDIL			DING COVERAGE		NAIC #		
	PO BOX 395 GIDDINGS TX 789	942			INSURE		. ,			39993		
INSU	RED				INSURER B: LLOYDS OF LONDON 15792							
					-			INITY COMPANY		15580		
	ER RECOVERY			1537						15032		
	1620 BEARANGER RD				INSURE							
	ATTICA			MI 48412	INSURE							
co	VERAGES CER	TIFIC	ATE	NUMBER: COL9531	INCOLL			REVISION NUMBER:	24-25	Colony		
Tŀ	HIS IS TO CERTIFY THAT THE POLICIES				BEEN	ISSUED TO T	HE INSURED	NAMED ABOVE FOR THE P				
CI	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		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS				
	GENERAL LIABILITY			GAT-1000000-00		09/01/2024			\$ 1,0	00.000,000		
А	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS		00/01/2024	05/01/2020	DAMAGE TO RENTED		100,000.00		
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,					\$ \$	5.000.00		
	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,						00.000.000		
С	X CYBER LIAB - \$100,000			DRIVE-AWAY,CARGO,				GENERAL AGGREGATE	,	00.000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL	LIMIT					00.000,000		
	X POLICY PRO- JECT LOC			EKI3537443 - CYBER				REPO IN TRANSIT		00,000.00		
D	AUTOMOBILE LIABILITY			570000125-05		10/24/2023	10/24/2024	COMBINED SINGLE LIMIT (Ea accident)		00.000.000		
	ANY AUTO			COMP/COLL DED: \$1,0	000	10/24/2020	10/27/2027		\$,		
	ALL OWNED X SCHEDULED AUTOS X AUTOS				000			,	\$			
	X HIRED AUTOS X NON-OWNED AUTOS								\$			
								(i oi dooldoild)	\$			
Α				GAT-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE	s 2,0	00.000.000		
~	X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATIO	ONS	00/01/2021	00/01/2020		s INC	C. GEN AGG		
	DED RETENTION \$								\$			
	WORKERS COMPENSATION							WC STATU- TORY LIMITS ER	Ψ			
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE								\$			
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
Α	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				GKDP LIMIT: \$375,000	0.00			
В	GARAGEKEEPERS DIR PRIM EXC			B0831TR23180358M				GKDP EXCESS: \$625,		0		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (At	tach A	CORD 101, Additional Remarks So	hedule,			,				
RS	IG MEMBER SINCE 09/24/16 30 D	AY (CAN	CELLATION NOTICE E	XCEP	T IN CASES	OF NON-F	AYMENT OR CANCEL	ATIC	N BY		
	MBER REQUEST & ADDITIONAL I											
	IMARY LIMITS PROVIDE FULL \$3,0								Y POI	ICY		
	CATION: STORAGE LOTS ONLY:					3412, 1144 N	I CORNELL	AVE, FLINT, MI 48505				
50	HEDULED AUTO: 99 FORD #0046;	TTL		5E #1076; 95 INT L #32	/5							
CEI	ERTIFICATE HOLDER CANCELLATION											
	-											
	ALLIED FINANCE ADJUST 888-949-8520	FERS	s co	NFERENCE INC	THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		-		
	HOMEOFFICE@ALLIEDFI	NAN	ICEA	DJUSTERS.COM	AUTHO	RIZED REPRESE	NTATIVE					
	PO BOX 3853						T	1				
	MIDLAND			TX 79702	Danadoan							

The ACORD name and logo are registered marks of ACORD



DATE (MM/DD/YYYY) 08/28/2024

CI Tł	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. MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the											
te	rms and conditions of the policy, ce	rtain poli	cies may require an endo									
	ertificate holder in lieu of such endors	ement(s).		CONTA					•			
PRO	DUCER			NAME	IG., INC./							
	IG., INC./RSIG			A/C, NO	_{b, Ext):} 703-36	5-0199//LH7	03.365.0362 FAX (A/C, No): 7	/03-36	5-0636			
	RECOVERY SPECIALIS	T INSUF	RANCE GROUP	ADDRE	ss: CERTIFI	CATES@RS	SIG.COM					
	GATE ELEVEN SOLUTIONS						DING COVERAGE		NAIC #			
	PO BOX 395 GIDDINGS TX 78	942				(INSURANC			39993			
INSU	RED					OF LONDON			15792			
				INSURE	R C: SCOTTS	DALE INDEM	INITY COMPANY		15580			
	ER RECOVERY		1537	INSURE	R D: GUIDEO	NE INSURAN	ICE COMPANY		15032			
	1620 BEARANGER RD			INSURE	R E:							
	ATTICA		MI 48412	INSURE	R F:							
CO	VERAGĖS CER	TIFICATE	NUMBER: COL9528				REVISION NUMBER:	24-25	SColony			
IN CI E)	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P XCLUSIONS AND CONDITIONS OF SUCH P	QUIREMEN ERTAIN, OLICIES. L	IT, TERM OR CONDITION OF THE INSURANCE AFFORDED IMITS SHOWN SHOWN MAY	= ANY (D BY TH	CONTRACT OF HE POLICIES EEN REDUCE	R OTHER DOO DESCRIBED H D BY PAID CLA	CUMENT WITH RESPECT 1 IEREIN IS SUBJECT TO AI	о мн	ICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3				
	GENERAL LIABILITY		GAT-1000000-00		09/01/2024	09/01/2025		\$ 1,0	000,000.00			
А	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00			
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00			
~	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,				PERSONAL & ADV INJURY	\$ 1,0	000,000.00			
С	X CYBER LIAB - \$100,000		DRIVE-AWAY,CARGO,				GENERAL AGGREGATE	\$ 5,0	000,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:		ON-HOOK - EACH \$1MIL	LIMIT			PRODUCTS - COMP/OP AGG	\$ 3,0	000,000.00			
	X POLICY PRO- JECT LOC		EKI3537443 - CYBER					\$ 1,0	000,000.00			
D	AUTOMOBILE LIABILITY		570000125-05		10/24/2023	10/24/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,0	000,000.00			
	ANY AUTO		COMP/COLL DED: \$1,	000	10/2 1/2020	10/21/2021		\$				
	ALL OWNED X SCHEDULED AUTOS X AUTOS			000			BODILY INJURY (Per accident)	\$				
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$				
							· /	\$				
Α	UMBRELLA LIAB X OCCUR		GAT-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE	\$ 2,0	000,000.00			
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIO	ONS	00/01/2021	00/01/2020	AGGREGATE	s INC	C. GEN AGG			
	DED RETENTION \$							\$				
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER					
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$				
	OFFICER/MEMBER EXCLUDED?	N / A					E.L. DISEASE - EA EMPLOYEE					
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT					
Α	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				GKDP LIMIT: \$375,00	0.00				
В	GARAGEKEEPERS DIR PRIM EXC		B0831TR23180358M				GKDP EXCESS: \$625					
	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attach A						,				
	IG MEMBER SINCE 09/24/16 30 E	•			•	• •	AYMENT OR CANCEL	LATIC	ON BY			
	MBER REQUEST & ADDITIONAL I											
	IMARY LIMITS PROVIDE FULL \$3,								LICY			
	CATION: STORAGE LOTS ONLY:				412, 1144 N	CORNELL	AVE, FLINT, MI 48505					
SC	HEDULED AUTO: 99 FORD #0046;	11 DOD	GE #1076; 95 INT'L #32	15								
CEI				CANO		1						
	ERTIFICATE HOLDER CANCELLATION											
				SHO	ULD ANY OF 1		ESCRIBED POLICIES BE CA	NCELL	ED BEFORE			
	ARA/AMERICAN RECOVE	RY ASS	OCIATION				REOF, NOTICE WILL B	E DEI	LIVERED IN			
	CUSTOMER-SUPPORT@AM			ACC	ORDANCE WI	IN THE POLIC	Y PROVISIONS.					
	1400 CORPORATE DRIVE			AUTUO								
	STE 175	-		AUTHO	RIZED REPRESE	NIAIIVE	1					
	IRVING		TX 75038			Dana	down.					
			17 10000			Nula	- tur					
					©	1988-2010 A	CORD CORPORATION.	All righ	nts reserved.			



DATE (MM/DD/YYYY) 08/28/2024

CE TH	HIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS ERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. HIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED EPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the										
te	PORTANT: If the certificate holder is ms and conditions of the policy, ce rtificate holder in lieu of such endors	rtain	polic								
	DUCER				CONTAC NAME		RSIG - LIGH	HTHOUSE INSURANCE	- SVC	s	
	IG., INC./RSIG			-				'03.365.0362 FAX (A/C, No): 7			
	RECOVERY SPECIALIS		SUR				CATES@RS				
	GATE ELEVEN SOLUTIONS							DING COVERAGE		NAIC #	
	PO BOX 395 GIDDINGS TX 78	942			INSURE	RA: COLONY	INSURANCI	E COMPANY		39993	
INSU	RED				INSURE	к b: LLOYDS	OF LONDON	l		15792	
					INSURE	R C: SCOTTS	DALE INDEN	INITY COMPANY		15580	
	ER RECOVERY			1537	INSURE	R D: GUIDEO	NE INSURAN	ICE COMPANY		15032	
	1620 BEARANGER RD				INSURE	R E:					
	ATTICA			MI 48412	INSURE	R F:					
-				NUMBER: COL9507	DEEN			REVISION NUMBER:		Colony	
IN CE E>	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REC RTIFICATE MAY BE ISSUED OR MAY P ICLUSIONS AND CONDITIONS OF SUCH P	QUIRE ERTAI OLICIE	MENT N, T ES.LII	, TERM OR CONDITION OF HE INSURANCE AFFORDED	ANY (BY TH	CONTRACT OI HE POLICIES EEN REDUCEI	R OTHER DOO DESCRIBED H D BY PAID CLA	CUMENT WITH RESPECT T IEREIN IS SUBJECT TO AL	O WH	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
		Y		GAT-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE	. ,	00,000.00	
A	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS				, , ,		00,000.00	
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,				() [/	\$	5,000.00	
С				REPOSSESSED AUTO, DRIVE-AWAY,CARGO,						00,000.00	
	X CYBER LIAB - \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL I	іміт					00,000.00	
	PRO-			EKI3537443 - CYBER						00,000.00	
_	X POLICY JECT LOC AUTOMOBILE LIABILITY	V				40/04/0000	40/04/0004	COMBINED SINGLE LIMIT		00,000.00	
D	ANY AUTO	Y		570000125-05	200	10/24/2023	10/24/2024		<u> </u>	00,000.00	
	ALLOWNED ALLOWNED AUTOS			COMP/COLL DED: \$1,0	000			· · · /	\$		
	X HIRED AUTOS X NON-OWNED AUTOS X NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS							(i ei deoldoni)	\$ \$		
Α	UMBRELLA LIAB X OCCUR			GAT-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE	s 2,0	00,000.00	
	X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATIO			00/01/2020		\$ INC	. GEN AGG	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A							\$		
	OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$		
Α	EMPLOYEE DISHONESTY&COMP CRIME			GAT-1000000-00				LIMIT: \$1,000,000.00			
A				GAT-1000000-00				GKDP LIMIT: \$375,000			
B	GARAGEKEEPERS DIR PRIM EXC RIPTION OF OPERATIONS / LOCATIONS / VEHICL		tach A	B0831TR23180358M				GKDP EXCESS: \$625	,000.0	0	
	G MEMBER SINCE 09/24/16 30 D					-	• •				
	WBER REQUEST & ADDITIONAL I				-	-			-		
	MARY LIMITS PROVIDE FULL \$3,0									ICY	
	CATION: STORAGE LOTS ONLY:					412, 1144 N	I CORNELL	AVE, FLINT, MI 48505			
SCI	HEDULED AUTO: 99 FORD #0046;	11 C	ODO	3E #1076; 95 INT'L #327	75						
CEF	RTIFICATE HOLDER				CANC	ELLATION	1				
					2		-				
	BURNS NATIONAL INC							REOF, NOTICE WILL B	E DEL	IVERED IN	
	616-662-8140 JIDSINGA@	BURN	ISNA	TIONALLLC.COM							
	5132 37TH AVENUE				AUTHOR	RIZED REPRESEI	NTATIVE				
				MI 40400			D	Ann			
	HUDSONVILLE			MI 49426			Nana	ncan			
						©	1988-2010 A	CORD CORPORATION.	All riah	ts reserved.	



DATE (MM/DD/YYYY) 08/28/2024

THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIVE THIS CERTIFICATE OF INSURANCE REPRESENTATIVE OR PRODUCER, AN	ELY OR NE DOES D THE CE	EGATIVELY AMEND, EXT NOT CONSTITUTE A RTIFICATE HOLDER.	END C	R ALTER TH	E COVERAG WEEN THE	E AFFORDED BY THE F ISSUING INSURER(S	POLICII S), AU	ES BELOW. JTHORIZED			
IMPORTANT: If the certificate holder is terms and conditions of the policy, ce certificate holder in lieu of such endors.	rtain polic										
PRODUCER			CONTAC NAME			THOUSE INSURANCI					
IG., INC./RSIG			PHONE (A/C, No E-MAIL	o, <u>Ext):</u> 703-36	5-0199//LH7 CATES@RS	03.365.0362 FAX (A/C, No):	703-36	65-0636			
RECOVERY SPECIALIS GATE ELEVEN SOLUTIONS	IINSUR	ANCE GROUP	ADDRE			DIG.COM DING COVERAGE		NAIC #			
PO BOX 395 GIDDINGS TX 789	942		INSURE		INSURANCI			39993			
INSURED			INSURE	r b: LLOYDS	OF LONDON	l		15792			
						INITY COMPANY		15580			
ER RECOVERY 1620 BEARANGER RD		1537			NE INSURAN	ICE COMPANY		15032			
ATTICA		MI 48412	INSURE								
	TIFICATE	NUMBER: COL9523	INSURE	KF:		REVISION NUMBER:	24-25	5 Colony			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY PI EXCLUSIONS AND CONDITIONS OF SUCH P	QUIREMENT ERTAIN, T OLICIES. LII	I, TERM OR CONDITION OF THE INSURANCE AFFORDED	= ANY () BY TH	CONTRACT OI HE POLICIES EEN REDUCEI	R OTHER DOO DESCRIBED H D BY PAID CLA	CUMENT WITH RESPECT T IEREIN IS SUBJECT TO A	го whi	ICH THIS			
INSR LTR TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMIT					
A X COMMERCIAL GENERAL LIABILITY		GAT-1000000-00 ERRORS & OMISSIONS		09/01/2024	09/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		000,000.00 100,000.00			
CLAIMS-MADE X OCCUR		WRONGFUL REPO,			-	MED EXP (Any one person)	\$ \$	5,000.00			
X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,				PERSONAL & ADV INJURY		000,000.00			
C X CYBER LIAB - \$100,000		DRIVE-AWAY,CARGO,				GENERAL AGGREGATE	\$ 5,0	000,000.00			
GEN'L AGGREGATE LIMIT APPLIES PER:		ON-HOOK - EACH \$1MIL I	LIMIT		-	PRODUCTS - COMP/OP AGG		000,000.00			
X POLICY PRO- JECT LOC		EKI3537443 - CYBER		40/04/0000	40/04/0004	REPO IN TRANSIT COMBINED SINGLE LIMIT (Ea accident)		000,000.00 000,000.00			
		570000125-05 COMP/COLL DED: \$1,0	000	10/24/2023	10/24/2024	(Ea accident) BODILY INJURY (Per person)	\$ 1,0 \$	000,000.00			
ALL OWNED X AUTOS X AUTOS X HIRED AUTOS X NON-OWNED AUTOS			000		-	BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$				
A UMBRELLA LIAB X OCCUR		GAT-1000000-00		00/01/2024	09/01/2025	EACH OCCURRENCE	\$	000.000.00			
A CCCUR X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIO		09/01/2024	09/01/2025	AGGREGATE	φ ,	C. GEN AGG			
DED RETENTION \$					-		\$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU- TORY LIMITS ER					
ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A					E.L. EACH ACCIDENT	\$				
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE					
A EMPLOYEE DISHONESTY&COMP CRIME		GAT-1000000-00		00/01/2024	00/01/2025	E.L. DISEASE - POLICY LIMIT	\$				
A GARAGEKEEPERS DIRECT PRIMARY		GAT-1000000-00				GKDP LIMIT: \$375,00	0.00				
B GARAGEKEEPERS DIR PRIM EXC		B0831TR23180358M				GKDP EXCESS: \$625	,000.0	0			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL RSIG MEMBER SINCE 09/24/16 30 D MEMBER REQUEST & ADDITIONAL II PRIMARY LIMITS PROVIDE FULL \$3, LOCATION: STORAGE LOTS ONLY: SCHEDULED AUTO: 99 FORD #0046;	0AY CANO NSURED 000,000 L 1620 BEA	CELLATION NOTICE E STATUS, APPLIES TO IMIT WITH A \$5,000,00 RANGER RD, ATTICA,	XCEP THE (0 AG(MI 48	T IN CASES CERT HOLD G IN LIEU O	OF NON-P PER AS REC F A SEPAR	BY WRITTEN CONTRATE EXCESS LIABILIT	RACT Y POI				
CERTIFICATE HOLDER			CAN	ELLATION	<u> </u>						
COMPLETE TOWING 810-235-8144 / ADMIN@C 3401 DORT HWY	810-235-8144 / ADMIN@COMPLETETOWING.US										
FLINT		MI 48506			Dana	down.					
					1988-2010 A	CORD CORPORATION.	All riał	nts reserved			



