

DATE (MM/DD/YYYY)

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.

this certificate does not comer rights to	, tile	Certi	ilcate floider ill fled of su					
PRODUCER				CONTACT NAME: Kristi Buckland				
Insure It All				PHONE (A/C, No	, Ext): 800-314	1-7003	FAX (A/C, No):	
919 S 25 E				E-MAIL ADDRES	s: kristi@ins	sureitall.com		
					INS	URER(S) AFFOR	RDING COVERAGE	NAIC #
Ammon			ID 83406	INSURE	RA: Markel A	American Insu	rance Company	28932
INSURED				INSURE	RB:			
Automobile Recovery Services of Arizona Inc.				INSURER C :				
PO BOX 17237				INSURE				
				INSURE				
TUCSON			AZ 85731					
	TIEIC	^ T E	NUMBER:	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF				FN ISSI	JED TO THE IN			DD D
INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH PA	TAIN,	THE	INSURANCE AFFORDED BY	THE PO	LICIES DESCR	RIBED HEREIN		IS
INSR LTR TYPE OF INSURANCE	ADDL		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY	INSD	WVD	. 02.01 ((0.0022))		(11111/22/1111)	(111111/12/11/11/	EACH OCCURRENCE \$	
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
OES ANNO INSTABLE   GOOGIN							MED EXP (Any one person) \$	
							PERSONAL & ADV INJURY \$	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	
PRO-								
							PRODUCTS - COMP/OP AGG \$	
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT \$	
ANY AUTO							(Ea accident)  BODILY INJURY (Per person) \$	
OWNED SCHEDULED							BODILY INJURY (Per accident) \$	
AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	
AUTOS ONLY AUTOS ONLY							(Per accident) \$	
UMBRELLA LIAB OCCUB							ļ -	
EVOTOS LIAD							EACH OCCURRENCE \$	
CLAIMS-MADE							AGGREGATE \$	
DED RETENTION \$ WORKERS COMPENSATION							S I I OTH-	
AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$	
(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	
Dichonosty Dand							Dishonesty Bond	1,000,000.00
A Dishonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
CERTIFICATE HOLDER				CANC	ELLATION			
FOR INFORMATIONAL PUR  ANY ALTERATION OF THIS  DOCUMENT IS STRICTLY	ES ON	NLY	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					
. PROHIBITED					KRISTI BUCKLAND			



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PROD	JCER				CONTA NAME:	Kristi Bud	ckland			
Insu	re It All				PHONE (A/C, No	o, Ext): 800-314	4-7003	FAX (A/C, No):		
919	S 25 E				É-MÁIL ADDRE	ss: kristi@ins	sureitall.com			
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
Amr	non			ID 83406	INSURE	RA: Markel A	American Insu	rance Company		28932
INSUR	ED				INSURE	ERB:		· ·		<del> </del>
Auto	mobile Recovery Services of Arizona Inc.				INSURE					
	OX 17237				INSURE					
					INSURE					
TUC	SON			AZ 85731	INSURE					<del> </del>
		TIFIC	`ATE	NUMBER:	INSORE	-K F .		REVISION NUMBER:		
	S IS TO CERTIFY THAT THE POLICIES OF				EN ISS	UED TO THE IN			PERIC	)D
CE	DICATED. NOTWITHSTANDING ANY REQ RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH P	RTAIN	, THE	INSURANCE AFFORDED BY	THE PO	DLICIES DESCR	RIBED HEREIN			IS
INSR LTR	TYPE OF INSURANCE	ADDI	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	-
	COMMERCIAL GENERAL LIABILITY	1				(,	(	EACH OCCURRENCE \$	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	<u>*                                    </u>	
								( , , , , , , , , , , , , , , , , , , ,	<u>*</u> \$	
l 1								. , , , ,	\$ \$	
l	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ \$	
l ⊦	PRO							PRODUCTS - COMP/OP AGG		
1 1	POLICY JECT LOC							PRODUCTS - COMP/OP AGG   \$	•	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	•	
l ⊦	ANY AUTO							(Ea accident)	<u> </u>	
	OWNED SCHEDULED							, , ,	\$ \$	
l	AUTOS ONLY AUTOS NON-OWNED							PROPERTY PARAGE	ь В	
	AUTOS ONLY AÚTOS ONLY							(Per accident)	\$ \$	
	- LIMPRELLA LIAR							1	Þ	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	\$	
	EXCESS LIAB CLAIMS-MADE	4						AGGREGATE \$	\$	
Щ	DED RETENTION \$								\$	
	NORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$	\$	
1 (	Mandatory in NH) f yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	\$	
								Dishonesty Bond		1,000,000.00
A	Dishonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES	(ACOR	D 101, Additional Remarks Scheo	dule, may	be attached if m	ore space is req	uired)		
CER	TIFICATE HOLDER				CANC	ELLATION				
<u> </u>	IOATE HOLDEN									
						-		ESCRIBED POLICIES BE CAI DF, NOTICE WILL BE DELIVE		
	RISC							CY PROVISIONS.	יוו עביי.	•
					L					
	PO Box 2971				AUTHO	RIZED REPRESE	NTATIVE	<u> </u>		
					KRISTI	BUCKLAND				
ı	Tampa El 23601									



