

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2021

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)

Certificate	nolder in hed 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): 703-36	35-0636		
	RECOVERY SPECIALIST INSUI	RANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM			
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC#		
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032		
INSURED			INSURER B: LLOYDS OF LONDON	15792		
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:			
	PO BOX 100287		INSURER E:			
	SAN ANTONIO	TX 78201	INSURER F:			
COVERAC	CEDITICIO A TE	NUMBED: C4 44040	DEVICION NUMBER: 20.240	···ida Ona		

CERTIFICATE NUMBER: G1-44849 COVERAGES 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 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		570000001-02	09/01/2020	09/01/2021	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 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 \$ 1,000,000.00
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 LIMIT			PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	X POLICY PRO- JECT LOC		EKI3341063 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY		570000233-02	06/15/2021	06/15/2022	COMBINED SINGLE LIMIT \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		57000001-02	09/01/2020	09/01/2021	EACH OCCURRENCE \$ 2,000,000.00
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIONS			AGGREGATE \$ INC. GEN AGG
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE					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 \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-02	09/01/2020	09/01/2021	LIMIT: \$1,000,000.00
Α	A GARAGEKEEPERS DIRECT PRIMARY		570000001-02	09/01/2020	09/01/2021	GKDP LIMIT: \$300,000.00
В	B GARAGEKEEPERS DIR PRIM EXC		B1136P0582020	09/01/2020	09/01/2021	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; 10 DODGE #6238; 18 DODGE #5757

CERTIFICATE HOLDER	CANCELLATION

ALLIED FINANCE ADJUSTERS CONFERENCE, INC 888-949-8520

HOMEOFFICE@ALLIEDFINANCEADJUSTERS.COM PO BOX 3853

MIDLAND

TΧ 79702 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

oan