DATE (MM/DD/YYYY) 08/28/2024

CE TH RE	IS CERTIFICATE IS ISSUED AS A I RTIFICATE DOES NOT AFFIRMATIVI IS CERTIFICATE OF INSURANCI PRESENTATIVE OR PRODUCER, AN	ELY O E DO D TH	OR NE DES E CE	EGATIVELY AMEND, EXT NOT CONSTITUTE A RTIFICATE HOLDER.	END O CON	OR ALTER TH	IE COVERAG	GE AFFORDED BY THE F SSUING INSURER(S	POLICIE 6), AU	ES BELOW. ITHORIZED
ter	PORTANT: If the certificate holder is ms and conditions of the policy, ce rtificate holder in lieu of such endors	rtain	polic	TIONAL INSURED, the po ties may require an endo	olicy(ie orseme	s) must be e ent. A stater	ndorsed. If ment on this	SUBROGATION IS WAIV certificate does not co	ED, su nfer rig	bject to the ghts to the
	UCER	emen	u(s).		CONTAC NAME			HTHOUSE INSURANCI		9
	IG., INC./RSIG							03.365.0362 FAX (A/C, No):		
	RECOVERY SPECIALIS						CATES@RS			
	GATE ELEVEN SOLUTIONS	1 1140	501		ADDILL			DING COVERAGE		NAIC #
	PO BOX 395 GIDDINGS TX 78	942			INSURE		/ INSURANC			39993
INSU	RED	-			-		OF LONDON			15792
								NITY COMPANY		15580
	ER RECOVERY			1537						15032
	1620 BEARANGER RD				INSURE					
	ATTICA			MI 48412	INSURE					
CO	/ERAGES CER	TIFIC	ATE	NUMBER: COL9529	INCOLE			REVISION NUMBER:	24-25	Colony
TH	IS IS TO CERTIFY THAT THE POLICIES				BEEN	ISSUED TO T	HE INSURED	NAMED ABOVE FOR THE		
	DICATED. NOTWITHSTANDING ANY REC RTIFICATE MAY BE ISSUED OR MAY P									
	CLUSIONS AND CONDITIONS OF SUCH P									I LINIVIO,
INSR LTR	TYPE OF INSURANCE	ADDL INSR		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
2.11	GENERAL LIABILITY	in tort		GAT-1000000-00				EACH OCCURRENCE	s 1.0	00,000.00
Α	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS		00/01/2024	00/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	. ,	100.000.00
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,				MED EXP (Any one person)	\$	5.000.00
	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO.				PERSONAL & ADV INJURY		00,000.00
C	X CYBER LIAB - \$100,000			DRIVE-AWAY,CARGO,				GENERAL AGGREGATE	,	000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL I	LIMIT			PRODUCTS - COMP/OP AGG		00,000.00
	X POLICY PRO- JECT LOC			EKI3537443 - CYBER				REPO IN TRANSIT		000,000.00
D	AUTOMOBILE LIABILITY			570000125-05		10/24/2023	10/24/2024	COMBINED SINGLE LIMIT (Ea accident)		00,000.00
	ANY AUTO			COMP/COLL DED: \$1,0	000	10/24/2023	10/27/2027	BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS X AUTOS				000			BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	UMBRELLA LIAB X OCCUR			GAT-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE	s 2,0	00,000.00
	X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATIO				AGGREGATE	\$ INC	. GEN AGG
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	-	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
Α	EMPLOYEE DISHONESTY&COMP CRIME			GAT-1000000-00		09/01/2024	09/01/2025	LIMIT: \$1,000,000.00		
Α	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-00				GKDP LIMIT: \$375,00		
	GARAGEKEEPERS DIR PRIM EXC			B0831TR23180358M				GKDP EXCESS: \$625	,000.0	0
	RIPTION OF OPERATIONS / LOCATIONS / VEHICI									
	G MEMBER SINCE 09/24/16 30 E				-	-			-	N BY
	MBER REQUEST & ADDITIONAL I MARY LIMITS PROVIDE FULL \$3,			2						
	CATION: STORAGE LOTS ONLY:									
	EDULED AUTO: 99 FORD #0046;					,				
				.,	-					
CEF	TIFICATE HOLDER				CANC	CELLATION				
					_					
								ESCRIBED POLICIES BE CA REOF, NOTICE WILL E		
	COMPLETE TOWING	-						Y PROVISIONS.		
	810-235-8144 / ADMIN@C	OMF	LET	EIOWING.US						
	3401 DORT HWY				AUTHOR	RIZED REPRESE	NTATIVE			7
				MI 40500			Dee	Am		
				MI 48506			Nana	non		
						©	1988-2010 A	CORD CORPORATION.	All riah	ts reserved.



DATE (MM/DD/YYYY) 08/28/2024

CI TH RI	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											
te		rtain p	olicies may require an endo									
	DUCER	mont		CONTA NAME	^{.CT} IG., INC./	RSIG - LIGH	HTHOUSE INSURANCI	= SVC	s			
	IG., INC./RSIG						03.365.0362 FAX (A/C, No):					
	RECOVERY SPECIALIS		URANCE GROUP	È-MÀIL ADDRE	ss: CERTIFI	CATES@RS	SIG.COM					
	GATE ELEVEN SOLUTIONS					()	DING COVERAGE		NAIC #			
	PO BOX 395 GIDDINGS TX 789	42		-	RA: COLONY				39993			
INSU	RED			-	R B: LLOYDS				15792			
	ER RECOVERY		1537						15580 15032			
	1620 BEARANGER RD		1001	INSURE		NE INSURAN	ICE COMPANY		13032			
	ATTICA		MI 48412	INSURE								
CO	VERAGES CER	TIFICA	TE NUMBER: COL9509	INCOME			REVISION NUMBER:	24-25	5 Colony			
IN CI	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 SL INSR W	JBR VD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S				
	GENERAL LIABILITY	Y	GAT-1000000-00		09/01/2024		EACH OCCURRENCE	\$1,	000,000.00			
А	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00			
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00			
С			REPOSSESSED AUTO, DRIVE-AWAY,CARGO,				PERSONAL & ADV INJURY	,	000,000.00			
-	X CYBER LIAB - \$100,000		ON-HOOK - EACH \$1MIL I	іміт			GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		000,000.00 000,000.00			
	X POLICY PRO- ISECT LOC		EKI3537443 - CYBER				REPO IN TRANSIT		000,000.00			
D		Y	570000125-05		10/24/2023	10/24/2024	COMBINED SINGLE LIMIT (Ea accident)		000,000.00			
D	ANY AUTO	·	COMP/COLL DED: \$1.0	000	10/24/2020	10/24/2024	BODILY INJURY (Per person)	\$				
	ALL OWNED X SCHEDULED AUTOS X AUTOS						BODILY INJURY (Per accident)	\$				
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$				
								\$				
A	UMBRELLA LIAB X OCCUR		GAT-1000000-00 SEE DESC, OF OPERATIO		09/01/2024	09/01/2025		φ <i>γ</i>				
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIO	JNS			AGGREGATE	Ŷ	C. GEN AGG			
	DED RETENTION \$						WC STATU- OTH- TORY LIMITS ER	\$				
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$				
	OFFICER/MEMBER EXCLUDED?	N / A					E.L. DISEASE - EA EMPLOYEE					
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT					
А	EMPLOYEE DISHONESTY&COMP CRIME		GAT-1000000-00				LIMIT: \$1,000,000.00					
Α			GAT-1000000-00				GKDP LIMIT: \$375,00					
B		FO (A#a)	B0831TR23180358M	hadula			GKDP EXCESS: \$625	,000.0	00			
RS ME PR LO	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) SIG MEMBER SINCE 09/24/16 30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY EMBER REQUEST & ADDITIONAL INSURED STATUS, APPLIES TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACT RIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY DCATION: STORAGE LOTS ONLY: 1620 BEARANGER RD, ATTICA, MI 48412, 1144 N CORNELL AVE, FLINT, MI 48505 CHEDULED AUTO: 99 FORD #0046; 11 DODGE #1076; 95 INT'L #3275											
0												
	CREDIT ACCEPTANCE CORP SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 844-487-3499 ACCORDANCE WITH THE POLICY PROVISIONS.											
	REPOCONTRACTORNETWO 25505 WEST TWELVE MII SOUTHFIELD	-		AUTHO	RIZED REPRESEI	NTATIVE Dara	Joan					

The ACORD name and logo are registered marks of ACORD



DATE (MM/DD/YYYY) 08/28/2024

CI TH	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											
te		rtain	polic									
	DUCER				CONTA NAME	^{CT} IG., INC./	RSIG - LIGI	HTHOUSE INSURANC	E SVO	cs		
	IG., INC./RSIG							703.365.0362 FAX (A/C, No):				
	RECOVERY SPECIALIS		SUR	ANCE GROUP		ss: CERTIFI						
	GATE ELEVEN SOLUTIONS					INS	URER(S) AFFOR	DING COVERAGE		NAIC #		
	PO BOX 395 GIDDINGS TX 789	942			INSURE	RA: COLONY	/ INSURANC	E COMPANY		39993		
INSU	RED				-	R B: LLOYDS				15792		
				4507				INITY COMPANY		15580		
	ER RECOVERY 1620 BEARANGER RD			1537			NE INSURAN	ICE COMPANY		15032		
	ATTICA			MI 48412	INSURE							
CO		TIFIC	ATF	NUMBER: COL9508	INSURE	RF:		REVISION NUMBER:	24-2	5Colony		
-	IS IS TO CERTIFY THAT THE POLICIES				BEEN	ISSUED TO T						
CI	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)	LIMIT	s			
	GENERAL LIABILITY			GAT-1000000-00			09/01/2025	EACH OCCURRENCE	s 1,	,000,000.00		
А	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00		
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00		
С	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,				PERSONAL & ADV INJURY		000,000.00		
Ũ	X CYBER LIAB - \$100,000			DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL I				GENERAL AGGREGATE		,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC			EKI3537443 - CYBER				PRODUCTS - COMP/OP AGG		000,000.00		
D						10/24/2022	10/24/2024	COMBINED SINGLE LIMIT		000,000.00		
U	ANY AUTO			570000125-05 COMP/COLL DED: \$1,0	000	10/24/2023	10/24/2024	BODILY INJURY (Per person)	\$ 1,	,000,000.00		
	ALL OWNED X SCHEDULED AUTOS X AUTOS				000			BODILY INJURY (Per accident)	\$			
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
									\$			
А	UMBRELLA LIAB X OCCUR			GAT-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE	φ ,	,000,000.00		
	X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATION	SNC			AGGREGATE	Ŷ	C. GEN AGG		
	DED RETENTION \$							WC STATU- OTH-	\$			
	AND EMPLOYERS' LIABILITY Y / N							TORY LIMITS ER	•			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$ ¢			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
Α	EMPLOYEE DISHONESTY&COMP CRIME			GAT-1000000-00		09/01/2024	09/01/2025	LIMIT: \$1,000,000.00				
А	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-00		09/01/2024	09/01/2025	GKDP LIMIT: \$375,00				
В	GARAGEKEEPERS DIR PRIM EXC			B0831TR23180358M				GKDP EXCESS: \$625	,000.0	00		
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL								1			
	IG MEMBER SINCE 09/24/16 30 D MBER REQUEST & ADDITIONAL II											
	MARY LIMITS PROVIDE FULL \$3,0			,								
LO	CATION: STORAGE LOTS ONLY:	1620	BEA	RANGER RD, ATTICA,	MI 48							
SC	HEDULED AUTO: 99 FORD #0046;	11 C	ODO	GE #1076; 95 INT'L #32	75							
CEI	RTIFICATE HOLDER				CANO							
	FLYING A INFORMATION			-				EREOF, NOTICE WILL E Y PROVISIONS.		LIVERED IN		
	702-947-2271 / VENMNGF	R@F/	AIRL	OCATE.COM								
	311 E WARM SPRINGS SUITE #101				AUTHO	RIZED REPRESEI	NTATIVE	- 1				
	LAS VEGAS			NV 89119			Dana	Joan				



