



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/27/2022

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.

**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).

<b>PRODUCER</b> Harding Brooks Insurance Agency 441 Commerce Road Vestal NY 13850  License#: PC-1123577 COLLREC-02	<b>CONTACT NAME:</b> Certificate Department Service <b>PHONE (A/C, No, Ext):</b> 315-214-5822 <b>FAX (A/C, No):</b> 607-798-6693 <b>E-MAIL ADDRESS:</b> service@hardingbrooks.com  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: right;">NAIC #</td> </tr> <tr> <td>INSURER A : CUMIS Insurance Society, Inc.</td> <td style="text-align: right;">10847</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : CUMIS Insurance Society, Inc.	10847	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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<b>INSURED</b> Collateral Recovery Services LLC PO Box 587 Guilford CT 06471															

**COVERAGES**

CERTIFICATE NUMBER: 1122959319

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X	COMMERCIAL GENERAL LIABILITY	Y		316010	2/10/2022	2/10/2023	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	X	WRONGFUL REPO						MED EXP (Any one person)	\$ 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	X	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC		GENERAL AGGREGATE	\$ 3,000,000
		OTHER:						PRODUCTS - COMP/OP AGG	\$ 3,000,000
A		AUTOMOBILE LIABILITY	Y		316009	2/10/2022	2/10/2023	Wrongful Repo (E&O)	\$ 1,000,000
		ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		OWNED AUTOS ONLY	X	SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	X	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident)	\$
	X	Drive Away						PROPERTY DAMAGE (Per accident)	\$
		UMBRELLA LIAB						EACH OCCURRENCE	\$
		EXCESS LIAB						AGGREGATE	\$
		DED		RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y / N				PER STATUTE	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/>	N / A			E.L. EACH ACCIDENT	\$
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
A	A	Garagekeepers Direct Prim			316009	2/10/2022	2/10/2023	E.L. DISEASE - POLICY LIMIT	\$
A	A	On-Hook Cargo			316009	2/10/2022	2/10/2023	\$500/\$2,500 Ded \$1,000 Ded	\$1,200,000 \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate holder is an additional insured only when required by written contract or agreement as per attached policy forms. Garagekeepers Direct Primary Includes Wind / Hail / Flood Coverage. Lot Location: 21 Ciro Rd North Branford CT 6471

**CERTIFICATE HOLDER****CANCELLATION**

Proof of Insurance USA

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