

CERTIFICATE OF LIABILITY INSURANCE

3/25/2024

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 have ADDITIONAL INSURED provisions or 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).

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PRODUCER							CONTACT NAME: Certificate Department Service					
Harding Brooks Insurance Agency						PHONE (A/C, No, Ext): 315-214-5822 FAX (A/C, No): 607-798-6693						
441 Commerce Road Vestal NY 13850						E-MAIL ADDRESS: Service@hardingbrooks.com						
Vestal NT 13030						9					NAIC#	
											NAIC#	
MOUT	License#: PC-1123577 INSURED SOUTREC-01						INSURER A: CUMIS Insurance Society, Inc.				10847	
Southeest Recovery Inc.						•					32727	
3061 Cardiff St						INSURER C:						
Punta Gorda FL 33983						INSURER D:						
						INSURER E:						
						INSURER F:						
COVERAGES CERTIFICATE NUMBER: 1387876108						REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD											CY 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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR LTR			ADDL	SUBR			POLICY EFF	POLICY EXP	LIMITS	s		
A	X cor	MMERCIAL GENERAL LIABILITY	INSD Y	WVD	POLICY NUMBER 316208		(MM/DD/YYYY) 4/1/2024	(MM/DD/YYYY) 4/1/2025			000	
^	X COI	CLAIMS-MADE X OCCUR			310206		4/1/2024	4/1/2025	DAMAGE TO RENTED	\$1,000,000 \$1,000,000		
	X WR	RONGFUL REPO							MED EXP (Any one person)	\$ 5,000		
									PERSONAL & ADV INJURY	\$1,000	000	
	GEN'L AC	GGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$3,000	000	
	X POL	ICY PRO- JECT LOC			7				PRODUCTS - COMP/OP AGG	\$3,000	000	
	OTH	HER:							Wrongful Repo (E&O)	\$1,000	000	
А					316207-005		4/1/2024	4/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
										\$		
	OWNED X SCHEDULED				ii.							
-	X HIR	US UNLT AUTUS							PROPERTY DAMAGE	\$		
-	AU1	OS ONLY AUTOS ONLY							(Per accident)		<u> </u>	
	-	e Away X PIP					·		PIP	\$ 10,00	J	
	UMI	OCCUR OCCUR							EACH OCCURRENCE	\$		
	EXC	CLAIMS-MADE							AGGREGATE	\$		
	DEC	RETENTION\$								\$		
		S COMPENSATION							PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY ANYPROPRIETÖR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				~				E.L. EACH ACCIDENT	\$			
			N/A						E.L. DISEASE - EA EMPLOYEE			
										\$		
					316207-005		4/1/2024	4/1/2025	\$500/\$2,500 Ded	\$1,20	0.000	
A B	Cargo/ Oi Employee	epers Direct Prim n-Hook Cargo t Dishonesty			316207-005 UC14502163.24		4/1/2024 4/1/2024 4/1/2024	4/1/2025 4/1/2025 4/1/2025	\$1,000 Ded 3rd Party Theft	\$100, \$1,00	000	
DESC	DIDTION	OF OPERATIONS / LOCATIONS / VEHICL	ES /4	COPD	101 Additional Pemarke Schedul	e may be	attached if mor	e space je reguir	ed)			
Cyb	er Liabil	ity: \$1,000,000 Limit Insurer Sco	ottsd	ale In	demnity Company Policy #	EKS34	70774 Effect	tive 04/1/2024	4 - 04/01/2025. Certificate	holder	is added as	
addi	tional in	sured as required by written cor	ntrac	or a	greement. Garagekeepers	Direct F	Primary Includ	des Wind / Ha	ail / Flood Coverage. Lot L	_ocation	ns: 3061	
Caro	diff St P	unta Gorda FL 33983										
CER	TIFICA	TE HOLDER			ngemen sahad saab nyaqomda qoo in maaayaan ta caaraayida sah magaa aan na na qoo yo aay gaa aadaa aa aa aa aa	CANCELLATION						
							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
						ACC	ACCORDANCE WITH THE POLICY PROVISIONS.					
	Proof of Insurance											
		USA				AUTHORIZED REPRESENTATIVE						
					Thomas A Harding							

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