DATE (MM/DD/YYYY) 08/28/2024

CE TH	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											
ter	PORTANT: If the certificate holder i rms and conditions of the policy, co ertificate holder in lieu of such endors	ertain p	olicies may	INSURED, the po require an end	olicy(ie orseme	es) must be e ent. A stater	ndorsed. If ment on this	SUBROGATION IS WAIV certificate does not co	ED, subject to the onfer rights to the			
PROD	DUCER				CONTA NAME	^{CT} IG., INC./	RSIG - LIGH	HTHOUSE INSURANC	E SVCS			
	IG., INC./RSIG				PHONE (A/C, No	_{b, Ext):} 703-36	5-0199//LH7	'03.365.0362	703-365-0636			
	RECOVERY SPECIALIS	T INS	URANCE	GROUP	E-MAIL ADDRE	ss: CERTIFI	CATES@RS	SIG.COM				
	GATE ELEVEN SOLUTIONS	0.40							NAIC #			
INSU	PO BOX 395 GIDDINGS TX 78	942			-				39993			
INSU	RED				-	RB: LLOYDS		NITY COMPANY	15792 15580			
	ER RECOVERY			1537					15032			
	1620 BEARANGER RD				INSURE				10002			
	ATTICA		MI	48412	INSURE							
				R: COL9513				REVISION NUMBER:	24-25Colony			
	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE											
CE EX	ERTIFICATE MAY BE ISSUED OR MAY F	PERTAIN	I, THE INSU S. LIMITS SHO	RANCE AFFORDE	D BY T	HE POLICIES	DESCRIBED H D BY PAID CLA	IEREIN IS SUBJECT TO A				
INSR LTR	TYPE OF INSURANCE	ADDL S INSR V	UBR VVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	-			
_			-	00000-00		09/01/2024	09/01/2025	EACH OCCURRENCE	\$ 1,000,000.00			
A			-	S & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00			
	CLAIMS-MADE X OCCUR			SFUL REPO, SESSED AUTO,				MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 5,000.00 \$ 1,000,000.00			
С	X CYBER LIAB - \$100.000			AWAY,CARGO,				GENERAL AGGREGATE	\$ 5,000,000.00 \$ 5,000,000.00			
-	GEN'L AGGREGATE LIMIT APPLIES PER:			DK - EACH \$1MIL	LIMIT			PRODUCTS - COMP/OP AGG	\$ 3,000,000.00			
	X POLICY PRO- JECT LOC		EKI353	7443 - CYBER				REPO IN TRANSIT	\$ 1,000,000.00			
D	AUTOMOBILE LIABILITY		570000	125-05		10/24/2023	10/24/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00			
-	ANY AUTO ALL OWNED V SCHEDULED		COMP/	COLL DED: \$1,	000			BODILY INJURY (Per person)	\$			
-	AUTOS AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	X HIRED AUTOS X NON-OWNED AUTOS							(Per accident)	\$			
^	UMBRELLA LIAB X OCCUR		CAT 10			00/04/2024	00/01/2025	EACH OCCURRENCE	\$ \$ 2,000,000.00			
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE		-)00000-00 SC. OF OPERATI	ONS	09/01/2024	09/01/2025	AGGREGATE	s INC. GEN AGG			
	DED RETENTION \$							NOOREONE	\$			
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER				
		N / A						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
· · ·	EMPLOYEE DISHONESTY&COMP CRIME GARAGEKEEPERS DIRECT PRIMARY			00000-00 00000-00				LIMIT: \$1,000,000.00 GKDP LIMIT: \$375,00	0.00			
· · ·	GARAGEKEEPERS DIR PRIM EXC		_	FR23180358M				GKDP EXCESS: \$625				
-	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Atta							,			
	IG MEMBER SINCE 09/24/16 30					•	• •	AYMENT OR CANCEL	LATION BY			
	MBER REQUEST & ADDITIONAL											
	IMARY LIMITS PROVIDE FULL \$3 CATION: STORAGE LOTS ONLY:											
	HEDULED AUTO: 99 FORD #0046					9412, 11441	CORNELL	AVE, FLINT, IVII 40303)			
		,		2, 00 L #0L								
							-					
CEF	RTIFICATE HOLDER				CANO	CELLATION	1					
					ѕно	ULD ANY OF 1	THE ABOVE D		ANCELLED BEFORE			
	GATEWAY FINANCIAL S	OLUTI	ONS		THE	EXPIRATION	I DATE THE	REOF, NOTICE WILL E				
	989-791-3770 // SHAGERN		-	ANCIAL.ORG	ACC	ORDANCE WI		Y PROVISIONS.				
	PO BOX 3257	-			AUTHO	RIZED REPRESE	NTATIVE					
				10005			D.	An				
	SAGINAW		MI	48605			Nana	ncan				
						Ô	1988-2010 A	CORD CORPORATION.	All rights reserved.			



DATE (MM/DD/YYYY) 08/28/2024

CE TH RE	HIS CERTIFICATE IS ISSUED AS A I ERTIFICATE DOES NOT AFFIRMATIVI HIS CERTIFICATE OF INSURANCI EPRESENTATIVE OR PRODUCER, AN	ely o e do id th	R NE DES E CE	EGATIVELY AMEND, EXT NOT CONSTITUTE A RTIFICATE HOLDER.	END C	OR ALTER TH TRACT BET	IE COVERAG WEEN THE	E AFFORDED BY THE P ISSUING INSURER(S	POLICIE 3), AU	ES BELOW. THORIZED		
tei	IPORTANT: If the certificate holder is rms and conditions of the policy, ce ertificate holder in lieu of such endors	rtain	polic									
	DUCER	emen	ແຮງ.		CONTA NAME			HTHOUSE INSURANCI		9		
	IG., INC./RSIG							03.365.0362 FAX (A/C, No): 7				
	RECOVERY SPECIALIS		SUR				CATES@RS		00 00	0.0000		
	GATE ELEVEN SOLUTIONS		501		ADDIL			DING COVERAGE		NAIC #		
	PO BOX 395 GIDDINGS TX 78	942			INSURF		INSURANCI			39993		
INSU		-			-		OF LONDON			15792		
					-			NITY COMPANY		15580		
	ER RECOVERY			1537				ICE COMPANY		15032		
	1620 BEARANGER RD				INSURE							
	ATTICA			MI 48412	INSURE							
co	VERAGES CER	TIFIC	ATE	NUMBER: COL9520	INCORE			REVISION NUMBER:	24-25	Colony		
T⊦	HIS IS TO CERTIFY THAT THE POLICIES				BEEN	ISSUED TO T	HE INSURED	NAMED ABOVE FOR THE I				
CE	IDICATED. NOTWITHSTANDING ANY REG ERTIFICATE MAY BE ISSUED OR MAY P XCLUSIONS AND CONDITIONS OF SUCH P	ERTAI	Ν, Τ	HE INSURANCE AFFORDED	D BY TI	HE POLICIES EEN REDUCEI	DESCRIBED H D BY PAID CLA	IEREIN IS SUBJECT TO A				
INSR LTR												
	GENERAL LIABILITY	Y		GAT-1000000-00			09/01/2025	EACH OCCURRENCE	\$ 1,0	00,000.00		
А	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00		
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00		
	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,				PERSONAL & ADV INJURY	\$ 1,0	00,000.00		
С	X CYBER LIAB - \$100,000			DRIVE-AWAY,CARGO,				GENERAL AGGREGATE	\$ 5,0	00,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL I	IMIT			PRODUCTS - COMP/OP AGG		00,000.00		
	X POLICY PRO- JECT LOC			EKI3537443 - CYBER				REPO IN TRANSIT		00,000,000		
D	AUTOMOBILE LIABILITY	Y		570000125-05		10/24/2023	10/24/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,0	00,000.00		
	ANY AUTO	'		COMP/COLL DED: \$1,0	າດດ	10/24/2020	10/24/2024	BODILY INJURY (Per person)	\$,		
	ALL OWNED X SCHEDULED AUTOS X AUTOS				500			BODILY INJURY (Per accident)	\$			
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
									\$			
Α	UMBRELLA LIAB X OCCUR			GAT-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE	s 2,0	00,000.00		
	X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATIO		00/01/2021	00/01/2020	AGGREGATE	s INC	GEN AGG		
	DED RETENTION \$								\$			
	WORKERS COMPENSATION							WC STATU- TORY LIMITS ER	•			
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
Α	EMPLOYEE DISHONESTY&COMP CRIME			GAT-1000000-00		09/01/2024	09/01/2025	LIMIT: \$1,000,000.00				
А	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-00				GKDP LIMIT: \$375,00	0.00			
В	GARAGEKEEPERS DIR PRIM EXC			B0831TR23180358M		09/01/2024	09/01/2025	GKDP EXCESS: \$625	,000.0	0		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (At	tach A	CORD 101, Additional Remarks Sc								
	IG MEMBER SINCE 09/24/16 30 E									N BY		
	MBER REQUEST & ADDITIONAL I			,								
	IMARY LIMITS PROVIDE FULL \$3,									ICY		
	CATION: STORAGE LOTS ONLY: HEDULED AUTO: 99 FORD #0046;					412, 1144 N	CORNELL	AVE, FLINT, MI 48505				
501	120120 AUTO. 33 FORD #0040,	пD	000	$J = \pi 1070, 30 \text{ INT } = \#32$								
CEF	RTIFICATE HOLDER				CANO	ELLATION	1					
								ESCRIBED POLICIES BE CA				
	GM FINANCIAL							REOF, NOTICE WILL B	DE DEL	IVERED IN		
	877-385-3068 / VENDORREL	ATION	IS@C	GMFINANCIAL.COM								
	801 CHERRY ST				AUTHO	RIZED REPRESEI	NTATIVE					
	STE #3900						T	~				
	FORT WORTH			TX 76102			Dana	Joan				
	t					©	1988-2010 A	CORD CORPORATION.	All righ	its reserved.		



DATE (MM/DD/YYYY) 08/28/2024

CI TH RI	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											
te	rms and conditions of the policy, ce	rtain	policie	ONAL INSURED, the po es may require an endo	olicy(ie orseme	s) must be e ent. A stater	ndorsed. If a nent on this	SUBROGATION IS WAIV certificate does not co	ED, su	bject to the ghts to the		
	rtificate holder in lieu of such endorse	emen	t(s).		CONTA					· C		
11101				-	PHONE			1THOUSE INSURANC 03.365.0362 FAX (A/C, No):				
	IG., INC./RSIG RECOVERY SPECIALIS	T 1814					CATES@RS		103-30	5-0030		
	GATE ELEVEN SOLUTIONS		JUKA		ADDRES					NAIQ #		
	PO BOX 395 GIDDINGS TX 789	42		-			INSURANCI			NAIC #		
INSU		72			-		OF LONDON			15792		
1100								NITY COMPANY		15792		
	ER RECOVERY			1537						15032		
	1620 BEARANGER RD						NE INSURAN			15052		
	ATTICA		Ν	лI 48412	INSURE							
CO		TIFIC		IUMBER: COL9505	INSURE	RF:		REVISION NUMBER:	24-25	SColony		
-	IS IS TO CERTIFY THAT THE POLICIES				BEEN	ISSUED TO T						
IN CE	DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PE (CLUSIONS AND CONDITIONS OF SUCH PE		MENT, N, THE	TERM OR CONDITION OF E INSURANCE AFFORDED	ANY (BY TH	CONTRACT OF	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT	то whi	CH THIS		
INSR LTR		ADDL INSR		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMIT	s			
LIK	GENERAL LIABILITY	INSK		GAT-1000000-00		(MM/DD/YYYY) 09/01/2024		EACH OCCURRENCE		00,000.00		
А	X COMMERCIAL GENERAL LIABILITY		-	RRORS & OMISSIONS		09/01/2024	09/01/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)		100.000.00		
~	CLAIMS-MADE X OCCUR			VRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00		
	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,				PERSONAL & ADV INJURY		00.000.00		
С	X CYBER LIAB - \$100,000			RIVE-AWAY,CARGO,				GENERAL AGGREGATE	,	00,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:			N-HOOK - EACH \$1MIL I	IMIT			PRODUCTS - COMP/OP AGG		00,000.00		
	X POLICY PRO- JECT LOC			KI3537443 - CYBER				REPO IN TRANSIT	,	00,000.00		
D						10/24/2022	10/24/2024	COMBINED SINGLE LIMIT (Ea accident)		00,000.00		
U	ANY AUTO			70000125-05	000	10/24/2023	10/24/2024	BODILY INJURY (Per person)	\$ 1, v	500,000.00		
	ALL OWNED V SCHEDULED			COMP/COLL DED: \$1,0	000			BODILY INJURY (Per accident)	\$			
	AUTOS A X HIRED AUTOS X HIRED AUTOS							PROPERTY DAMAGE	\$			
	AUTOS							(Per accident)	\$			
А	UMBRELLA LIAB X OCCUR		6	GAT-1000000-00		00/01/2024	00/01/2025	EACH OCCURRENCE		00.000.000		
A	X OCCOR X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATION		09/01/2024	09/01/2023	AGGREGATE	φ ,	C. GEN AGG		
	DED RETENTION \$		-					AGGREGATE	\$			
	WORKERS COMPENSATION							WC STATU- TORY LIMITS ER	à			
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYEE	-			
	If yes, describe under							E.L. DISEASE - POLICY LIMIT				
Α	DESCRIPTION OF OPERATIONS below EMPLOYEE DISHONESTY&COMP CRIME		6	GAT-1000000-00		09/01/2024	09/01/2025	LIMIT: \$1,000,000.00	Ψ			
A	GARAGEKEEPERS DIRECT PRIMARY		-	GAT-1000000-00				GKDP LIMIT: \$375,00	0.00			
В	GARAGEKEEPERS DIR PRIM EXC		-	30831TR23180358M				GKDP EXCESS: \$625		0		
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (At							,	-		
RS	G MEMBER SINCE 09/24/16 30 D	AY C	CANCE	ELLATION NOTICE E	XCEP	T IN CASES	OF NON-P	AYMENT OR CANCEL	LATIC	N BY		
	MBER REQUEST & ADDITIONAL II											
	MARY LIMITS PROVIDE FULL \$3,0									_ICY		
						412, 1144 N	CORNELL	AVE, FLINT, MI 48505)			
50	HEDULED AUTO: 99 FORD #0046;	пD		$= \pi 1070, 33 \text{ INT } = \#327$	5							
CE	RTIFICATE HOLDER				CANC							
-												
								ESCRIBED POLICIES BE CA				
	JOHNSTON PARKER & ASSOCIATES THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.											
	972-203-5649 / AGENTDO	CS@	JPAIN	NFO.COM								
	PO BOX 497377				AUTHOR	RIZED REPRESE	NTATIVE					
							T	~				
	GARLAND		-	TX 75049			L)ana	Olan				
	l					©	1988-2010 A	CORD CORPORATION.	All riat	nts reserved.		