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			- · · ·		CONTAC	•т			
PROD	UCER				NAME: Kristi Buckland				
Insu	re It All				PHONE (A/C, No	, Ext): 800-314	1-7003	FAX (A/C, No):	
919	S 25 E				E-MAIL ADDRES	ss: kristi@ins	sureitall.com		
						INS	URER(S) AFFOR	RDING COVERAGE	NAIC #
Amr	non			ID 83406	INSURE	RA: Markel A	American Insur	rance Company	28932
INSUF	ED				INSURE	RB:			
Auto	nobile Recovery Services of Arizona Inc.				INSURE	R C :			
	OX 17237				INSURE				
					INSURE				
TUC	SON			AZ 85731	INSURE				
		TIFIC	ΔTF	NUMBER:	COILL		-	REVISION NUMBER:	
	S IS TO CERTIFY THAT THE POLICIES O				EN ISSI	JED TO THE IN			DD D
	ICATED. NOTWITHSTANDING ANY REQ								IIS
	RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH P							I IS SUBJECT TO ALL THE TERMS,	
INSR		ADDL	SUBR		,	POLICY FFF	POLICY EXP	LIMITS	
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		
								EACH OCCURRENCE \$ DAMAGE TO RENTED	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$	
								MED EXP (Any one person) \$	
								PERSONAL & ADV INJURY \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$	
	OTHER:							\$	
	AUTOMOBILE LIABILITY							(Ea accident) \$	
	ANY AUTO							BODILY INJURY (Per person) \$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$	
								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
	DED RETENTION \$	1						\$	
	NORKERS COMPENSATION							PER OTH- STATUTE ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	<b>.</b>						E.L. EACH ACCIDENT \$	
	DFFICER/MEMBER EXCLUDED? Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$	
l	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	
								Dishonesty Bond	1,000,000.00
Α	Dishonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026		1,000,000.00
Λ.				520/11011011-05-10 <del>1</del>		02/13/2023	02/13/2020		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	L ACOR	 D 101. Additional Remarks Sched	lule. mav	be attached if mo	ore space is requ	uired)	
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CER	TIFICATE HOLDER				CANC	ELLATION			
					6116	III D ANY OF T	THE ABOVE OF	ECODIDED DOLLOISO DE CANOSI I	ED BEFORE
								ESCRIBED POLICIES BE CANCELL DF. NOTICE WILL BE DELIVERED II	
	Credit Acceptance Corp.			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	25505 West Twelve Mile Rd				AUTHORIZED REPRESENTATIVE				
					KRISTI	BUCKLAND			
	Southfield MI 48034								



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	continuate account containing rights to					**************************************				
PRODU	CER				CONTACT NAME: Kristi Buckland					
Insure	It All				PHONE (A/C, No	, Ext): 800-314	1-7003	FAX (A/C, No):		
919 S	25 E				E-MAIL ADDRES	ss: kristi@ins	sureitall.com			
						INS	URER(S) AFFOR	DING COVERAGE	NAIC #	
Amme	on			ID 83406	INSURE		. ,	rance Company	28932	
INSURE	D				INSURE			-		
Autom	obile Recovery Services of Arizona Inc.				INSURE					
	X 17237				INSURE					
					INSURE					
TUCSO	ON.			AZ 85731		INSURER F:				
		LIEIC	^ T E		INSUKE	κ <b>ґ</b> :		DEVISION NUMBER.		
	RAGES CERT IS TO CERTIFY THAT THE POLICIES OF			NUMBER: CELISTED BELOW HAVE BE	FN ISSI	JED TO THE IN		REVISION NUMBER: Ed above for the policy perion	OD O	
INDI CER	CATED. NOTWITHSTANDING ANY REQU TIFICATE MAY BE ISSUED OR MAY PER LUSIONS AND CONDITIONS OF SUCH P	JIREN TAIN,	IENT, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON	ITRACT OR OT LICIES DESCR	HER DOCUME	ENT WITH RESPECT TO WHICH TH		
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY	עפווו	****					EACH OCCURRENCE \$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
	JOSEPH TOOLOGY							MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
	ENIL ACCRECATE LIMIT APPLIES DED									
	EN'L AGGREGATE LIMIT APPLIES PER:							*		
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$		
Δ	OTHER: UTOMOBILE LIABILITY							COMBINED SINGLE LIMIT &		
_	ANY AUTO							(Ea accident)  BODILY INJURY (Per person) \$		
	OWNED SCHEDULED							- ( - ( - (		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY PANAGE		
_	AUTOS ONLY AUTOS ONLY							(Per accident)		
								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION \$							\$		
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
1A	NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
(N	landatory in NH)							E.L. DISEASE - EA EMPLOYEE \$		
Di	res, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
								Dishonesty Bond	1,000,000.00	
A	Dishonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026			
DESCR	PTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACOR	D 101, Additional Remarks Sched	lule, may	be attached if mo	ore space is requ	uired)		
CFRT	IFICATE HOLDER				CANC	ELLATION				
JLIVI	II IOATE HOLDEN				JANO	LLLATION			1	
	Westlake Financial Services			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	w eshake financial Services				ACCORDANCE WITH THE POLICY PROVISIONS.					
	4751 Wilshire Blvd Ste 100				AUTHORIZED REPRESENTATIVE					
	4751 Wilshife Bivd Sic 100				E 40817 E 4056 E 517					
	Los Angeles CA 90010				KRISTI BUCKLAND					



