



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/12/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS 2500 ONION CREEK PKWY, AUSTIN TX 78747		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	
		INSURER A: GUIDEONE MUTUAL INSURANCE CO	NAIC #: 15032
		INSURER B: LLOYDS OF LONDON	15792
		INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED			
SAN ANTONIO RECOVERY, INC 1112 PO BOX 100287 SAN ANTONIO TX 78201			

COVERAGES CERTIFICATE NUMBER: G1-35003 REVISION NUMBER: 19-20GuideOne

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	Y		570000001-01	09/01/2019	09/01/2020	EACH OCCURRENCE	\$ 1,000,000.00	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000.00	
C	<input checked="" type="checkbox"/> CYBLIAB \$2MIL POLICYAGG	Y		570000233-00	06/15/2019	06/15/2020	PERSONAL & ADV INJURY	\$ 1,000,000.00	
	<input checked="" type="checkbox"/> CYBER LIAB - \$100,000						GENERAL AGGREGATE	\$ 5,000,000.00	
GEN'L AGGREGATE LIMIT APPLIES PER:				570000001-01	09/01/2019	09/01/2020	PRODUCTS - COMP/OP AGG	\$ 3,000,000.00	
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC					ON-HOOK - EACH \$1MIL LIMIT EKI3302364 - CYBER	REPO IN TRANSIT	\$ 1,000,000.00
A	<input type="checkbox"/> ANY AUTO	Y		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00	
	<input type="checkbox"/> ALL OWNED AUTOS						<input checked="" type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS						<input checked="" type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per accident)	\$
A	<input type="checkbox"/> UMBRELLA LIAB	Y		570000001-01	09/01/2019	09/01/2020	PROPERTY DAMAGE (Per accident)	\$	
	<input checked="" type="checkbox"/> EXCESS LIAB						<input type="checkbox"/> CLAIMS-MADE	EACH OCCURRENCE	\$ 2,000,000.00
DED		RETENTION \$				AGGREGATE		\$ INC. GEN AGG	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N				WC STATUTORY LIMITS		OTHER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh)		N/A				E.L. EACH ACCIDENT		\$	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE		\$	
A	EMPLOYEE DISHONESTY&COMP CRIME			570000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00		
A	GARAGEKEEPERS DIRECT PRIMARY			570000001-01	09/01/2019	09/01/2020	GKDP LIMIT: \$300,000.00		
B	GARAGEKEEPERS DIR PRIM EXC			B1136P0406719	09/01/2019	09/01/2020	GKDP EXCESS: \$700,000.00		

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY
SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

CERTIFICATE HOLDER

CANCELLATION

CONSOLIDATED ASSET RECOVERY SYSTEMS
919-573-0321 // INSURANCE@EZ-RECOVERY.COM
4800 SIX FORKS RD
STE 350
RALEIGH NC 27609

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Daudon

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PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS 2500 ONION CREEK PKWY, AUSTIN TX 78747		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	
INSURED SAN ANTONIO RECOVERY, INC 1112 PO BOX 100287 SAN ANTONIO TX 78201		INSURER(S) AFFORDING COVERAGE INSURER A: GUIDEONE MUTUAL INSURANCE CO 15032 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: G1-34983 REVISION NUMBER: 19-20GuideOne

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			570000001-01 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY, CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3302364 - CYBER	09/01/2019	09/01/2020	EACH OCCURRENCE	\$ 1,000,000.00
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000.00
C	<input checked="" type="checkbox"/> CYBLIAB \$2MIL POLICYAGG			570000233-00 COMP/COLL DED \$1000	06/15/2019	06/15/2020	PERSONAL & ADV INJURY	\$ 1,000,000.00
	<input checked="" type="checkbox"/> CYBER LIAB - \$100,000						GENERAL AGGREGATE	\$ 5,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 3,000,000.00
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC				REPO IN TRANSIT	\$ 1,000,000.00
A	AUTOMOBILE LIABILITY			570000001-01 SEE DESC. OF OPERATIONS	09/01/2019	09/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
A	<input type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		570000001-01 SEE DESC. OF OPERATIONS	09/01/2019	09/01/2020	EACH OCCURRENCE	\$ 2,000,000.00
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ INC. GEN AGG
	DED	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh) <input type="checkbox"/> Y/N N/A						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
A	EMPLOYEE DISHONESTY&COMP CRIME			570000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00	
A	GARAGEKEEPERS DIRECT PRIMARY			570000001-01	09/01/2019	09/01/2020	GKDP LIMIT: \$300,000.00	
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CERTIFICATE HOLDER**CANCELLATION**

PROOF OF INSURANCE SAN ANTONIO RECOVERY, INC 210-438-0197 PO BOX 100287 SAN ANTONIO TX 78201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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