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											
Tł	IS CERTIFICATE OF INSURANCE	DOE	ES I	NOT CONSTITUTE A								
	EPRESENTATIVE OR PRODUCER, ANI IPORTANT: If the certificate holder is					c) must be a	ndorsod If		ED eu	biact to the		
te	rms and conditions of the policy, cer ertificate holder in lieu of such endorse	rtain p	olici	es may require an endo	orseme	ent. A state	ment on this	certificate does not co	nfer ri	ghts to the		
	DUCER		(0).		CONTA NAME	CT IG., INC./	RSIG - LIGH	HTHOUSE INSURANCE	E SVC	S		
	IG., INC./RSIG							03.365.0362 FAX (A/C, No):				
	RECOVERY SPECIALIS	INS	URA	ANCE GROUP	E-MAIL	ss: CERTIFI	CATES@RS	SIG.COM				
	GATE ELEVEN SOLUTIONS			-			. ,	DING COVERAGE		NAIC #		
	PO BOX 395 GIDDINGS TX 789	42								39993		
INSU	RED				INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580							
	ER RECOVERY			1537						15580 15032		
	1620 BEARANGER RD				INSURE		INE INSURAN			10002		
	ATTICA		I	MI 48412	INSURE							
CO	VERAGES CERT	TIFICA	TE N	NUMBER: COL9516	-			REVISION NUMBER:	24-25	Colony		
	HIS IS TO CERTIFY THAT THE POLICIES (DICATED. NOTWITHSTANDING ANY REG									-		
C	ERTIFICATE MAY BE ISSUED OR MAY PE KCLUSIONS AND CONDITIONS OF SUCH PC	RTAIN	I, TĤ	IE INSURANCE AFFORDED	D BY TI	HE POLICIES	DESCRIBED H	IEREIN IS SUBJECT TO A				
INSR LTR	TYPE OF INSURANCE	ADDL SU	UBR /VD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s			
	GENERAL LIABILITY			GAT-1000000-00		09/01/2024		EACH OCCURRENCE	\$ 1,0	00,000.00		
А	X COMMERCIAL GENERAL LIABILITY		E	ERRORS & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00		
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00		
С	N			REPOSSESSED AUTO, DRIVE-AWAY,CARGO,				PERSONAL & ADV INJURY	,	00,000.00		
	X CYBER LIAB - \$100,000			DRIVE-AVVAT, CARGO, DN-HOOK - EACH \$1MIL I	іміт			GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		000,000.00 000,000.00		
	X POLICY PRO- JECT LOC			EKI3537443 - CYBER				REPO IN TRANSIT	,	000,000.00		
D			Ģ	570000125-05		10/24/2023	10/24/2024	COMBINED SINGLE LIMIT (Ea accident)		00,000.00		
	ANY AUTO			COMP/COLL DED: \$1,0	000	10/2 1/2020	10/2 1/202 1	BODILY INJURY (Per person)	\$			
	ALL OWNED X SCHEDULED AUTOS			· · · · · · · · · · · · · · · · · · ·				BODILY INJURY (Per accident)	\$			
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
									\$			
А	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE			GAT-1000000-00 SEE DESC. OF OPERATIO		09/01/2024	09/01/2025	EACH OCCURRENCE	, ,	000,000.00 C. GEN AGG		
				BEE DESC. OF OFERANC	5113			AGGREGATE	÷	. GEN AGG		
	DED RETENTION \$ WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER	\$			
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	-			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
А	EMPLOYEE DISHONESTY&COMP CRIME			GAT-1000000-00				LIMIT: \$1,000,000.00				
A	GARAGEKEEPERS DIRECT PRIMARY GARAGEKEEPERS DIR PRIM EXC			GAT-1000000-00				GKDP LIMIT: \$375,00				
B	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (Atta		30831TR23180358M ORD 101. Additional Remarks Sc				GKDP EXCESS: \$625	,000.0	U		
	IG MEMBER SINCE 09/24/16 30 D	•				•	• •	AYMENT OR CANCEL	LATIC	N BY		
ME	MBER REQUEST & ADDITIONAL IN	ISUR	ED S	STATUS, APPLIES TO	THE (CERT HOLD	DER AS REC	Q BY WRITTEN CONTR	RACT			
	IMARY LIMITS PROVIDE FULL \$3,0									_ICY		
	CATION: STORAGE LOTS ONLY: 1 HEDULED AUTO: 99 FORD #0046;					541Z, 1144 M		AVE, FLINT, MI 48505				
00		11 DC	500		10							
CE	RTIFICATE HOLDER				CANO	CELLATION	1					
					SHO	ULD ANY OF 1	THE ABOVE D	ESCRIBED POLICIES BE CA	ANCELL	ED BEFORE		
	LENDBUZZ FUNDING LLC	;			THE	EXPIRATION	I DATE THE	REOF, NOTICE WILL B				
	JENNIFER.RODRIGUEZ@		BUZ	ZZ.COM	ACC	ORDANCE WI		Y PROVISIONS.				
	100 SUMMER ST				AUTHO	RIZED REPRESE	NTATIVE					
	SUITE 3150						T	2-				
	BOSTON			MA 02110			L Jana	croan				

The ACORD name and logo are registered marks of ACORD



DATE (MM/DD/YYYY) 08/28/2024

CI TI	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.											
te	IPORTANT: If the certificate holder is rms and conditions of the policy, cer prtificate holder in lieu of such endorse	tain	polici									
	DUCER	men	u <u>s)</u> .		CONTA NAME		RSIG - LIGH	HTHOUSE INSURANCE	= SVC	s		
	IG., INC./RSIG			-				'03.365.0362 FAX (A/C, No): 7				
	RECOVERY SPECIALIST					ss: CERTIFI						
	GATE ELEVEN SOLUTIONS		010-		NUDRE			DING COVERAGE		NAIC #		
	PO BOX 395 GIDDINGS TX 789	42		-	INSURE		()			39993		
INSU	IRED				INSURF	кв: LLOYDS	OF LONDON	J		15792		
				-	-			INITY COMPANY		15580		
	ER RECOVERY			1537				ICE COMPANY		15032		
	1620 BEARANGER RD			-	INSURER E:							
	ATTICA		I	MI 48412	INSURER F:							
CO	VERAGES CERT	FIFIC	ATE N	NUMBER: COL9512	-			REVISION NUMBER:	24-25	Colony		
IN CI E)	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												
	GENERAL LIABILITY	Υ	C	GAT-1000000-00			09/01/2025	EACH OCCURRENCE	\$ 1,0	00,000.00		
А	X COMMERCIAL GENERAL LIABILITY		E	ERRORS & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00		
	CLAIMS-MADE X OCCUR	N	WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00			
с	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,			-	PERSONAL & ADV INJURY	,	00,000.00		
C	X CYBER LIAB - \$100,000			DRIVE-AWAY,CARGO,			-	GENERAL AGGREGATE		00,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:			DN-HOOK - EACH \$1MIL L	LIMIT			PRODUCTS - COMP/OP AGG		000,000.00		
	X POLICY PRO- JECT LOC		E	EKI3537443 - CYBER				REPO IN TRANSIT	,	00,000.00		
D		Y	5	570000125-05		10/24/2023	10/24/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,0	00,000.00		
			0	COMP/COLL DED: \$1,0	000		-	BODILY INJURY (Per person)	\$			
	ALL OWNED X SCHEDULED AUTOS								\$			
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
									\$			
Α	UMBRELLA LIAB X OCCUR			GAT-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE	φ ,	00,000.00		
	X EXCESS LIAB CLAIMS-MADE		5	SEE DESC. OF OPERATION	ONS			AGGREGATE	\$ INC	C. GEN AGG		
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
А	EMPLOYEE DISHONESTY&COMP CRIME			GAT-1000000-00				LIMIT: \$1,000,000.00				
A				GAT-1000000-00				GKDP LIMIT: \$375,00				
B								GKDP EXCESS: \$625	,000.0	0		
RS ME PR LO	GARAGEKEEPERS DIR PRIM EXC B0831TR23180358M 09/01/2024 09/01/2025 GKDP EXCESS: \$625,000.00 CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) GIG MEMBER SINCE 09/24/16 30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY GIG MEMBER SINCE 09/24/16 30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY GMBER REQUEST & ADDITIONAL INSURED STATUS, APPLIES TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACT RIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY CATION: STORAGE LOTS ONLY: 1620 BEARANGER RD, ATTICA, MI 48412, 1144 N CORNELL AVE, FLINT, MI 48505 CHEDULED AUTO: 99 FORD #0046; 11 DODGE #1076; 95 INT'L #3275											
0.5					<u> </u>		1					
CE	RTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE											
	LOCATION SERVICES LLC 916-235-5772/VENDORSERVICES@LOCATION-SERVICES.COM											
	9190 PRIORITY WEST WA	١Y			AUTHO	RIZED REPRESEI	NTATIVE					
	SUITE 300			IN 40040			De	Ann				
	INDIANAPOLIS			IN 46240			Nara	then a				

The ACORD name and logo are registered marks of ACORD



DATE (MM/DD/YYYY) 08/28/2024

CI TH	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.											
te	IPORTANT: If the certificate holder is rms and conditions of the policy, ce	rtain polic										
	ertificate holder in lieu of such endorse DUCER	ement(s).		CONTAG					•			
PRUI				NAME	IG., INC./							
	IG., INC./RSIG			(A/C, No	o, Ext): 703-36	5-0199//LH/	03.365.0362 FAX (A/C, No): 7	/03-36	5-0636			
	RECOVERY SPECIALIS	T INSUR	ANCE GROUP	ADDRES	ss: CERTIFI	CATES@RS	SIG.COM					
	GATE ELEVEN SOLUTIONS						DING COVERAGE		NAIC #			
	PO BOX 395 GIDDINGS TX 789	942				INSURANCI			39993			
INSU	IRED					OF LONDON			15792			
				INSURE	_{RC:} SCOTTS	DALE INDEM	INITY COMPANY		15580			
	ER RECOVERY		1537	INSURE	r d: GUIDEO	NE INSURAN	ICE COMPANY		15032			
	1620 BEARANGER RD			INSURE	R E:							
	ATTICA		MI 48412	INSURE	R F:							
			NUMBER: COL9504				REVISION NUMBER:		SColony			
IN CI E>	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												
	GENERAL LIABILITY		GAT-1000000-00		09/01/2024	09/01/2025		. ,	000,000.00			
А	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00			
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00			
С	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,				PERSONAL & ADV INJURY	,	000,000.00			
C	X CYBER LIAB - \$100,000		DRIVE-AWAY,CARGO,				GENERAL AGGREGATE	\$ 5,0	000,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:		ON-HOOK - EACH \$1MIL I	LIMIT				,	000,000.00			
	X POLICY PRO- JECT LOC		EKI3537443 - CYBER						000,000.00			
D			570000125-05		10/24/2023	10/24/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,0	000,000.00			
			COMP/COLL DED: \$1,0	000			BODILY INJURY (Per person)	\$				
	ALL OWNED X SCHEDULED AUTOS X SCHEDULED							\$				
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$				
								\$				
А	UMBRELLA LIAB X OCCUR		GAT-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE	_{\$} 2,0	000,000.00			
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATION	ONS			AGGREGATE	\$ INC	C. GEN AGG			
	DED RETENTION \$							\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU- TORY LIMITS ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$				
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$				
А	EMPLOYEE DISHONESTY&COMP CRIME		GAT-1000000-00				LIMIT: \$1,000,000.00					
A	GARAGEKEEPERS DIRECT PRIMARY		GAT-1000000-00				GKDP LIMIT: \$375,00					
B	GARAGEKEEPERS DIR PRIM EXC		B0831TR23180358M				GKDP EXCESS: \$625	,000.0	0			
RSI ME PRI LO(GARAGEKEEPERS DIR PRIM EXC B0831TR23180358M 09/01/2024 09/01/2025 GKDP EXCESS: \$625,000.00 SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) SIG MEMBER SINCE 09/24/16 30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY EMBER REQUEST & ADDITIONAL INSURED STATUS, APPLIES TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACT RIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY OCATION: STORAGE LOTS ONLY: 1620 BEARANGER RD, ATTICA, MI 48412, 1144 N CORNELL AVE, FLINT, MI 48505 CHEDULED AUTO: 99 FORD #0046; 11 DODGE #1076; 95 INT'L #3275											
CE	CERTIFICATE HOLDER CANCELLATION											
	LOSS PREVENTION SER' 601-510-2970 // LPSVEND 321 FRANKLIN ST.	•		THE ACC	EXPIRATION	I DATE THE TH THE POLIC	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.					
						T	Ann					
	NATCHEZ		MS 39120		6	1988-2010 A	CORD CORPORATION.	All righ	nts reserved			



DATE (MM/DD/YYYY) 08/28/2024

CI TH	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.											
IM	IPORTANT: If the certificate holder is	an A		FIONAL INSURED, the po								
	rms and conditions of the policy, cer ertificate holder in lieu of such endorse			ies may require an endo	rseme	ent. A stater	nent on this	certificate does not confer r	ights to the			
	DUCER				CONTAC	CT IG., INC./	RSIG - LIGH	THOUSE INSURANCE SVC	s			
	IG., INC./RSIG							03.365.0362 FAX (A/C, No): 703-30				
	RECOVERY SPECIALIST		SUR									
	GATE ELEVEN SOLUTIONS			-			. ,	DING COVERAGE	NAIC #			
	PO BOX 395 GIDDINGS TX 789	942				RA: COLONY			39993			
INSU	RED			H		RB: LLOYDS			15792			
	ER RECOVERY			4507		-			15580 15032			
	1620 BEARANGER RD				INSURE		NE INSURAN	ICE COMPANY	13032			
	ATTICA			MI 48412	INSURE							
CO	VERAGES CERT	TIFIC	ATE	NUMBER: COL9524				REVISION NUMBER: 24-2	5Colony			
	HIS IS TO CERTIFY THAT THE POLICIES (
	DICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY PE											
	XCLUSIONS AND CONDITIONS OF SUCH PO			MITS SHOWN SHOWN MAY H	IAVE B							
INSR LTR		ADDL S INSR	WVD	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMITS				
^	GENERAL LIABILITY			GAT-1000000-00		09/01/2024	09/01/2025	DAMAGE TO RENTED	000,000.00			
А	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS WRONGFUL REPO,			-		100,000.00 5,000.00			
	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,					000,000.00			
С	X CYBER LIAB - \$100,000			DRIVE-AWAY,CARGO,					000,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL L	.IMIT			PRODUCTS - COMP/OP AGG \$ 3,	000,000.00			
	X POLICY PRO- JECT LOC			EKI3537443 - CYBER				REPO IN TRANSIT \$ 1,	000,000.00			
D				570000125-05		10/24/2023	10/24/2024	, , .	000,000.00			
	ANY AUTO			COMP/COLL DED: \$1,0	000		-	BODILY INJURY (Per person) \$				
	ALL OWNED X SCHEDULED AUTOS X NON-OWNED						-	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE				
	X HIRED AUTOS X AUTOS						-	(Per accident) \$				
Α	UMBRELLA LIAB X OCCUR			GAT-1000000-00		00/01/2024	00/01/2025		000,000.00			
	X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATIO		03/01/2024	03/01/2023	φ,	C. GEN AGG			
	DED RETENTION \$						-	\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER				
		N / A					-	E.L. EACH ACCIDENT \$				
	(Mandatory in NH) If yes, describe under						-	E.L. DISEASE - EA EMPLOYEE \$				
٨	DESCRIPTION OF OPERATIONS below EMPLOYEE DISHONESTY&COMP CRIME			CAT 4000000 00		00/04/0004	00/04/0005	E.L. DISEASE - POLICY LIMIT \$				
A A	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-00 GAT-1000000-00				LIMIT: \$1,000,000.00 GKDP LIMIT: \$375,000.00				
В	GARAGEKEEPERS DIR PRIM EXC			B0831TR23180358M				GKDP EXCESS: \$625,000.0	00			
		ES (Att	ach A	CORD 101, Additional Remarks Sc				· · · · · · · · · · · · · · · · · · ·				
	IG MEMBER SINCE 09/24/16 30 DA								BY MEMBER			
	QUEST & ADDITIONAL INSURED ST IMARY LIMITS PROVIDE FULL \$3,00								Y *MEMBER			
	HOOK/CARGO/DRIVE-AWAY COVERAG											
****			. .									
	CATION: STORAGE LOTS ONLY: 16 HEDULED AUTO: 99 FORD #0046; 1					12, 1144 N C	ORNELL AV	/E, FLINT, MI 48505				
	RTIFICATE HOLDER CANCELLATION											
		_						ESCRIBED POLICIES BE CANCEL REOF, NOTICE WILL BE DE				
								Y PROVISIONS.				
	JULIE.GODDARD@ACER 9300 TECH CENTER DRIV		JELI	VERS.COM	AUTU-							
	STE 190	-			AUTHOR	RIZED REPRESE		1				
	SACRAMENTO			CA 95826			1 Jana	dean				
	l					©	1988-2010 A	CORD CORPORATION. All rig	hts reserved.			