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PROD	UCER			CONTAC NAME:	T Kristi Buc	kland				
Insu	re It All			PHONE (A/C, No, Ext): 800-314-7003 (A/C, No):						
919	S 25 E			E-MAIL ADDRES	s: kristi@ins	sureitall.com				
						URER(S) AFFOR	RDING COVERAGE			NAIC#
Amı	non		ID 83406	INSURER			rance Company			28932
INSUF	ED			INSURER			1 7			
Auto	nobile Recovery Services of Arizona Inc.			INSURER						
	OX 17237			INSURER						
' '	011 17207			INSURER						
TUC	SON		AZ 85731	INSURER						
		TIEICATE	NUMBER:	INSURER	(F:		REVISION NUM	DED.		
	S IS TO CERTIFY THAT THE POLICIES C			EEN ISSU	IED TO THE IN				Y PERIO	OD
CE	ICATED. NOTWITHSTANDING ANY REC RTIFICATE MAY BE ISSUED OR MAY PEI CLUSIONS AND CONDITIONS OF SUCH I	RTAIN, THE	INSURANCE AFFORDED BY	THE POL	LICIES DESCF	RIBED HEREIN				IIS
INSR LTR	TYPE OF INSURANCE	INSD WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY	1			, , , ,	, , ,	EACH OCCURRENG	DE .	\$	
	CLAIMS-MADE OCCUR						DAMAGE TO RENT PREMISES (Ea occu	ED	\$	
							MED EXP (Any one	,	\$	
		1					PERSONAL & ADV	. ,	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:	1					GENERAL AGGREG		\$	
	PRO-						PRODUCTS - COMP		\$	
							PRODUCTS - COIVIE	-/OF AGG	\$	
	OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE	LIMIT	\$	
	ANY AUTO						(Ea accident) BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED						BODILY INJURY (Pe		\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED						PROPERTY DAMAG		\$	
	AUTOS ONLY AUTOS ONLY						(Per accident)		\$	
	UMBRELLA LIAB OCCUR	+ + -								
	- FYCESCHAR						EACH OCCURRENCE	CE	\$	
	CLAIIVIS-IVIADE	-					AGGREGATE		\$	
	DED RETENTION \$  WORKERS COMPENSATION						I PER I	I OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N	1					PER STATUTE	OTH- ER		
1	ANY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDE	NT	\$	
	Mandatory in NH) f yes, describe under	1					E.L. DISEASE - EA I	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POL		\$	
	Dishonesty Bond						Dishonesty Bor	nd		1,000,000.00
A	Distionesty Bolid		5207PR014041-05-164		02/15/2025	02/15/2026				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACOR	D 101, Additional Remarks Sched	dule, may t	oe attached if mo	ore space is req	uired)			
CER	TIFICATE HOLDER			CANCE	ELLATION					
	MVConnect, LLC Its Officers	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	2000 Progress Parkway Suite 8	00 Schauml	burg, IL 60173	0.0000000000000000000000000000000000000	IZED REPRESEI BUCKLAND	NTATIVE				



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PROD	UCER				CONTACT NAME: Kristi Buckland					
Insu	re It All				PHONE (A/C, No	, Ext): 800-314	4-7003	(A/C, No):		
919	S 25 E				È-MÁIL ADDRES	ss: kristi@ins	sureitall.com			
						INS	URER(S) AFFOR	RDING COVERAGE	NAIC#	
Amr	non			ID 83406	INSURE	RA: Markel A	American Insu	rance Company	28932	
INSUR	ED				INSURE	RB:				
Auto	mobile Recovery Services of Arizona Inc.				INSURER C:					
РО В	OX 17237				INSURER D:					
					INSURE	RE:				
TUC	SON			AZ 85731	INSURE	RF:				
COV	ERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
INE CE	S IS TO CERTIFY THAT THE POLICIES OF PICATED. NOTWITHSTANDING ANY REQ RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH P	UIREN RTAIN,	ЛENT, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON THE PO	ITRACT OR OT LICIES DESCR	THER DOCUM RIBED HEREIN	ENT WITH RESPECT TO WHICH TH		
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
-114	COMMERCIAL GENERAL LIABILITY	עפאוו	VVVD	I OLIOI NOMIDER		(וווווטטיייוויי)	(יווויטטיווווי)	EACH OCCURRENCE \$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
								MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
ŀ	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
	PRO							PRODUCTS - COMP/OP AGG \$		
-	OTHER:							\$		
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-	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE		
-	AUTOS ONLY AUTOS ONLY							(Per accident) \$		
	UMBRELLA LIAB OCCUR									
-								EACH OCCURRENCE \$		
-	CLAIIVIS-IVIADE	+						AGGREGATE \$		
	DED   RETENTION \$  WORKERS COMPENSATION	-						PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY Y / N							<u> </u>		
	ANY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
l li	Mandatory in NH) f yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
- [	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1 000 000 00	
.	Dishonesty Bond			52057777014041-05-164		02/15/2025	02/15/2026	Dishonesty Bond	1,000,000.00	
A	·			5207PR014041-05-164		02/15/2025	02/15/2026			
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CEB	TIFICATE HOLDER				CANC	ELLATION				
CER	HEIGHTE HOLDER				CANC	ELLATION				
	PAR North America				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	7835 Woodland Dr. #150, India	napol	is, IN	46278	AUTHORIZED REPRESENTATIVE					
		-			KRISTI	BUCKLAND				
	1					C B ALTON OF MALES				



DATE (MM/DD/YYYY)

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.

this	certificate does not confer rights to	tne	certi	ficate noider in lieu of su			ı		
PRODUC	ER				CONTAC NAME:	Kristi Buc	kland		
Insure I	It All				PHONE (A/C, No	, Ext): 800-314	1-7003	FAX (A/C, No):	
919 S 2	25 E				È-MÁIL ADDRES	ss: kristi@ins	sureitall.com		
						INS	URER(S) AFFOR	RDING COVERAGE	NAIC#
Ammor	n			ID 83406	INSURE	RA: Markel A	American Insur	rance Company	28932
INSURED					INSURE	RB:			
Automol	bile Recovery Services of Arizona Inc.				INSURE	RC:			
РО ВОХ	X 17237				INSURE	RD:			
					INSURE	RE:			
TUCSO	N			AZ 85731	INSURE	RF:			
COVER	RAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:	
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DÉS	as, describe under SCRIPTION OF OPERATIONS below Dishonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026	E.L. DISEASE - POLICY LIMIT \$  Dishonesty Bond	1,000,000.00
DESCRIP	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (	 ACORI	 D 101, Additional Remarks Sched	dule, may	be attached if mo	ore space is requ	luired)	
CERTIF	FICATE HOLDER				CANC	ELLATION			
	Patrick K Willis Companies Inc DBA Skip Busters 5118 Robert J Mathews Pkwy	A Am	erican Recovery Service,	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					
					E40800E4084555	BUCKLAND			
	El Dorago Hills CA 95762				THE STATE OF THE S				



DATE (MM/DD/YYYY)

