

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2022

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.														
ter	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								PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636						
RECOVERY SPECIALIST INSURANCE GROUP							GROUP							
GATE ELEVEN SOLUTIONS													NAIC #	
PO BOX 395 GIDDINGS TX 78942											15032			
INSURED													15792	
INSORED								NSURER B: LLOYDS OF LONDON				15792		
					(INC 1112				INSURER C: SCOTTSDALE INDEMNITY COMPANY					
SAN ANTONIO RECOVER PO BOX 100287				(, INC 1112				INSURER D:						
				TV 78201			70201	INSURER E:						
SAN ANTONIO TX 78201 COVERAGES CERTIFICATE NUMBER: G1-4								INSURER F:						
		AGES						REVISION NUMBER: 21-22GuideOne						
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 INSUF	RANCE	ADDL INSR	WVD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	-		
ļ		ERAL LIABILITY				570000	001-03		09/01/2021	09/01/2022	EACH OCCURRENCE	. ,	000,000.00	
A	Х		AL LIABILITY			ERRORS	S & OMISSIONS				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00	
	CLAIMS-MADE X OCCUR WRONGFUL			FUL REPO,				MED EXP (Any one person)	\$	5,000.00				
	X CYBLIAB \$2MIL POLICYAGG REPO			REPOSS	REPOSSESSED AUTO,				PERSONAL & ADV INJURY	\$1,	000,000.00			
С	X CYBER LIAB - \$100,000 DRIVE-AV			RIVE-AWAY,CARGO,				GENERAL AGGREGATE	\$5,	000,000.00				
	GEN'I	LAGGREGATE LIMIT A	PPLIES PER:			ON-HOC	K - EACH \$1MIL	LIMIT			PRODUCTS - COMP/OP AGG	\$3,	000,000.00	
	X	POLICY PRO-	LOC			EKI3392	2513- CYBER				REPO IN TRANSIT	\$ 1,	000,000.00	
	AUTO	OMOBILE LIABILITY				570000	233-03		06/15/2022	06/15/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1.	000,000.00	
Α		ANY AUTO				COLL DED \$10		00,10,2022	00,10,2020	BODILY INJURY (Per person)	\$			
		ALL OWNED X	SCHEDULED AUTOS					00			BODILY INJURY (Per accident)	\$		
		HIRED AUTOS X	NON-OWNED AUTOS								PROPERTY DAMAGE (Per accident)	\$		
ŀ												\$		
Α	1	UMBRELLA LIAB	X OCCUR			570000	001.03		00/01/2021	00/01/2022	EACH OCCURRENCE		000,000.00	
	X	EXCESS LIAB	CLAIMS-MADE				SC. OF OPERATI	ONS	03/01/2021	03/01/2022	AGGREGATE	φ,	C. GEN AGG	
-	~	DED RETENTION	1								AGGREGATE	\$		
		KERS COMPENSATION									WC STATU- TORY LIMITS ER			
	OFFIC	ANY PROPRIETOR/PARTNER/EXECUTIVE N / A								E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$ \$			
	If yes,	(Mandatory in NH)												
^	A EMPLOYEE DISHONESTY&COMP CRIME					570000	001.02		00/04/0004	00/04/0000	E.L. DISEASE - POLICY LIMIT	\$		
· · ·	GARAGEKEEPERS DIRECT PRIMARY				570000001-03 570000001-03					LIMIT: \$1,000,000.00	0.00			
~		RAGEKEEPERS DIR PRIM EXC B1136TR215943								GKDP LIMIT: \$375,00 GKDP EXCESS: \$625		00		
-		ON OF OPERATIONS / L		ES (At	tach A			chodulo			GRUP EAGESS. \$02	5,000.0	00	
				•		,			•	• •				
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														
LOC	CATI	ON: 4710 CALL	AGHAN RD SA		ΙΟΤΛ		78228. PRIMA	RY LIN	/ITS PROVI	DE FULL \$3	3,000,000 LIMIT WITH	A \$5,0	000,000 AGG	
IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY														
SCH	IED	ULED AUTO: 14	DODGE #281	2; 10	DOI	DGE #62	238; 18 DODGE	E #575	7					
CER	RTIF	ICATE HOLDE	R					CANCELLATION						
									SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
ALLIED FINANCE ADJUSTERS CONFERENCE, INC									ACCORDANCE WITH THE POLICY PROVISIONS.					
888-949-8520														
HOMEOFFICE@ALLIEDFINANCEADJUSTERS.COM								AUTHO	AUTHORIZED REPRESENTATIVE					
PO BOX 3853 MIDLAND TX 79702								$\nabla =$						
		MIDLAND				ТΧ			Dana	Joan				
		I						I	Ø	1988-2010 A	CORD CORPORATION.	All ria	hts reserved	

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