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.											
	ERTIFICATE DOES NOT AFFIRMATIVE											
	EPRESENTATIVE OR PRODUCER, AN				CON	INACI DEI			, 40			
	PORTANT: If the certificate holder is				olicy(ie	es) must be e	ndorsed. If	SUBROGATION IS WAIVE	D, su	bject to the		
te	rms and conditions of the policy, ce	rtain	polic									
	rtificate holder in lieu of such endorse DUCER	emen	t(s).		CONTA				01/0			
PRU					CONTA NAME PHONE							
	IG., INC./RSIG							03.365.0362 FAX (A/C, No): 70	13-30	5-0636		
	RECOVERY SPECIALIS GATE ELEVEN SOLUTIONS		SUR	ANCE GROUP	ADDRE	ss: CERTIFI			1			
	PO BOX 395 GIDDINGS TX 789	142					()			NAIC #		
INSL		74Z			-	INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792						
INSC	RED				-			NITY COMPANY		15792		
	ER RECOVERY			1537						15032		
	1620 BEARANGER RD			1007	-		NE INSURAN	ICE COMPANY		15032		
	ATTICA			MI 48412	INSURER E:							
00	-	TIFIC		NUMBER: COL9530	0 REVISION NUMBER: 24-25Colony							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H						ISSUED TO T						
IN	DICATED. NOTWITHSTANDING ANY REC	UIRE	MEN	F, TERM OR CONDITION OF	ANY	CONTRACT O	R OTHER DOO	CUMENT WITH RESPECT TO	D WHI	CH THIS		
	ERTIFICATE MAY BE ISSUED OR MAY PE								_ 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 WVD POLICY NUMBER POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) LIMITS												
LIR												
А	X COMMERCIAL GENERAL LIABILITY			GAT-1000000-00 ERRORS & OMISSIONS		09/01/2024	09/01/2025	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		100,000.00		
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,						5,000.00		
	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,				MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$		000.000.00		
С	X CYBER LIAB - \$100,000			DRIVE-AWAY,CARGO,				GENERAL AGGREGATE	,	00,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL I	LIMIT			PRODUCTS - COMP/OP AGG		000,000.00		
	X POLICY PRO- JECT LOC			EKI3537443 - CYBER				REPO IN TRANSIT		000,000.00		
D						10/24/2022	10/24/2024	COMBINED SINGLE LIMIT (Ea accident)		00,000.00		
U	ANY AUTO			570000125-05 COMP/COLL DED: \$1,0	000		10/24/2024	BODILY INJURY (Per person) \$,	00,000.00		
	ALL OWNED X SCHEDULED AUTOS			COMP/COLL DED. \$1,000				BODILY INJURY (Per accident) \$				
	X HIRED AUTOS X NON-OWNED AUTOS X NON-OWNED							PROPERTY DAMAGE				
	AUTOS							(Per accident) \$				
Α	UMBRELLA LIAB X OCCUR			GAT-1000000-00		00/01/2024	00/01/2025	EACH OCCURRENCE \$	0.0	00.000.00		
	X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATION	ONS	03/01/2024	09/01/2023	AGGREGATE \$, , ,	. GEN AGG		
	DED RETENTION \$											
	WORKERS COMPENSATION							WC STATU- OTH-				
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT				
	OFFICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$				
Α	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				GKDP LIMIT: \$375,000	.00			
В	GARAGEKEEPERS DIR PRIM EXC			B0831TR23180358M				GKDP EXCESS: \$625,0		0		
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (At	ach A	CORD 101, Additional Remarks So	chedule,	if more space is	required)	· · ·				
	G MEMBER SINCE 09/24/16 30 D				-	-			-	N BY		
	MBER REQUEST & ADDITIONAL II											
	MARY LIMITS PROVIDE FULL \$3,0								' POL			
	CATION: STORAGE LOTS ONLY: HEDULED AUTO: 99 FORD #0046;					3412, 1144 N		AVE, FLINT, MI 48505				
00	1200220 A010. 991 OND #0040,	110	ODC	5L #1070, 55 INT L #52	15							
CE	RTIFICATE HOLDER				CAN	CELLATION	1					
								ESCRIBED POLICIES BE CAN				
	MID ATLANTIC FINANCE	сом	PAN	IY, INC				REOF, NOTICE WILL BE Y PROVISIONS.	. DEL	IVERED IN		
	TOMASAO@MIDFINANCE	.CO	М									
	4592 ULMERTON RD				AUTHO	RIZED REPRESE	NTATIVE					
	STE 200						T	~				
	CLEARWATER			FL 33762			1 Jana	Joan				



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.											
	IS CERTIFICATE OF INSURANCE		NOT CONSTITUTE A	CON	TRACT BE	WEEN THE	E AFFORDED BY THE P). AU	THORIZED			
	EPRESENTATIVE OR PRODUCER, AN							,,				
IN	PORTANT: If the certificate holder is	an ADD	TIONAL INSURED, the po	olicy(ie	es) must be e	ndorsed. If	SUBROGATION IS WAIVE	ED, su	bject to the			
	rms and conditions of the policy, cen prtificate holder in lieu of such endorse		cies may require an endo	orseme	ent. A state	ment on this	certificate does not con	nfer rig	ghts to the			
	DUCER	ement(s).		CONTA NAME			HTHOUSE INSURANCE	81/0	0			
							03.365.0362 FAX (A/C, No): 7					
	IG., INC./RSIG					CATES@RS		03-30	5-0030			
	RECOVERY SPECIALIS GATE ELEVEN SOLUTIONS		ANCE GROUP	ADDRE								
	PO BOX 395 GIDDINGS TX 789	42				Y INSURANCI			NAIC #			
INSU									15792			
									15580			
	ER RECOVERY		1537	integration in the second seco					15032			
	1620 BEARANGER RD		1001	-		INE INSURAN			10002			
	ATTICA		MI 48412	INSURE								
со	VERAGES CER	TIFICATE	NUMBER: COL9514	.9514 REVISION NUMBER: 24-25Colony								
Tł	HIS IS TO CERTIFY THAT THE POLICIES (OF INSUR	ANCE LISTED BELOW HAVE	BEEN	ISSUED TO T	HE INSURED	NAMED ABOVE FOR THE F	OLICY	PERIOD			
	DICATED. NOTWITHSTANDING ANY REC											
	ERTIFICATE MAY BE ISSUED OR MAY PE (CLUSIONS AND CONDITIONS OF SUCH P(LIHE	TERMS,			
INSR LTR												
LIR	GENERAL LIABILITY	Y	GAT-1000000-00			09/01/2025			00,000.00			
А			ERRORS & OMISSIONS		03/01/2024	09/01/2023	DAMAGE TO RENTED		100.000.00			
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,					\$ \$	5,000.00			
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,						000,000.00			
С	X CYBER LIAB - \$100,000		DRIVE-AWAY,CARGO,						00,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:		ON-HOOK - EACH \$1MIL	LIMIT				. ,	00,000,000			
	X POLICY PRO- JECT LOC		EKI3537443 - CYBER						000,000.00			
D	AUTOMOBILE LIABILITY	Y	570000125-05		10/24/2023	10/24/2024	COMBINED SINGLE LIMIT (Ea accident)		00,000.00			
-	ANY AUTO	•	COMP/COLL DED: \$1,000		10/2 1/2020	10/2 1/202 1		\$				
	ALL OWNED X SCHEDULED AUTOS X AUTOS						BODILY INJURY (Per accident)	\$				
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$				
							, ,	\$				
Α	UMBRELLA LIAB X OCCUR		GAT-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE	_{\$} 2,0	00,000.00			
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATION	ONS			AGGREGATE	\$ INC	. GEN AGG			
	DED RETENTION \$							\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- TORY LIMITS ER					
		N/A					E.L. EACH ACCIDENT	\$				
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$				
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$				
Α	EMPLOYEE DISHONESTY&COMP CRIME		GAT-1000000-00				LIMIT: \$1,000,000.00					
A			GAT-1000000-00				GKDP LIMIT: \$375,000		<u> </u>			
B	GARAGEKEEPERS DIR PRIM EXC	50 (Alto alto)	B0831TR23180358M				GKDP EXCESS: \$625,	000.0	0			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL											
	MBER REQUEST & ADDITIONAL IN											
	MARY LIMITS PROVIDE FULL \$3.0								ICY			
	CATION: STORAGE LOTS ONLY:	,							-			
SC	HEDULED AUTO: 99 FORD #0046;	11 DOD	GE #1076; 95 INT'L #32	75								
0												
υE	RTIFICATE HOLDER			CAN	CELLATION	N]			
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE											
	MILLENNIUM CAPITAL AN			THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL B					
	ADDITIONAL INSURED			ACC	ORDANCE WI	I H THE POLIC	Y PROVISIONS.					
	330-342-4959 / VENDORMGMT@MCRC.BIZ AUTHORIZED REPRESENTATIVE											
	388 S MAIN ST,, STE 320					T						
	AKRON		OH 44311	Danaclean								

The ACORD name and logo are registered marks of ACORD



DATE (MM/DD/YYYY) 08/28/2024

CI TH RI	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											
te	PORTANT: If the certificate holder is rms and conditions of the policy, constitution of the policy, constitution of such endors	ertain poli	cies may require an ende	olicy(ie orsem	es) must be e ent. A state	ndorsed. If ment on this	SUBROGATION IS WAIN certificate does not co	ΈD, sι onfer ri	ibject to the ights to the			
	DUCER	<u>, onnonn(o)</u>		CONTA NAME	CT IG., INC./	RSIG - LIGH	HTHOUSE INSURANC	E SVC	cs			
	IG., INC./RSIG						703.365.0362 FAX (A/C, No):					
	RECOVERY SPECIALIS	T INSUF	RANCE GROUP			CATES@RS						
	GATE ELEVEN SOLUTIONS				INS	SURER(S) AFFOR	DING COVERAGE		NAIC #			
	PO BOX 395 GIDDINGS TX 78	942		-		Y INSURANCI			39993			
INSU	RED					OF LONDON			15792			
			4507				INITY COMPANY		15580			
	ER RECOVERY 1620 BEARANGER RD		1537	INSURER D: GUIDEONE INSURANCE COMPANY 15032								
	ATTICA		MI 48412									
CO	-	TIFICATE	NUMBER: COL9506	INSURER F: BEVISION NUMBER: 24-25Colony								
-				BEEN	ISSUED TO T							
CI	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												
	GENERAL LIABILITY	Y	GAT-1000000-00				EACH OCCURRENCE	s 1,	000,000.00			
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00			
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00			
с	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,				PERSONAL & ADV INJURY		000,000.00			
C	X CYBER LIAB - \$100,000		DRIVE-AWAY,CARGO,				GENERAL AGGREGATE		000,000.00			
			ON-HOOK - EACH \$1MIL EKI3537443 - CYBER				PRODUCTS - COMP/OP AGG		000,000.00			
_	X POLICY PRO- JECT LOC				4010410000	4.0.10.4.10.00.4	COMBINED SINGLE LIMIT (Ea accident)		000,000.00			
D	ANY AUTO	Y	570000125-05	000	10/24/2023	10/24/2024	(Ea accident) BODILY INJURY (Per person)	\$1, \$	000,000.00			
	ALL OWNED AUTOS X SCHEDULED AUTOS		COMP/COLL DED: \$1,	000			BODILY INJURY (Per accident)	\$				
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$				
								\$				
Α	UMBRELLA LIAB X OCCUR		GAT-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE	_{\$} 2,	000,000.00			
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATION	ONS			AGGREGATE	\$ INC	C. GEN AGG			
	DED RETENTION \$							\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU- TORY LIMITS ER					
		N / A					E.L. EACH ACCIDENT	\$				
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE					
A	DÉSCRIPTION OF OPERATIONS below EMPLOYEE DISHONESTY&COMP CRIME		GAT-1000000-00		00/01/2024	00/01/2025	E.L. DISEASE - POLICY LIMIT LIMIT: \$1,000,000.00	\$				
Ā	GARAGEKEEPERS DIRECT PRIMARY		GAT-1000000-00				GKDP LIMIT: \$375.00	0 00				
В	GARAGEKEEPERS DIR PRIM EXC		B0831TR23180358M				GKDP EXCESS: \$625		00			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks Se	chedule,				,				
	G MEMBER SINCE 09/24/16 30 [
			,									
	MARY LIMITS PROVIDE FULL \$3, CATION: STORAGE LOTS ONLY:								LICY			
	HEDULED AUTO: 99 FORD #0046				, , , , , , , , , , , , , , , , , , , ,			,				
			-,									
CEI	RTIFICATE HOLDER			CAN	CELLATION	1			1			
	MVCONNECT LLC, OFFICERS CLIENTS & EMPLOYEES 847-789-8825 / VENDORMANAGEMENT@MVTRAC.COM											
	2000 PROGRESS PARKV	VAY		AUTHO	RIZED REPRESE	NTATIVE						
	STE 800					T	2-					
	SCHAUMBURG		IL 60173	1 madran								

The ACORD name and logo are registered marks of ACORD



DATE (MM/DD/YYYY) 08/28/2024

CI	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												
	IS CERTIFICATE OF INSURANCE			CON	IRACI BE	IWEEN IHE	ISSUING INSURER(S	i), AU	THORIZED				
	PORTANT: If the certificate holder is			olicy(ie	s) must he e	ndorsed If	SUBROGATION IS WAIVE	=D su	hiect to the				
te	rms and conditions of the policy, ce	rtain poli											
	rtificate holder in lieu of such endors	ement(s).		CONTA NAME				- 01/0	<u> </u>				
FNU													
	IG., INC./RSIG						03.365.0362 FAX (A/C, No): 7	03-30	5-0636				
	RECOVERY SPECIALIS	T INSUF	RANCE GROUP	ĀDDRĒ		CATES@RS							
	GATE ELEVEN SOLUTIONS					()	DING COVERAGE		NAIC #				
	PO BOX 395 GIDDINGS TX 789	942				Y INSURANCI			39993				
INSU	RED					OF LONDON			15792				
			4 5 6 7	INSURE	RC: SCOTTS	SDALE INDEN	INITY COMPANY		15580				
	ER RECOVERY		1537	INSURE	R D: GUIDEC	NE INSURAN	ICE COMPANY		15032				
	1620 BEARANGER RD		NII 40440	INSURE	R E:								
	ATTICA		MI 48412	INSURE	R F:								
-			NUMBER: COL9518				REVISION NUMBER:		Colony				
	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REC												
CI	ERTIFICATE MAY BE ISSUED OR MAY PI	ERTAIN, ⁻	THE INSURANCE AFFORDED	О ВҮ Т	HE POLICIES	DESCRIBED H	IEREIN IS SUBJECT TO AL						
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSURANCE ADDL ISUBR INSR POLICY NUMBER POLICY EFF (MM/DD/YYYY) POLICY POLICY EFF (MM/DD/YYYY) LIMITS													
LIK													
А	X COMMERCIAL GENERAL LIABILITY		GAT-1000000-00 ERRORS & OMISSIONS		09/01/2024	09/01/2025	DAMAGE TO RENTED		100,000.00				
А									· · · · · · · · · · · · · · · · · · ·				
	CLAIMS-MADE X OCCUR		WRONGFUL REPO, REPOSSESSED AUTO.					\$	<u>5,000.00</u> 000,000.00				
С			DRIVE-AWAY,CARGO,						00,000.00				
	X CYBER LIAB - \$100,000		ON-HOOK - EACH \$1MIL					. ,	,				
	GEN'L AGGREGATE LIMIT APPLIES PER:		EKI3537443 - CYBER						00,000.00				
	X POLICY PRO- JECT LOC								00,000.00				
D					10/24/2023	10/24/2024	()		00,000.00				
			COMP/COLL DED: \$1,	000			BODILY INJURY (Per person)	\$					
	ALL OWNED X SCHEDULED AUTOS X NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$					
	X HIRED AUTOS X NON-OWNED AUTOS						(Per accident)	\$					
								\$					
А	UMBRELLA LIAB X OCCUR		GAT-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE	_{\$} 2,0	00,000.00				
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATION	ONS			AGGREGATE	\$ INC	. GEN AGG				
	DED RETENTION \$							\$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- TORY LIMITS ER						
		N / A					E.L. EACH ACCIDENT	\$					
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$					
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$					
А	EMPLOYEE DISHONESTY&COMP CRIME		GAT-1000000-00		09/01/2024	09/01/2025	LIMIT: \$1,000,000.00						
А	GARAGEKEEPERS DIRECT PRIMARY		GAT-1000000-00		09/01/2024	09/01/2025	GKDP LIMIT: \$375,000	0.00					
В	GARAGEKEEPERS DIR PRIM EXC		B0831TR23180358M		09/01/2024	09/01/2025	GKDP EXCESS: \$625	,000.0	0				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attach A	CORD 101, Additional Remarks So	chedule,	if more space is	required)							
RS	G MEMBER SINCE 09/24/16 30 D	AY CAN	CELLATION NOTICE E	XCEP	T IN CASES	S OF NON-P	AYMENT OR CANCEL	LATIC	N BY				
	MBER REQUEST & ADDITIONAL I												
	MARY LIMITS PROVIDE FULL \$3,0							Y POL	ICY				
	CATION: STORAGE LOTS ONLY:				3412, 1144 N	N CORNELL	AVE, FLINT, MI 48505						
SC	HEDULED AUTO: 99 FORD #0046;	11 DOD	GE #1076; 95 INT'L #32	75									
0	RTIFICATE HOLDER			CAN	CELLATION	1							
				UAN	JELLAHU	•]				
				SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCELL	ED BEFORE				
		SERVIC		THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL B						
	NATIONAL AUTOMOTIVE SERVICE TASK FORCE VEHICLE SECURITY PROFESSIONAL REG												
	917-581-3572 / COI@NAS	-	-	AUTIO									
	4501 HARLAN ST			AUTHO	RIZED REPRESE	NIAIIVE	1						
	WHEAT RIDGE		CO 80033			Dana	dan.						
						~ jula	~ End o						