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			J			отоотпоти(о). °т	•			
PROD	UCER				CONTAC NAME:	Kristi Buc	kland			
Insu	re It All				PHONE (A/C, No	, Ext): 800-314	1-7003	FAX (A/C, No):		
919	S 25 E				E-MAIL ADDRES	ss: kristi@ins	sureitall.com			
						INS	URER(S) AFFOR	RDING COVERAGE	NAIC#	
Amr	non			ID 83406	INSURE			rance Company	28932	
INSUR	ED				INSURE					
Auto	nobile Recovery Services of Arizona Inc.				INSURE					
	OX 17237				INSURE					
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		TIEIC	^TE		INSUKE	K.C.:		DEVISION NUMBER.		
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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY	11130	****				,	EACH OCCURRENCE \$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
<b> </b>	OCCUR.							MED EXP (Any one person) \$		
<b> </b>								PERSONAL & ADV INJURY \$		
	GENII ACCRECATE LIMIT ARRIVES DER.									
<b> </b>	GEN'L AGGREGATE LIMIT APPLIES PER:									
-	POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT &		
	ANY AUTO							(Ea accident)  BODILY INJURY (Per person) \$		
	OWNED SCHEDULED									
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY PANAGE		
	AUTOS ONLY AUTOS ONLY							(Per accident)		
		_						\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE \$		
	DED RETENTION \$	<u> </u>						\$		
	NORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
	Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$		
<u> </u>	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
								Dishonesty Bond	1,000,000.00	
A	Dishonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACOR	D 101, Additional Remarks Sched	lule, may	be attached if mo	ore space is requ	uired)		
CER	TIFICATE HOLDER				CANC	ELLATION				
								ESCRIBED POLICIES BE CANCELL		
	Allied Finance Adjusters			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	PO Box 3853				AUTHORIZED REPRESENTATIVE					
					KRISTI	BUCKLAND				
	Midland TY 70702					11 may 1 may 10 at 12 miles (12 miles)				



DATE (MM/DD/YYYY)

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this c	ertificate does not confer rights to	tne	certi	ricate noider in lieu of su			ı		
PRODUCE	R				CONTAC NAME:	Kristi Buc	kland		
Insure It	All				PHONE (A/C, No	, Ext): 800-314	1-7003	FAX (A/C, No):	
919 S 25	5 E				E-MÁIL ADDRES	ss: kristi@ins	sureitall.com		
						INS	URER(S) AFFOR	RDING COVERAGE	NAIC#
Ammon				ID 83406	INSURE	RA: Markel A	American Insur	rance Company	28932
INSURED					INSURE	RB:			
Automob	ile Recovery Services of Arizona Inc.				INSURE	RC:			
PO BOX	17237				INSURE	RD:			
					INSURE	RE:			
TUCSON	I			AZ 85731	INSURE	RF:			
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INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
WOFAND	CLAIMS-MADE OCCUR  IL AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC  OTHER:  OMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS HIRED AUTOS ONLY  LOC  OTHER:  OMOBILE LIABILITY  ANY AUTO  OWNED AUTOS NON-OWNED	N/A						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG  \$  COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)  \$  EACH OCCURRENCE  AGGREGATE  \$  PER STATUTE  E.L. EACH ACCIDENT  \$  \$  S  PERMED OTH- ER  E.L. DISEASE - EA EMPLOYEE  \$	
If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	
A Di	ishonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026	Dishonesty Bond	1,000,000.00
	ICATE HOLDER  Bridgecrest	LES (	ACOR	D 101, Additional Remarks Sched	CANC SHO THE ACC	ELLATION ULD ANY OF T EXPIRATION I ORDANCE WIT	HE ABOVE DE DATE THEREC TH THE POLIC	ESCRIBED POLICIES BE CANCELL DF, NOTICE WILL BE DELIVERED II Y PROVISIONS.	-
	10805 Sunset Office Dr  St Luis, MO 63127				E 40817 E 4056 E 517	RIZED REPRESEI BUCKLAND	NTATIVE		
	5t Luis, MO 0314/			,					



DATE (MM/DD/YYYY)

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Robin									
Insure it All 919 S 25 E  Ammon  ID 83406  INSURER A: Markel American Insurance Company  INSURER B:  Automobile Recovery Services of Arizona Inc.  PO BOX 17237  INSURER C:  INSURER D:  INSURER E:  TUCSON  AZ 85731  INSURER F:  COVERAGES  CERTIFICATE 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									
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Automobile Recovery Services of Arizona Inc.  PO BOX 17237  INSURER D:  INSURER E:  INSURER F:  TUCSON  AZ 85731  INSURER F:  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									
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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   ADDLISUBR   POLICY EFF   POLICY EXP   LTR   TYPE OF INSURANCE   INSD   WVD   POLICY NUMBER   (MM/DD/YYYY)   (MM/DD/YYYY)   LIMITS									
COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$	$\neg$								
CLAIMS-MADE OCCUR DAMAGE TO RENTED PREMISES (Ea occurrence) \$	$\neg$								
MED EXP (Any one person) \$	$\neg$								
PERSONAL & ADV INJURY \$	$\dashv$								
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ANY AUTO (Ea accident) (Ea accident) (BODILY INJURY (Per person) \$	$\dashv$								
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DED RETENTION\$ \$									
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY									
ANY PROPRIETOR/PARTNER/EXECUTIVE   S.L. EACH ACCIDENT   \$									
OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)    N/A									
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$									
Dishonesty Bond 1,000,00	0.00								
A Dishonesty Bond 5207PR014041-05-164 02/15/2025 02/15/2026	0.00								
220/1 K014041-03-104 02/13/2023 02/13/2020									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	-								
, and the second									
CERTIFICATE HOLDER CANCELLATION	—								
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	E								
2976 Invanrest Ave. SW AUTHORIZED REPRESENTATIVE	$\neg$								
Suite 125 KRISTI BUCKLAND									
Grandville, MI 49418									



DATE (MM/DD/YYYY)