The ACORD name and logo are registered marks of ACORD



DATE (MM/DD/YYYY) 08/28/2024

CI TH RI	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											
te	PORTANT: If the certificate holder is rms and conditions of the policy, ce rtificate holder in lieu of such endorse	rtain polio	TIONAL INSURED, the po cies may require an endo	olicy(ie orseme	es) must be e ent. A state	ndorsed. If ment on this	SUBROGATION IS WAIV certificate does not co	ED, su nfer r	ubject to the ights to the			
	IG., INC./RSIG			CONTA NAME PHONE			THOUSE INSURANC					
	RECOVERY SPECIALIS	T INSUR	ANCE GROUP		ss: CERTIFI							
	GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 789	942		INSURE		()	DING COVERAGE		NAIC #			
INSU	RED			INSURE	R B: LLOYDS	OF LONDON	١		15792			
				INSURE	RC: SCOTTS	DALE INDEN	INITY COMPANY		15580			
	ER RECOVERY 1620 BEARANGER RD		1537						15032			
	ATTICA		MI 48412									
CO	_	TIFICATE	NUMBER: COL9519	INSURER F: 19 REVISION NUMBER: 24-25Colony								
	IS IS TO CERTIFY THAT THE POLICIES			BEEN	ISSUED TO T							
CE	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 SUBR INSR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
	GENERAL LIABILITY	Y	GAT-1000000-00				EACH OCCURRENCE	\$1,	,000,000.00			
А	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00			
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00			
С			REPOSSESSED AUTO, DRIVE-AWAY,CARGO,				PERSONAL & ADV INJURY	,	000,000.00			
	X CYBER LIAB - \$100,000		ON-HOOK - EACH \$1MIL	і іміт			GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		,000,000.00			
	X POLICY PRO- JECT LOC		EKI3537443 - CYBER				REPO IN TRANSIT		000,000.00			
D	AUTOMOBILE LIABILITY	Y	570000125-05		10/24/2023	10/24/2024	COMBINED SINGLE LIMIT (Ea accident)		,000,000.00			
U	ANY AUTO	•	COMP/COLL DED: \$1,		10/24/2024	BODILY INJURY (Per person)	\$,				
	ALL OWNED X SCHEDULED AUTOS			,000		BODILY INJURY (Per accident)	\$					
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$				
								\$				
A	UMBRELLA LIAB X OCCUR Y EXCESS LIAB CLAIMS MADE		GAT-1000000-00 SEE DESC. OF OPERATION		09/01/2024	09/01/2025	EACH OCCURRENCE	φ <i>γ</i>	000,000.00			
	X CLAINIS-MADE		SEE DESC. OF OPERATION	UNS			AGGREGATE	÷	C. GEN AGG			
	DED RETENTION \$						WC STATU- OTH- TORY LIMITS ER	\$				
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$				
	(Mandatory in NH)	N / A					E.L. DISEASE - EA EMPLOYEE	-				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT					
А	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				GKDP LIMIT: \$375,00					
B	GARAGEKEEPERS DIR PRIM EXC RIPTION OF OPERATIONS / LOCATIONS / VEHICL		B0831TR23180358M				GKDP EXCESS: \$625	,000.0	00			
	G MEMBER SINCE 09/24/16 30 D						AVMENT OR CANCEL	ι Δτιά				
	MBER REQUEST & ADDITIONAL II											
	MARY LIMITS PROVIDE FULL \$3,0	,							LICY			
	CATION: STORAGE LOTS ONLY: HEDULED AUTO: 99 FORD #0046;				8412, 1144 N	CORNELL	AVE, FLINT, MI 48505					
30	1EDULED AUTO. 99 FORD #0046,		3E #1076, 95 INT L #32	15								
CE	ERTIFICATE HOLDER CANCELLATION											
	PATRICK K WILLIS COMPANY INC DBA AMERICAN RECOVERY SERVICES & SKIPBUSTERS											
	877-385-3068 / OSA.INSU	-		AUTHO	RIZED REPRESE	NTATIVE						
	5118 ROBERT J MATHEW	IS PKWY	, CA 95762			Dana	down.					



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.											
Т	HIS CERTIFICATE OF INSURANCI	E DOES	NOT CONSTITUTE A									
	EPRESENTATIVE OR PRODUCER, AN											
te	IPORTANT: If the certificate holder is rms and conditions of the policy, ce	rtain poli	cies may require an ende									
	ertificate holder in lieu of such endors DUCER	ement(s).		CONTA				0.00				
PRU				CONTA NAME PHONE								
	IG., INC./RSIG						03.365.0362 FAX (A/C, No): 7	03-36	5-0636			
		TINSUF	RANCE GROUP	ADDRE	ss: CERTIFI							
	GATE ELEVEN SOLUTIONS	240				()			NAIC #			
	PO BOX 395 GIDDINGS TX 78	942		-	RA: COLON				39993			
INSU	RED			-	R B: LLOYDS				15792			
			1537						15580			
	ER RECOVERY 1620 BEARANGER RD		1537	INSURE	R D: GUIDEC	NE INSURAN	ICE COMPANY		15032			
	ATTICA		MI 48412	INSURE								
	-		NUMBER: COL9510	INSURE	R F:			04.05	Calany			
-	HIS IS TO CERTIFY THAT THE POLICIES							-				
	DICATED. NOTWITHSTANDING ANY RE											
	ERTIFICATE MAY BE ISSUED OR MAY P							L THE	TERMS,			
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR POLICY EFF POLICY EFF POLICY EXP												
LTR	NSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY EFF (MM/DD/YYYY) LIMITS											
		Y	GAT-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE S		000,000.00			
А	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence)	6	100,000.00			
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,				(, , , ,	5	5,000.00			
С			REPOSSESSED AUTO,						00,000.00			
Ŭ	X CYBER LIAB - \$100,000		DRIVE-AWAY,CARGO,					, ,	000,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:		ON-HOOK - EACH \$1MIL				PRODUCTS - COMP/OP AGG	,	000,000.00			
	X POLICY PRO- JECT LOC		EKI3537443 - CYBER				REPO IN TRANSIT		00,000.00			
D		Y	570000125-05		10/24/2023	10/24/2024	COMBINED SINGLE LIMIT (Ea accident)		000,000.00			
	ANY AUTO		COMP/COLL DED: \$1,			BODILY INJURY (Per person)	-					
	AUTOS AUTOS						BODILY INJURY (Per accident) S PROPERTY DAMAGE	5				
	X HIRED AUTOS X NON-OWNED AUTOS						(Per accident)	6				
							5					
А	UMBRELLA LIAB X OCCUR		GAT-1000000-00	0.110	09/01/2024	09/01/2025	EACH OCCURRENCE 5	· · · ·	000,000.00			
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATION	ONS			AGGREGATE	§ INC	. GEN AGG			
	DED RETENTION \$							6				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU- TORY LIMITS ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A						6				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE					
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	5				
A			GAT-1000000-00				LIMIT: \$1,000,000.00					
A	GARAGEKEEPERS DIRECT PRIMARY GARAGEKEEPERS DIR PRIM EXC		GAT-1000000-00				GKDP LIMIT: \$375,000		<u> </u>			
B	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attach /	B0831TR23180358M	abadula			GKDP EXCESS: \$625,	000.0	0			
	IG MEMBER SINCE 09/24/16 30 E	•		,	•	• •	AVMENT OR CANCELL	ΔΤΙΟ				
	MBER REQUEST & ADDITIONAL I											
	IMARY LIMITS PROVIDE FULL \$3,		-						ICY			
LO	CATION: STORAGE LOTS ONLY:	1620 BE	ARANGER RD, ATTICA,	, MI 48								
SC	HEDULED AUTO: 99 FORD #0046;	11 DOD	GE #1076; 95 INT'L #32	75								
<u> </u>												
CE	ERTIFICATE HOLDER CANCELLATION											
							ESCRIBED POLICIES BE CA					
	PRIMERITUS FIN SVCS II		SUBSIDIARIES				Y PROVISIONS.					
	AS LISTED IN CONTRAC											
		-	ERITUS.COM	AUTHO	RIZED REPRESE	NTATIVE						
	100 CENTERVIEW DR., S	IE 325				D	Ann					
	NASHVILLE		TN 37214			K VIIA	noan					



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.											
te	PORTANT: If the certificate holder is rms and conditions of the policy, ce rtificate holder in lieu of such endors	rtain pol	licies may require an endo								
	IG., INC./RSIG RECOVERY SPECIALIS GATE ELEVEN SOLUTIONS		-		_{b, Ext):} 703-36 ss: CERTIFIC	5-0199//LH7 CATES@RS		703-365-0636			
INSU	PO BOX 395 GIDDINGS TX 78	942			RA: COLONY	INSURANCI		NAIC # 39993			
INSU			4507	INSURE		DALE INDEM	INITY COMPANY	15792 15580			
	1620 BEARANGER RD			INSURE		NE INSURAN	ICE COMPANY	15032			
	ATTICA		-	INSURER F:							
			E NUMBER: COL9517				REVISION NUMBER:	24-25Colony			
IN Cl	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											
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		GAT-1000000-00 ERRORS & OMISSIONS			09/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000.00 \$ 100,000.00			
	CLAIMS-MADE X OCCUR		WRONGFUL REPO, REPOSSESSED AUTO,				MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 5,000.00 \$ 1,000,000.00			
С	X CYBER LIAB - \$100,000		DRIVE-AWAY,CARGO,			-	GENERAL AGGREGATE	\$ 5,000,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:		ON-HOOK - EACH \$1MIL L	IMIT			PRODUCTS - COMP/OP AGG	\$ 3,000,000.00			
	X POLICY PRO- JECT LOC		EKI3537443 - CYBER					\$ 1,000,000.00			
D			570000125-05		10/24/2023	10/24/2024		\$ 1,000,000.00			
	ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS		COMP/COLL DED: \$1,0	000			BODILY INJURY (Per person)	\$			
	AUTOS A X HIRED AUTOS X HIRED AUTOS					-	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$\$			
	AUTOS AUTOS					-	(Per accident)	\$			
Α	UMBRELLA LIAB X OCCUR		GAT-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE	\$ 2,000,000.00			
	X EXCESS LIAB CLAIMS-MADE	_	SEE DESC. OF OPERATIO				AGGREGATE	\$ INC. GEN AGG			
	DED RETENTION \$ WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER	\$			
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE					-	E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED?	N / A					E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below					-	E.L. DISEASE - POLICY LIMIT				
А	EMPLOYEE DISHONESTY&COMP CRIME		GAT-1000000-00				LIMIT: \$1,000,000.00				
A	GARAGEKEEPERS DIRECT PRIMARY		GAT-1000000-00				GKDP LIMIT: \$375,00				
B	GARAGEKEEPERS DIR PRIM EXC RIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES /Attack	B0831TR23180358M				GKDP EXCESS: \$625	,000.00			
RS ME PR LO	G MEMBER SINCE 09/24/16 30 E MBER REQUEST & ADDITIONAL I MARY LIMITS PROVIDE FULL \$3, CATION: STORAGE LOTS ONLY: HEDULED AUTO: 99 FORD #0046;	DAY CAN NSUREI 000,000 1620 BE	NCELLATION NOTICE EX D STATUS, APPLIES TO LIMIT WITH A \$5,000,00 EARANGER RD, ATTICA,	XCEP THE (0 AG(MI 48	T IN CASES CERT HOLD G IN LIEU O	OF NON-P DER AS REC F A SEPAR	Q BY WRITTEN CONTR ATE EXCESS LIABILIT	RACT Y POLICY			
CE	RTIFICATE HOLDER			CANO	CELLATION	1					
	PRO FOUND RECOVERY SOLUTIONS, INC & ITS CLIENTS PRO FOUND RECOVERY SOLUTIONS, INC & ITS CLIENTS										
	916-485-5577 / ADMIN@F 11618 FAIR OAKS BLVD.		INDRS.COM								
	STE 101					T	1				
	FAIR OAKS		CA 95628	Danactoan							