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PROD	UCE	R				CONTACT NAME: Kristi Buckland					
Insu	re It	A11					, Ext): 800-314		FAX (A/C, No):		
919						E-MAIL ADDRES	e. kristi@ins	sureitall.com	(200, 100).		
717	5 25	L				ADDRES			NO. 10 COVED 10 E		
A					ID 92406				RDING COVERAGE	NAIC #	
Amı					ID 83406			American insur	rance Company	28932	
						INSURE	RB:				
Auto	mobi	le Recovery Services of Arizona Inc.				INSURE	RC:				
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		HIRED NON-OWNED							PROPERTY DAMAGE \$		
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		EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
		DED RETENTION \$							\$		
		KERS COMPENSATION EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
	(Man	datory in NH)							E.L. DISEASE - EA EMPLOYEE \$		
	if yes DESC	, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
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A	Di	shonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026			
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Sched	lule, may	be attached if mo	ore space is requ	uired)		
	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
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(		Millennium Capital And Recov	ery C	orp		SHO THE ACC	ULD ANY OF T	PATE THEREOUTH THE POLIC	ESCRIBED POLICIES BE CANCELL OF, NOTICE WILL BE DELIVERED II Y PROVISIONS.		
		20 Encount of Kwy				E 60800 E 60800000	BUCKLAND	• • • • • •			
		Hudson, OH 44236				III CINA	DUUNLANU				



DATE (MM/DD/YYYY)

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					CONTAC	T				
PRODU	CER				NAME: Kristi Buckland					
Insur	t It All				PHONE (A/C, No	o, Ext): 800-314	1-7003	FAX (A/C, No):		
919 S	25 E				È-MÁIL ADDRES	1 : .:.	sureitall.com	<u> </u>		
						INS	URER(S) AFFOR	RDING COVERAGE	NAIC#	
Amm	on			ID 83406	INSURE		. ,	rance Company	28932	
INSURI	D				INSURER B:					
Auton	obile Recovery Services of Arizona Inc.				INSURE					
РО В	OX 17237				INSURER D:					
						INSURER E :				
TUCS	ON			AZ 85731	INSURE					
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	S IS TO CERTIFY THAT THE POLICIES OF				EN ISSI	UED TO THE IN			)D	
	CATED. NOTWITHSTANDING ANY REQU									
	TIFICATE MAY BE ISSUED OR MAY PER							I IS SUBJECT TO ALL THE TERMS,		
	LUSIONS AND CONDITIONS OF SUCH P	ADDL			EN KEL	POLICY FFF	POLICY EXP			
INSR LTR	TYPE OF INSURANCE	INSD		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
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L								MED EXP (Any one person) \$		
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-	UTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		
	ANY AUTO							BODILY INJURY (Per person) \$		
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F	- FYCESCHAR							EACH OCCURRENCE \$		
  -	CLAIIVIS-IVIADE							AGGREGATE \$		
	DED RETENTION S ORKERS COMPENSATION							PFR   OTH-		
Α	ND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
A	NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
1)	landatory in NH) yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
Ö	ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
	Distance David							Dishonesty Bond	1,000,000.00	
A	Dishonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026			
DESCR	IPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	D 101, Additional Remarks Sched	lule, may	be attached if mo	ore space is requ	ilred)		
CERT	IFICATE HOLDER				CANC	ELLATION				
	Victory Recovery Services			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	PO Box 1025				AUTHORIZED REPRESENTATIVE					
	Ruford GA 30518				KRISTI BUCKLAND					



DATE (MM/DD/YYYY)

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PROD	UCE	R				CONTAC NAME:	Kristi Buc	kland		
Insu	re It	A11					, Ext): 800-314		FAX (A/C, No):	
919						E-MAIL ADDRES	e. kristi@ins	sureitall.com	(20, 10).	
717	5 25	L				ADDRES			NO. 10 COLUMN 10	
A					ID 92406				RDING COVERAGE	NAIC #
Amı					ID 83406			American insur	rance Company	28932
						INSURE	RB:			
Auto	mobi	le Recovery Services of Arizona Inc.				INSURE	RC:			
PO E	3OX	17237				INSURE	RD:			
						INSURE	RE:			
TUC	SON				AZ 85731	INSURE	RF:			
COV	ER/	AGES CERT	ΓIFIC	ATE	NUMBER:			I	REVISION NUMBER:	_
INI CE EX	DICA RTIF	TO CERTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQU FICATE MAY BE ISSUED OR MAY PER' SIONS AND CONDITIONS OF SUCH PO	JIREM TAIN, OLICI	IENT, THE I ES. LI	TERM OR CONDITION OF A NSURANCE AFFORDED BY	NY CON THE PO	ITRACT OR OT LICIES DESCF DUCED BY PAI	THER DOCUME RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WHICH TH	
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE \$	
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
		OED WINE WINE COURT							MED EXP (Any one person) \$	
									, , , , ,	
									PERSONAL & ADV INJURY \$	
	GEN	'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	
		OTHER:							· ·	
	AUI	OMOBILE LIABILITY							(Ea accident)	
		ANY AUTO							BODILY INJURY (Per person) \$	
		OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$	
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$	
									\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
		DED RETENTION \$							\$	
		KERS COMPENSATION							PER OTH- STATUTE ER	
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$	
	OFFI (Man	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$	
	If yes	, describe under								
	DESC	ÉRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1 000 000 00
	Di	shonesty Bond			5205PP 014041 05 164		02/15/2025	02/15/2026	Dishonesty Bond	1,000,000.00
Α					5207PR014041-05-164		02/15/2025	02/15/2026		
DESC	KIPII	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	5 TOT, Additional Remarks Sched	uie, may	be attached if me	ore space is requ	inea)	
CER	TIFI	CATE HOLDER				CANC	ELLATION			
CER	1 IFI	OATE HOLDEN				SANO	LLLATION			
		Auto Now Financial Services, I	LC			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
		4240 W Glendale Ave				E 4024 (10 4 12 4 14 14 14 14 14 14 14 14 14 14 14 14 1	RIZED REPRESEI BUCKLAND	NTATIVE		
		Phoenix, AZ 85051								



DATE (MM/DD/YYYY)

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	s certificate does not comer rights to	o tine	Certi	ilcate floider ill fled of su					
PROD	UCER				CONTACT NAME: Kristi Buckland				
Insu	re It All				PHONE (A/C, No	, Ext): 800-314	4-7003	FAX (A/C, No):	
919	S 25 E				E-MAIL ADDRES	ss: kristi@ins	sureitall.com		
						INS	URER(S) AFFOR	RDING COVERAGE	NAIC #
Amr	non			ID 83406	INSURE	RA: Markel A	American Insu	rance Company	28932
INSUR	ED				INSURE	RB:		• •	
Auto	mobile Recovery Services of Arizona Inc.				INSURE				
	OX 17237				INSURE				
102	011 17207				INSURE				
TUC	SON			AZ 85731					
		TIFIC	ATE		INSURE	KF:		REVISION NUMBER:	
	ERAGES CER S IS TO CERTIFY THAT THE POLICIES O			NUMBER: CELISTED BELOW HAVE BE	EN ISSI	IED TO THE IN			חח
INE CE	DICATED. NOTWITHSTANDING ANY REQ RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH P	UIREN TAIN,	MENT,	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON THE PO	ITRACT OR OT LICIES DESCR	THER DOCUM RIBED HEREIN	ENT WITH RESPECT TO WHICH TH	
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY	IINOD	WVD	TOLIOT NOMBER		(MINI/DD/1111)	(MIM/DD/1111)	EACH OCCURRENCE \$	
F	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
-								MED EXP (Any one person) \$	
-									
-	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	
-	POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT &	
-	ANY AUTO							(Ea accident)  BODILY INJURY (Per person) \$	
-	OWNED SCHEDULED							BODILY INJURY (Per accident) \$	
-	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE \$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	
								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
	DED RETENTION \$							\$	
	NORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$	
	Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$	
	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	
								Dishonesty Bond	1,000,000.00
A	Dishonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACOR	D 101, Additional Remarks Sched	lule, may	be attached if me	ore space is req	uired)	
CED	TIFICATE HOLDER				CANC	ELLATION			
CER	HIFICATE HOLDER				CANC	ELLATION			
					SHO	ULD ANY OF T	HE ABOVE D	ESCRIBED POLICIES BE CANCELL	ED BEFORE
	D. N.C. LLIC							OF, NOTICE WILL BE DELIVERED IN	1
	Burns National, LLC.			ACCORDANCE WITH THE POLICY PROVISIONS.					
	5122 27th A				AUTHORIZED REPRESENTATIVE				
	5132 37th Ave				E 60800 E 60800000		NIAIIVE		
	TT 1 111 122 12.12				KRISTI	BUCKLAND			
	Hudsonville MI 49426								



DATE (MM/DD/YYYY)

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PRODUCER				CONTAC NAME:	Kristi Buc	kland	,	
Insure It All				PHONE (A/C, No,	Ext): 800-314	I-7003	FAX (A/C, No):	
919 S 25 E				E-MÁIL ADDRESS	1	ureitall.com		
					INS	URER(S) AFFOR	RDING COVERAGE	NAIC#
Ammon			ID 83406	INSURER			rance Company	28932
INSURED				INSURER			* *	
Automobile Recovery Services of Arizona Inc.				INSURER				
PO BOX 17237				INSURER				
TUCSON			AZ 85731	INSURER				
	TIEIO	^ T C		INSURER	r:		DEVISION NUMBER	
COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES O			NUMBER:	EN ISSU	ED TO THE IN		REVISION NUMBER:  ED AROVE FOR THE POLICY PERIO	חח
INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	JIREN TAIN,	IENT, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CONT	TRACT OR OT LICIES DESCR	HER DOCUME	ENT WITH RESPECT TO WHICH TH	
INSR LTR TYPE OF INSURANCE		SUBR			POLICY FFF	POLICY EXP (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY	INSD	VVVD	. OLIOT HOMBER	- 1		(	EACH OCCURRENCE \$	
CLAIMS-MADE OCCUR							DAMAGE TO RENTED	
OCCUR DE DOCCUR							PREMISES (Ea occurrence) \$  MED EXP (Any one person) \$	
CENT ACCRECATE LIMIT APPLIES DES							•	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	-
POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$	
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT \$	
							(Ea accident)	
ANY AUTO OWNED SCHEDULED								
AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE &	
AUTOS ONLY AUTOS ONLY							(Per accident)	
							\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
DED RETENTION \$							\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					T		PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						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 \$	
							Dishonesty Bond	1,000,000.00
A Dishonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Sched	lule, may b	e attached if mo	ore space is requ	uired)	
CERTIFICATE HOLDER				CANCE	LLATION			
CASH TIME TITLE LOANS	INC			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
8590 E SHEA BLVD. SUITE 1	10			AUTHORI	ZED REPRESEN	NTATIVE		
SCOTTSDALE A7 85260				KRISTI BI	UCKLAND			



DATE (MM/DD/YYYY)