The ACORD name and logo are registered marks of ACORD



DATE (MM/DD/YYYY) 08/28/2024

CI TH	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.											
te	PORTANT: If the certificate holder is rms and conditions of the policy, ce rtificate holder in lieu of such endorse	rtain pol	licies may require an endo									
	IG., INC./RSIG RECOVERY SPECIALIS				_{p, Ext):} 703-36 ss: CERTIFI	5-0199//LH7 CATES@RS			5-0636			
INSU	GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 785	942			RA: COLONY	INSURANCI			NAIC # 39993			
11130	ER RECOVERY		1537	INSURE		DALE INDEM	INITY COMPANY		15792 15580 15032			
	1620 BEARANGER RD ATTICA		MI 48412	INSURE	RE:				15052			
<u> </u>		TIFICATI	E NUMBER: COL9502	02 REVISION NUMBER: 24-25Colony								
				REEN								
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	SR IR ADDL SUBR POLICY NUMBER POLICY EFF POLICY EXP LIMITS											
Image: Index of the of insorance Insr wyd Policy Number (MM/DD/YYYY) (MM/DD/YYYY) GENERAL LIABILITY GAT-1000000-00 09/01/2024 09/01/2025 Each occurrent damage to represent to repres									000,000.00			
	CLAIMS-MADE X OCCUR		WRONGFUL REPO, REPOSSESSED AUTO,				MED EXP (Any one person) PERSONAL & ADV INJURY	\$	5,000.00 000,000.00			
С	X CYBER LIAB - \$100,000		DRIVE-AWAY,CARGO,			-	GENERAL AGGREGATE		000,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:		ON-HOOK - EACH \$1MIL I	IMIT		-	PRODUCTS - COMP/OP AGG		00,000.00			
	X POLICY PRO- JECT LOC		EKI3537443 - CYBER			-	REPO IN TRANSIT		00,000.00			
D			570000125-05		10/24/2022	10/24/2024	COMBINED SINGLE LIMIT		00,000.00			
U	ANY AUTO		COMP/COLL DED: \$1,0	000	10/24/2023	10/24/2024	BODILY INJURY (Per person)	\$ 1,C	00,000.00			
	ALL OWNED AUTOS X SCHEDULED AUTOS		COMP/COLL DED. \$1,	000		-	BODILY INJURY (Per accident)	\$				
	X HIRED AUTOS X AUTOS X HIRED AUTOS X AUTOS					-	PROPERTY DAMAGE	\$				
	AUTOS					-	(Per accident)	» Տ				
۸	UMBRELLA LIAB X OCCUR		GAT-1000000-00		00/04/2024	00/04/2025	EACH OCCURRENCE	0.0	00.000.00			
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIO	ONS	09/01/2024	09/01/2025	AGGREGATE	φ ,	C. GEN AGG			
	DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	\$				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A					E.L. EACH ACCIDENT	\$				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$				
A A B	EMPLOYEE DISHONESTY&COMP CRIME GARAGEKEEPERS DIRECT PRIMARY GARAGEKEEPERS DIR PRIM EXC		GAT-1000000-00 GAT-1000000-00 B0831TR23180358M		09/01/2024 09/01/2024	09/01/2025 09/01/2025	LIMIT: \$1,000,000.00 GKDP LIMIT: \$375,00 GKDP EXCESS: \$625		0			
RSI ME PRI LO(GARAGEKEEPERS DIR PRIM EXC B0831TR23180358M 09/01/2024 09/01/2025 GKDP EXCESS: \$625,000.00 SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) SIG MEMBER SINCE 09/24/16 30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY EMBER REQUEST & ADDITIONAL INSURED STATUS, APPLIES TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACT RIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY OCATION: STORAGE LOTS ONLY: 1620 BEARANGER RD, ATTICA, MI 48412, 1144 N CORNELL AVE, FLINT, MI 48505 CHEDULED AUTO: 99 FORD #0046; 11 DODGE #1076; 95 INT'L #3275											
~				0.0.0								
	PROOF OF INSURANCE ER RECOVERY			SHO THE	EXPIRATION	THE ABOVE DI I DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.					
	810-969-4888 // CAMERON	_ROXAN	NE@HOTMAIL.COM	AUTHO	RIZED REPRESEI	NTATIVE						
	1620 BEARANGER RD					T						
	ATTICA		MI 48412	Danactoan								

The ACORD name and logo are registered marks of ACORD



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											
	ERTIFICATE DOES NOT AFFIRMATIVE											
					CON	TRACT BET	WEEN THE	E ISSUING INSURER(S), AU	ITHORIZED		
	EPRESENTATIVE OR PRODUCER, AN											
te	IPORTANT: If the certificate holder is rms and conditions of the policy, ce	rtain	polic									
	ertificate holder in lieu of such endorse DUCER	emen	t(s).		CONTA				- 01/0			
PRU												
	IG., INC./RSIG							703.365.0362 FAX (A/C, No): 7	03-36	5-0636		
	RECOVERY SPECIALIS	t ins	SUR	ANCE GROUP	ADDRE	SS: CERTIFI	CATES@RS	SIG.COM				
	GATE ELEVEN SOLUTIONS					INS	URER(S) AFFOR	DING COVERAGE		NAIC #		
	PO BOX 395 GIDDINGS TX 789	942			INSURE	RA: COLON	/ INSURANC	E COMPANY		39993		
INSU	IRED				INSURE	ER B: LLOYDS	OF LONDON	1		15792		
					INSURE	R C: SCOTTS	DALE INDEM	INITY COMPANY		15580		
	ER RECOVERY			1537	INSURE	R D: GUIDEO	NE INSURAN	ICE COMPANY		15032		
	1620 BEARANGER RD				INSURE	ER E:						
	ATTICA			MI 48412	INSURER F:							
со	VERAGES CER	TIFIC	ATE	NUMBER: COL9525								
Т	HIS IS TO CERTIFY THAT THE POLICIES	OF IN	SURA	NCE LISTED BELOW HAVE	BEEN	ISSUED TO T	HE INSURED	NAMED ABOVE FOR THE F	OLICY	PERIOD		
С	IDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PE	ERTAI	N, T	HE INSURANCE AFFORDED	О ВҮ Т	HE POLICIES	DESCRIBED H	IEREIN IS SUBJECT TO AL				
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR POLICY EFF POLICY EFF POLICY EFF POLICY EXP												
INSR LTR												
				GAT-1000000-00		09/01/2024	09/01/2025			00,000.00		
А	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00		
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00		
~	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,				PERSONAL & ADV INJURY	\$1,0	00,000.00		
С	X CYBER LIAB - \$100,000			DRIVE-AWAY,CARGO,				GENERAL AGGREGATE	\$ 5,0	00,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL	LIMIT			PRODUCTS - COMP/OP AGG	\$ 3,0	00,000.00		
	X POLICY PRO- JECT LOC			EKI3537443 - CYBER					\$ 1,0	00,000.00		
D	AUTOMOBILE LIABILITY			570000125-05		10/24/2023	10/24/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,0	00.000,000		
	ANY AUTO			COMP/COLL DED: \$1,0	000	10/2 1/2020	10/21/2021		\$,		
	ALL OWNED X SCHEDULED AUTOS X AUTOS				000			BODILY INJURY (Per accident)	\$			
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE	\$			
	AUTOS							(i oi dooidoint)	φ \$			
•	UMBRELLA LIAB X OCCUR			CAT 4000000 00		00/04/0004	00/04/2025			00.000.000		
Α				GAT-1000000-00 SEE DESC. OF OPERATION	วพร	09/01/2024	09/01/2025		ý ,	C. GEN AGG		
				SEE DESC. OF OF ERATIO					<u> </u>	. GEN AGG		
	DED RETENTION \$								\$			
	AND EMPLOYERS' LIABILITY Y / N							WC STATU- TORY LIMITS ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
А	EMPLOYEE DISHONESTY&COMP CRIME			GAT-1000000-00				LIMIT: \$1,000,000.00				
Α	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-00				GKDP LIMIT: \$375,000				
В	GARAGEKEEPERS DIR PRIM EXC			B0831TR23180358M				GKDP EXCESS: \$625,	000.0	0		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL											
	IG MEMBER SINCE 09/24/16 30 D									ON BY		
	MBER REQUEST & ADDITIONAL II											
	IMARY LIMITS PROVIDE FULL \$3,0								Y POL	LICY		
						041Z, 1144 N		AVE, FLINT, IVIT 40000				
30	HEDULED AUTO: 99 FORD #0046;	טוו		5 H 1070, 93 INT L #32	10							
CE	RTIFICATE HOLDER				CAN	CELLATION	1					
_												
								ESCRIBED POLICIES BE CA				
	REDSHIFT INVESTIGATIO	N IN	IC					REOF, NOTICE WILL B	E DEL	IVERED IN		
	REDSHIFTVM@REDSHIF		-	M	ACC	ORDANCE WI		Y PROVISIONS.				
	3941 PARK DRIVE					RIZED REPRESE	NTATIVE					
					40100	NILLU NLYKEJE		1				
	#20-613 EL DORADO HILLS CA 95762											



DATE (MM/DD/YYYY) 08/28/2024

CI TH	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										
IM	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 CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS										
	IG., INC./RSIG		-				03.365.0362 FAX (A/C, No): 7				
	RECOVERY SPECIALIST		ANCE GROUP								
	GATE ELEVEN SOLUTIONS		_	INSURER(S) AFFORDING COVERAGE NAIC							
	PO BOX 395 GIDDINGS TX 789	42							39993		
INSU	IRED		-			OF LONDON			15792		
			1537						15580		
	ER RECOVERY 1620 BEARANGER RD		1557			NE INSURAN	ICE COMPANY		15032		
	ATTICA		MI 48412	INSURE							
CO	-	TIFICATE	NUMBER: COL9526	INSURE	KF:		REVISION NUMBER:	24-25	I		
-	HIS IS TO CERTIFY THAT THE POLICIES (BEEN	ISSUED TO T			-			
	IDICATED. NOTWITHSTANDING ANY REQ										
	ERTIFICATE MAY BE ISSUED OR MAY PE XCLUSIONS AND CONDITIONS OF SUCH PO				EEN REDUCE	D BY PAID CLA		18	I LINIVIO,		
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	8			
	GENERAL LIABILITY		GAT-1000000-00			09/01/2025		\$ 1,0	00,000.00		
А	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00		
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00		
с	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,				PERSONAL & ADV INJURY		00,000.00		
	X CYBER LIAB - \$100,000		DRIVE-AWAY,CARGO,				GENERAL AGGREGATE	. ,	00,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:		ON-HOOK - EACH \$1MIL I				PRODUCTS - COMP/OP AGG		00,000.00		
_	X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY LOC LOC <td></td> <td>EKI3537443 - CYBER</td> <td></td> <td></td> <td></td> <td>COMBINED SINGLE LIMIT</td> <td></td> <td>00,000.00</td>		EKI3537443 - CYBER				COMBINED SINGLE LIMIT		00,000.00		
D			570000125-05		10/24/2023	10/24/2024		<u>\$ 1,0</u> \$	00,000.00		
	ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS		COMP/COLL DED: \$1,0	,000			,	\$ \$			
	X HIRED AUTOS X AUTOS X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE	\$			
							(i oi dooldoint)	\$			
Α	UMBRELLA LIAB X OCCUR		GAT-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE	s 2,0	00,000.00		
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIO	ONS			AGGREGATE	\$ INC	. GEN AGG		
	DED RETENTION \$							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU- TORY LIMITS ER				
		N / A					E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$			
•	DESCRIPTION OF OPERATIONS below		0 AT 4000000 00		00/04/0004	00/04/0005	E.L. DISEASE - POLICY LIMIT	\$			
A A	EMPLOYEE DISHONESTY&COMP CRIME GARAGEKEEPERS DIRECT PRIMARY		GAT-1000000-00 GAT-1000000-00				LIMIT: \$1,000,000.00				
В	GARAGEKEEPERS DIR PRIM EXC		B0831TR23180358M		09/01/2024 09/01/2025 GKDP LIMIT: \$375,000.00 09/01/2024 09/01/2025 GKDP EXCESS: \$625,000				0		
	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (Attach A						,000.0	•		
	IG MEMBER SINCE 09/24/16 30 D								N BY		
	MBER REQUEST & ADDITIONAL IN										
	IMARY LIMITS PROVIDE FULL \$3,0 CATION: STORAGE LOTS ONLY: 1										
	HEDULED AUTO: 99 FORD #0046;				·+ 12, 11++1		/// E, I EINT, MI 40000				
	,		,								
CEI	RTIFICATE HOLDER			CANC	ELLATION	1					
				SHO	ULD ANY OF 1	THE ABOVE D	ESCRIBED POLICIES BE CA		ED BEFORE		
	RESOLUTION MANAGEMI			THE	EXPIRATION	I DATE THE	REOF, NOTICE WILL B				
	888-717-7376 / COI@RMG	-		ACC	ORDANCE WI	IN THE POLIC	Y PROVISIONS.				
	201 E. MAIN STREET			AUTHOR	RIZED REPRESE	NTATIVE					
	STE 220					T	~				
	MURFREESBORO		TN 37130			Dana	Olan				
	© 1988-2010 ACORD CORPORATION. All rights reserved.										



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).										
	DUCER				CONTA NAME	CT IG., INC./	RSIG - LIGH	HTHOUSE INSURANCE	SVCS	
	IG., INC./RSIG					703.365.0362 FAX (A/C, No): 70				
	RECOVERY SPECIALIS	T INS	SUR	ANCE GROUP	ADDRESS: CERTIFICATES@RSIG.COM					
	GATE ELEVEN SOLUTIONS				INSURER(S) AFFORDING COVERAGE NAIC #					
	PO BOX 395 GIDDINGS TX 789	942			INSURER A: COLONY INSURANCE COMPANY 39993					
INSU	RED		-	R B: LLOYDS		NITY COMPANY	15792 15580			
	ER RECOVERY			1537					15032	
	1620 BEARANGER RD				INSURE				10002	
	ATTICA			MI 48412	INSURE					
-				NUMBER: COL9503					4-25Colony	
IN CI E)	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 S INSR \	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY	Y		GAT-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE \$	1,000,000.00	
A	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000.00	
	CLAIMS-MADE X OCCUR			WRONGFUL REPO, REPOSSESSED AUTO,				MED EXP (Any one person) \$	5,000.00	
С	X CYBER LIAB - \$100,000			DRIVE-AWAY,CARGO,				PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$	1,000,000.00 5,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL I	LIMIT			GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	3,000,000.00	
	X POLICY PRO- JECT LOC			EKI3537443 - CYBER				REPO IN TRANSIT \$	1,000,000.00	
D	AUTOMOBILE LIABILITY	Y		570000125-05		10/24/2023	10/24/2024	COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000.00	
	ANY AUTO	-		COMP/COLL DED: \$1,0	000			BODILY INJURY (Per person) \$		
	ALL OWNED X SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$		
							/	\$	2 000 000 00	
A				GAT-1000000-00 SEE DESC. OF OPERATION	SNC	09/01/2024	09/01/2025	EACH OCCURRENCE \$	2,000,000.00 INC. GEN AGG	
	X CEANVIS-WADE			SEE DESC. OF OFENAND	5113			AGGREGATE \$	INC. GEN AGG	
	DED RETENTION \$ WORKERS COMPENSATION							\$ WC STATU-OTH- TORY LIMITSER		
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$		
	OFFICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
А	EMPLOYEE DISHONESTY&COMP CRIME			GAT-1000000-00				LIMIT: \$1,000,000.00		
A	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-00				GKDP LIMIT: \$375,000.0		
B	GARAGEKEEPERS DIR PRIM EXC RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES /A#		B0831TR23180358M	hedule			GKDP EXCESS: \$625,0	00.00	
	G MEMBER SINCE 09/24/16 30 D							AYMENT OR CANCELLA	ATION BY	
	MBER REQUEST & ADDITIONAL II									
	MARY LIMITS PROVIDE FULL \$3,0								POLICY	
	CATION: STORAGE LOTS ONLY: HEDULED AUTO: 99 FORD #0046;					3412, 1144 N	I CORNELL	AVE, FLINT, MI 48505		
00		110	000	$= \pi 1070, 30 \text{ INT L #32}$						
CE	RTIFICATE HOLDER				CAN	CELLATION	1			
	RESOLVION 704-935-5702 // VENDORM	GT@F	RESC	DLVION.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	2177 SALK AVENUE SUITE 200				AUTHO	RIZED REPRESE	NTATIVE	1		
	CARLSBAD			CA 92008	madican					