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PROD	UCE	R				CONTACT NAME: Kristi Buckland				
Insu	re It	Δ11					, Ext): 800-314		FAX (A/C, No):	
919						E-MAIL ADDRES	, Ext): 000 51-	sureitall.com	(A/C, No):	
919	3 23	E				ADDRES				1
								. , ,	DING COVERAGE	NAIC #
Amı					ID 83406	INSURE	RA: Markel A	American Insur	rance Company	28932
INSU	RED					INSURE	RB:			
Auto	mobi	le Recovery Services of Arizona Inc.				INSURE	RC:			
PO E	3OX	17237				INSURE	R D :			
						INSURE	RE:			
TUC	SON				AZ 85731	INSURE	R F ·			
			LIEIC	ΛTE	NUMBER:	INCONE			REVISION NUMBER:	
		TO CERTIFY THAT THE POLICIES OF				EN ISSU	JED TO THE IN			OD
CE	RTIF	TED. NOTWITHSTANDING ANY REQUIRED OR MAY PER SIONS AND CONDITIONS OF SUCH POSITIONS	TAIN,	THE	NSURANCE AFFORDED BY	THE PO	LICIES DESCR	RIBED HEREIN		
INSR LTR	JLU		ADDL	SUBR		LIN INCL		POLICY EXP (MM/DD/YYYY)	LIMITO	
LTR	-	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
									EACH OCCURRENCE \$ DAMAGE TO RENTED	
		CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$	
									MED EXP (Any one person) \$	
									PERSONAL & ADV INJURY \$	
	GEN	L'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	
		OTHER:							\$	
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	
		ANY AUTO							BODILY INJURY (Per person) \$	
		OWNED SCHEDULED							BODILY INJURY (Per accident) \$	
		AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE &	
		AUTOS ONLY AUTOS ONLY							(Per accident) \$	
		UMBRELLALIAR							•	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$	
	(Man	datory in NH)	N / A						E.L. DISEASE - EA EMPLOYEE \$	
	If yes	, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	
									Dishonesty Bond	1,000,000.00
A	Di	shonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026		, ,
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	) 101. Additional Remarks Sched	ule. mav	be attached if me	ore space is regi	uired)	-
2200		ion of of Enaments, Essamone, Verille	(		7 101, Additional Romanio Conca	uic, may	be unuoned ii iii	ore opace to requ		
CER	TIFI	CATE HOLDER				CANC	ELLATION			
									ESCRIBED POLICIES BE CANCEL	
		CNAC J.D. Byrider-Tucson, AZ	7.						F, NOTICE WILL BE DELIVERED I Y PROVISIONS.	N
		Civic J.D. Dyrider-Tueson, Az	_			ACCORDANCE WITH THE POLICY PROVISIONS.				
		1780 East Benson Highway				AUTHOR	RIZED REPRESEI	NTATIVE		
		1,00 Last Denson Highway				E 60000 600000000		····•		
		Tucson, AZ 85714				KRISTI BUCKLAND				
		1 ucson, AZ 63/14				l				I



DATE (MM/DD/YYYY)

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tine continuate account to the righte t	0 1110	00	Houte Herael III Hea el ea		ioroomoni(o).				
PRODUCER				CONTA NAME:	Kristi Buc	ckland			
Insure It All				PHONE (A/C, No	o, Ext): 800-314	4-7003	FAX (A/C, No):		
919 S 25 E				E-MAIL ADDRE	ss: kristi@ins	sureitall.com			
					INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
Ammon			ID 83406	INSURE	RA: Markel A	American Insur	rance Company		28932
INSURED				INSURE	RB:		· ·		
Automobile Recovery Services of Arizona Inc.				INSURE	R C :				
PO BOX 17237				INSURE					
				INSURE					
TUCSON			AZ 85731	INSURE					
L	TIEIC	^ T E	NUMBER:	INSUKE	Kr.		REVISION NUMBER:		<u> </u>
THIS IS TO CERTIFY THAT THE POLICIES O				EN ISS	UED TO THE IN			PERIC	OD .
INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH F	UIREM RTAIN,	ENT, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON	NTRACT OR OT DLICIES DESCR	THER DOCUME RIBED HEREIN	ENT WITH RESPECT TO WH	ICH TH	
INSR LTR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		-
COMMERCIAL GENERAL LIABILITY	1				(, , ,	(	EACH OCCURRENCE	\$	
CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$	
							(	\$ \$	
							` , ' , '	\$ \$	
CENII ACCRECATE LIMIT APPLIES DED.								\$ \$	
GEN'L AGGREGATE LIMIT APPLIES PER:									
POLICY JECT LOC								\$ \$	
OTHER: AUTOMOBILE LIABILITY							OOLIDINED OILIOLE LIMIT	\$	
ANY AUTO							(Ea accident)	\$ \$	
OWNED SCHEDULED							` ' '	\$ \$	
AUTOS ONLY AUTOS NON-OWNED							PROPERTY PARAMET		
AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
								\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE	]						AGGREGATE :	\$	
DED RETENTION \$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						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	\$	
							Dishonesty Bond		1,000,000.00
A Dishonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (A	ACOR	D 101, Additional Remarks Scheo	dule, may	be attached if mo	ore space is requ	uired)		
CERTIFICATE HOLDER				CANO	ELLATION				
Community Loans of America	, Inc. E	TAL	,	SHO THE	ULD ANY OF T	DATE THEREO	ESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVE Y PROVISIONS.		
8601 Dunwoody Pl Ste 406				E4080164034450	RIZED REPRESE	NTATIVE			
Atlanta GA 30350				0.0000000000000000000000000000000000000	100 mm				



DATE (MM/DD/YYYY)

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.

PROD	UCE	R				CONTAC NAME:	Kristi Buc	kland		
Insu	re It	Δ11					, Ext): 800-314		FAX (A/C, No):	
919						E-MAIL ADDRES	, EXT): 000 91	sureitall.com	(A/C, NO).	
919	3 23	E				ADDRES				
					ID 02406			. , ,	RDING COVERAGE	NAIC#
Amı					ID 83406			American Insur	rance Company	28932
INSU	KED					INSURE	RB:			
Auto	mobi	le Recovery Services of Arizona Inc.				INSURE	R C :			
PO E	3OX	17237				INSURE	RD:			
						INSURE	RE:			
TUC	SON				AZ 85731	INSURE	RF:			
COV	ER/	AGES CERT	ΓIFIC	ATE	NUMBER:			ı	REVISION NUMBER:	
INI CE	DICA RTIF	S TO CERTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQU FICATE MAY BE ISSUED OR MAY PER	JIREN TAIN,	IENT, THE I	TERM OR CONDITION OF A NSURANCE AFFORDED BY	NY CON THE PO	TRACT OR OT LICIES DESCR	HER DOCUME	ENT WITH RESPECT TO WHICH T	⊣IS
	CLU	SIONS AND CONDITIONS OF SUCH PO		ES. LI ISUBRI		EN KEL				
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	
		CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$	
									MED EXP (Any one person) \$	
									PERSONAL & ADV INJURY \$	
	GEN	L'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	
		OTHER:							\$	
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT \$	
		ANY AUTO							(Ea accident)  BODILY INJURY (Per person) \$	
		OWNED SCHEDULED							` ' '	
		AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE &	
		AUTOS ONLY AUTOS ONLY							(Per accident)	
									\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
		DED RETENTION \$							\$	
		KERS COMPENSATION							PER OTH- STATUTE ER	
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE TO SERVICE TO SE							E.L. EACH ACCIDENT \$	
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$	
	If yes	, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	
	DESC	CRIPTION OF OPERATIONS BEIOW							Dishonesty Bond	1,000,000.00
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		Fort Worth, TX 76102					TO THE PARTY OF TH			



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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.