The ACORD name and logo are registered marks of ACORD



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).									
	IG., INC./RSIG RECOVERY SPECIALIS GATE ELEVEN SOLUTIONS		ANCE GROUP	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 #					
INSU	PO BOX 395 GIDDINGS TX 789	942		INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792					
	ER RECOVERY		1537	INSURE	R C: SCOTTS	15580			
	1620 BEARANGER RD ATTICA		MI 48412	INSURE	RE:	NE INSURAN	ICE COMPANY	15052	
			-	INSURE	R F:				
			NUMBER: COL9511				REVISION NUMBER:	24-25Colony	
IN Cl	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PI KCLUSIONS AND CONDITIONS OF SUCH P	QUIREMEN ERTAIN,	T, TERM OR CONDITION OF	= ANY D BY T	CONTRACT OI HE POLICIES	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT	TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		GAT-1000000-00 ERRORS & OMISSIONS			09/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000.00 \$ 100,000.00	
	CLAIMS-MADE X OCCUR		WRONGFUL REPO, REPOSSESSED AUTO,				MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 5,000.00 \$ 1,000,000.00	
С	X CYBER LIAB - \$100,000		DRIVE-AWAY,CARGO,				GENERAL AGGREGATE	\$ 5,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC		ON-HOOK - EACH \$1MIL I EKI3537443 - CYBER	LIMII			PRODUCTS - COMP/OP AGG	\$ 3,000,000.00 \$ 1,000,000.00	
D			570000125-05		10/24/2023	10/24/2024	COMBINED SINGLE LIMIT	\$ 1,000,000.00	
	ANY AUTO ALL OWNED AUTOS X		COMP/COLL DED: \$1,0	000			BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	\$\$	
	X HIRED AUTOS X NON-OWNED AUTOS						(Per accident)	\$ \$	
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE		GAT-1000000-00 SEE DESC. OF OPERATIO	ONS	09/01/2024	09/01/2025	EACH OCCURRENCE AGGREGATE	\$ 2,000,000.00 \$ INC. GEN AGG	
	DED RETENTION \$						WC STATU- OTH- TORY LIMITS ER	\$	
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE		
^	DÉSCRIPTION OF OPERATIONS below EMPLOYEE DISHONESTY&COMP CRIME		CAT 1000000 00		00/01/2024	00/01/2025	E.L. DISEASE - POLICY LIMIT	\$	
A A B	GARAGEKEEPERS DIRECT PRIMARY GARAGEKEEPERS DIR PRIM EXC		GAT-1000000-00 GAT-1000000-00 B0831TR23180358M		09/01/2024	09/01/2025	LIMIT: \$1,000,000.00 GKDP LIMIT: \$375,00 GKDP EXCESS: \$625		
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									
CE	RTIFICATE HOLDER			CAN	CELLATION				
	RISC LLC 813-423-6618 / RENEWAL	<u> </u>		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	6302 E. DR MARTIN LUTH SUITE #450	IER KING	G JR. BLVD	AUTHO	RIZED REPRESEI	NTATIVE	1		
	TAMPA	FL 33619	Danadoan						

The ACORD name and logo are registered marks of ACORD



DATE (MM/DD/YYYY) 08/28/2024

CE TH RE	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).										
	UCER	emen	u(s).		CONTAC NAME			HTHOUSE INSURANC		\$
	IG., INC./RSIG							03.365.0362 FAX (A/C, No):		
	RECOVERY SPECIALIS						CATES@RS			
	GATE ELEVEN SOLUTIONS							DING COVERAGE		NAIC #
	PO BOX 395 GIDDINGS TX 78		INSURF	39993						
INSUF	RED				INSURER A: COLONY INSURANCE COMPANY INSURER B: LLOYDS OF LONDON					15792
					INSURER C: SCOTTSDALE INDEMNITY COMPANY					15580
	ER RECOVERY			1537				ICE COMPANY		15032
	1620 BEARANGER RD				INSURE	R E:				
	ATTICA		MI		INSURE	R F:				
-				IMBER: COL9522				REVISION NUMBER:		iColony
	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REC									
	RTIFICATE MAY BE ISSUED OR MAY P									
	CLUSIONS AND CONDITIONS OF SUCH P			S SHOWN SHOWN MAY I	HAVE B			IMS.		
INSR LTR		ADDL INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
-			-	T-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE		00,000.00
A	X COMMERCIAL GENERAL LIABILITY			RORS & OMISSIONS			-	DAMAGE TO RENTED PREMISES (Ea occurrence)	100,000.00	
-	CLAIMS-MADE X OCCUR			RONGFUL REPO,				MED EXP (Any one person)	5,000.00	
С				POSSESSED AUTO,			-	PERSONAL & ADV INJURY		00,000.00
-	X CYBER LIAB - \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER:			I-HOOK - EACH \$1MIL I	іміт		-	GENERAL AGGREGATE		00,000.00
-	X POLICY PRO- JECT LOC			(13537443 - CYBER				PRODUCTS - COMP/OP AGG		00,000.00
_						40/04/0000	40/04/0004	COMBINED SINGLE LIMIT	,	00,000.00
D	ANY AUTO		-	0000125-05 DMP/COLL DED: \$1,0	000	10/24/2023	10/24/2024	BODILY INJURY (Per person)	\$ 1,0 \$	000,000.00
	ALL OWNED X SCHEDULED AUTOS				000		-	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	UMBRELLA LIAB X OCCUR		GA	T-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE	_{\$} 2,0	00,000.00
[X EXCESS LIAB CLAIMS-MADE		SE	E DESC. OF OPERATION	ONS			AGGREGATE	\$ INC	. GEN AGG
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						-	WC STATU- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below			T (000000 / -		00/0 : /5	00/0 / /	E.L. DISEASE - POLICY LIMIT	\$	
	EMPLOYEE DISHONESTY&COMP CRIME GARAGEKEEPERS DIRECT PRIMARY			AT-1000000-00	09/01/2024 09/01/2025 LIMIT: \$1,000,000.00 09/01/2024 09/01/2025 GKDP LIMIT: \$375,000.00					
	GARAGEKEEPERS DIRECT PRIMARY GARAGEKEEPERS DIR PRIM EXC			AT-1000000-00 831TR23180358M				GKDP LIMIT: \$375,00 GKDP EXCESS: \$625		0
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (At						GRDF EACE33. 9023	,000.0	0
	G MEMBER SINCE 09/24/16 30 E							AYMENT OR CANCEL	LATIC	N BY
	MBER REQUEST & ADDITIONAL I									
	MARY LIMITS PROVIDE FULL \$3,									_ICY
	CATION: STORAGE LOTS ONLY: IEDULED AUTO: 99 FORD #0046;					412, 1144 N	CORNELL	AVE, FLINT, MI 48505)	
500	120220 AUTO. 33 FORD #0040,	110	ODGE :	$\pi_{1010}, 35 \text{ INT L #32}$.5					
CER	TIFICATE HOLDER				CAN	ELLATION				
			_					ESCRIBED POLICIES BE CA REOF, NOTICE WILL E		
	SECURE COLLATERAL M		-					Y PROVISIONS.		
	214-389-5158 / INSURAN	-		E-CM.COM						
	9330 LYNDON B JOHNSC #700		νĭ		AUTHOR	RIZED REPRESEI	NTATIVE	1		
	DALLAS		T	X 75243			Dana	dan.		
			17				1988 2040 4	CORD CORPORATION.		te recorved



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).												
	IG., INC./RSIG RECOVERY SPECIALIS			ANCE GROUP	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (ACC, No, Ext): 703-365-0199//LH703.365.0362 FAX (ACC, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM							
	GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 789	12			INSURER(S) AFFORDING COVERAGE							
INSU		942			INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792							
						INSURER B: LLOTDS OF LONDON 13732 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580						
	ER RECOVERY		4					NCE COMPANY 15032				
	1620 BEARANGER RD				INSURE							
	ATTICA			MI 48412	INSURE	RF:						
-				NUMBER: COL9527				REVISION NUMBER: 24-25Colony				
IN CI	DICATED. NOTWITHSTANDING ANY REC	QUIRE ERTAI	MEN ⁻ N, T	, TERM OR CONDITION OF HE INSURANCE AFFORDED	= ANY () BY T	CONTRACT OI HE POLICIES	R OTHER DO	NAMED ABOVE FOR THE POLICY PERIOD CUMENT WITH RESPECT TO WHICH THIS HEREIN IS SUBJECT TO ALL THE TERMS, AIMS.				
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	GENERAL LIABILITY			GAT-1000000-00			09/01/2025	EACH OCCURRENCE \$ 1,000,000.00				
А	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00				
				WRONGFUL REPO,				MED EXP (Any one person) \$ 5,000.00	_			
С				REPOSSESSED AUTO,				PERSONAL & ADV INJURY \$ 1,000,000.00	_			
Ū	X CYBER LIAB - \$100,000			DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL I				GENERAL AGGREGATE \$ 5,000,000.00	-			
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC			EKI3537443 - CYBER				PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00	-			
D				570000125-05		10/24/2022	10/24/2024		_			
U	ANY AUTO			COMP/COLL DED: \$1,0	000	10/24/2023	10/24/2024	BODILY INJURY (Per person) \$	-			
	ALL OWNED X SCHEDULED AUTOS X AUTOS				000			BODILY INJURY (Per accident) \$	-			
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$				
								\$	_			
А	UMBRELLA LIAB X OCCUR			GAT-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE \$ 2,000,000.00				
	X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATION	ONS			AGGREGATE \$ INC. GEN AGG				
	DED RETENTION \$							\$				
	AND EMPLOYERS' LIABILITY Y / N							WC STATU- TORY LIMITS ER				
		N / A						E.L. EACH ACCIDENT \$	_			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	_			
Α	DÉSCRIPTION OF OPERATIONS below EMPLOYEE DISHONESTY&COMP CRIME			GAT-1000000-00		00/01/2024	00/01/2025	E.L. DISEASE - POLICY LIMIT \$ LIMIT: \$1,000,000.00	-			
A	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-00				GKDP LIMIT: \$375,000.00				
В	GARAGEKEEPERS DIR PRIM EXC			B0831TR23180358M				GKDP EXCESS: \$625,000.00				
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Att	ach A	CORD 101, Additional Remarks So	chedule,	if more space is i	required)					
ME PR	IG MEMBER SINCE 09/24/16 30 D MBER REQUEST & ADDITIONAL II IMARY LIMITS PROVIDE FULL \$3,0	NSUF 000,0	RED	STATUS, APPLIES TO IMIT WITH A \$5,000,00	THE (0 AG(CERT HOLD G IN LIEU O)ER AS REC F A SEPAR	Q BY WRITTEN CONTRACT ATE EXCESS LIABILITY POLICY				
						8412, 1144 N	CORNELL	AVE, FLINT, MI 48505				
SC	HEDULED AUTO: 99 FORD #0046;	11 D	000	דב #1070; 95 INTL #32	C I							
CE	RTIFICATE HOLDER				CAN	CELLATION	1		_			
	TRANSACTION SOLUTIONS I KRISTEN@TRYNITYFS.C		RYN	ITY FINANCIAL SVCS	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	6520 LONETREE BLVD				AUTHO	RIZED REPRESEI	NTATIVE		٦			
	STE 2013						T	2				
	ROCKLIN			CA 95765	Nanaroan							

The ACORD name and logo are registered marks of ACORD

٨



DATE (MM/DD/YYYY) 08/28/2024

CE TH	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).										
	DUCER	ement(0).		CONTA NAME	CT IG. INC./	RSIG - LIGH	THOUSE INSURANCE	SVC	s	
	IG., INC./RSIG						'03.365.0362 FAX (A/C, No): 7			
	RECOVERY SPECIALIS	ANCE GROUP								
	GATE ELEVEN SOLUTIONS						DING COVERAGE		NAIC #	
	PO BOX 395 GIDDINGS TX 789	942	INSURER A: COLONY INSURANCE COMPANY 39993							
INSURED					INSURER B: LLOYDS OF LONDON 15792					
					INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580					
	ER RECOVERY		1537	INSURE	R D: GUIDEO	NE INSURAN	ICE COMPANY		15032	
	1620 BEARANGER RD			INSURE	R E:					
	ATTICA		MI 48412	INSURE	R F:					
-			NUMBER: COL9515	DEEN					Colony	
IN CE EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REC RTIFICATE MAY BE ISSUED OR MAY PI ICLUSIONS AND CONDITIONS OF SUCH P	QUIREMEN ERTAIN, OLICIES. L	T, TERM OR CONDITION OF THE INSURANCE AFFORDED IMITS SHOWN SHOWN MAY I	= ANY () BY TH	CONTRACT OI HE POLICIES EEN REDUCEI	R OTHER DOO DESCRIBED H D BY PAID CLA	CUMENT WITH RESPECT T HEREIN IS SUBJECT TO AL NIMS.	O WHI	CH THIS	
INSR LTR		ADDL SUBR INSR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
			GAT-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE	. ,	00,000.00	
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS				, ,		100,000.00	
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,					\$	5,000.00	
С			REPOSSESSED AUTO, DRIVE-AWAY,CARGO,					,	00,000.00	
			ON-HOOK - EACH \$1MIL I	іміт					00,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC		EKI3537443 - CYBER				REPO IN TRANSIT		00,000.00	
_	X POLICY JECT LOC AUTOMOBILE LIABILITY				40/04/0000	40/04/0004	COMBINED SINGLE LIMIT		000,000.00	
D	ANY AUTO		570000125-05	000	10/24/2023	10/24/2024		\$ 1,C	000,000.00	
	ALLOWNED ALLOWNED AUTOS		COMP/COLL DED: \$1,0	000			,	\$		
	X HIRED AUTOS X NON-OWNED AUTOS X NON-OWNED						PROPERTY DAMAGE	\$		
	AUTOS						(i oi dooldoint)	\$ \$		
Α	UMBRELLA LIAB X OCCUR		GAT-1000000-00		09/01/2024	09/01/2025	EACH OCCURRENCE	, , 2,0	00,000.00	
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIO	ONS		00/01/2020		₅ INC	. GEN AGG	
	DED RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A						\$		
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$			
Α	EMPLOYEE DISHONESTY&COMP CRIME		GAT-1000000-00			4 09/01/2025 LIMIT: \$1,000,000.00				
Α			GAT-1000000-00				GKDP LIMIT: \$375,000			
B	GARAGEKEEPERS DIR PRIM EXC	FO (A441- A	B0831TR23180358M				GKDP EXCESS: \$625,	000.0	0	
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL G MEMBER SINCE 09/24/16 30 D	•			-	• •		٨٣١٥		
	MBER REQUEST & ADDITIONAL II									
	MARY LIMITS PROVIDE FULL \$3,0								ICY	
LOC	CATION: STORAGE LOTS ONLY:	1620 BE	ARANGER RD, ATTICA,	MI 48						
SCI	HEDULED AUTO: 99 FORD #0046;	11 DOD	GE #1076; 95 INT'L #32 ⁻	75						
CE	RTIFICATE HOLDER			CANO	ELLATION	1				
				SANC		•				
							ESCRIBED POLICIES BE CA			
	VICTORY RECOVERY SE	RVICES	INC				REOF, NOTICE WILL BI Y PROVISIONS.	E DEL	IVERED IN	
	770-945-3757 // VENDOR	MGMT@	VRS-CORP.COM	700						
	PO BOX 1025	2		AUTHOR	RIZED REPRESEI	NTATIVE				
						T	2-			
	BUFORD		GA 30518			Dana	Joan			
	© 1988-2010 ACORD CORPORATION. All rights reserved.									