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PRODUCER	₹				CONTACT NAME: Kristi Buckland				
Insure It	All				PHONE (A/C, No	, Ext): 800-314	1-7003	FAX (A/C, No):	
919 S 25	E				E-MÁIL ADDRES	ss: kristi@ins	sureitall.com		
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Automobil	le Recovery Services of Arizona Inc.				INSURE	RC:			
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	Las Vegas, NV 89119			KRISTI BUCKLAND					



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this certificate does not confer rights to	the	certi	icate holder in lieu of su								
PRODUCER				CONTACT NAME: Kristi Buckland							
Insure It All				PHONE (A/C, No	, Ext): 800-314	1-7003	FAX (A/C, No):				
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COMMERCIAL GENERAL LIABILITY					Í	<u>,                                    </u>	EACH OCCURRENCE \$				
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
							MED EXP (Any one person) \$				
							PERSONAL & ADV INJURY \$				
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$				
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$				
OTHER:							\$				
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)				
ANY AUTO							BODILY INJURY (Per person) \$				
OWNED SCHEDULED							BODILY INJURY (Per accident) \$				
AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE (Per accident) \$				
AUTOS ONLY AUTOS ONLY							(Per accident) \$				
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$				
EXOCOLUAD OCCUR											
CLAIMS-MADE	1										
DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER				
AND EMPLOYERS' LIABILITY  Y/N											
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$				
(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$				
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1 000 000 00			
Dishonesty Bond			5005DD014044.05.464		00/45/2025	00/45/0006	Dishonesty Bond	1,000,000.00			
A Dishonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	0 101, Additional Remarks Sched	lule, may	be attached if mo	ore space is requ	uired)				
CERTIFICATE HOLDER				CANC	ELLATION						
Ford Motor Credit PO Box 64400				SHO THE ACC	ULD ANY OF T EXPIRATION D	OATE THEREO	ESCRIBED POLICIES BE CANCE OF, NOTICE WILL BE DELIVERED Y PROVISIONS.				
1 O BOX OTTOO				0.0000000000000000000000000000000000000							
Colorado Springs, CO 80962							KRISTI BUCKLAND				



DATE (MM/DD/YYYY)

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.

				CONTAC	°T						
PRODUCER					NAME: Kristi Buckland						
Insure It All				PHONE (A/C, No	, Ext): 800-314	1-7003	FAX   (A/C, No):				
919 S 25 E				E-MAIL ADDRES	ss: kristi@ins	sureitall.com					
					INS	URER(S) AFFOR	DING COVERAGE		NAIC#		
Ammon			ID 83406	INSURE	RA: Markel A	American Insur	rance Company		28932		
INSURED				INSURE	RB:						
Automobile Recovery Services of Arizona Inc.				INSURE							
PO BOX 17237				INSURE							
10 2011 1/20/				INSURE							
TUCSON			AZ 85731								
	TIFIC	ATE		INSURE	KF:		DEVICION NUMBER.				
COVERAGES CERT THIS IS TO CERTIFY THAT THE POLICIES OF			NUMBER: CELLISTED BELOW HAVE BE	EN ISSI	IED TO THE IN		REVISION NUMBER: ED ABOVE FOR THE POLICY I	PERIO	D		
INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	JIREN TAIN,	IENT, THE I	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON THE PO	ITRACT OR OT LICIES DESCR	THER DOCUME RIBED HEREIN	ENT WITH RESPECT TO WHIC	CH THI			
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
COMMERCIAL GENERAL LIABILITY		.,,,,			,	,	EACH OCCURRENCE \$				
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
							MED EXP (Any one person) \$				
							PERSONAL & ADV INJURY \$				
CENTI ACCRECATE LIMIT APPLIES DES											
GEN'L AGGREGATE LIMIT APPLIES PER:											
POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$				
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT \$				
ANY AUTO							(Ea accident)				
OWNED SCHEDULED							` ' '				
AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE &				
AUTOS ONLY AUTOS ONLY							(Per accident)				
							\$				
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$				
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$				
DED RETENTION \$							\$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT \$				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A						E.L. DISEASE - EA EMPLOYEE \$				
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$				
							Dishonesty Bond		1,000,000.00		
A Dishonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026			, ,		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Sched	lule, may	be attached if me	ore space is requ	uired)				
	•										
CERTIFICATE HOLDER				CANC	ELLATION						
CERTIFICATE HOLDER				SAING!	LLLATION						
							ESCRIBED POLICIES BE CAN				
Tabatra 11							F, NOTICE WILL BE DELIVER	RED IN			
Lobel Financial				ACCORDANCE WITH THE POLICY PROVISIONS.							
PO Roy 2000	PO Box 3000						AUTHORIZED REPRESENTATIVE				
LO DOY 2000				KRISTI BUCKLAND							
				KKISTI	DUCKLAND						
Anaheim, CA 92803	Anaheim, CA 92803										



DATE (MM/DD/YYYY)

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this certificate does not confer rights to	tile cei	tilicate floider ill fled of St		•			
PRODUCER			CONTACT NAME: Kristi Bu	ckland			
Insure It All			PHONE (A/C, No, Ext): 800-31	4-7003	FAX (A/C, No):		
919 S 25 E			E-MAIL ADDRESS: kristi@in	sureitall.com	1, . ,		
					RDING COVERAGE	NAIC#	
Ammon		ID 83406	INSURER A: Markel	. ,		28932	
INSURED			INSURER B :				
Automobile Recovery Services of Arizona Inc.			INSURER C :				
PO BOX 17237			INSURER D :				
			INSURER E :				
TUCSON		AZ 85731	INSURER F:				
	IFICAT	E NUMBER:	INSURER F.		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF			EN ISSUED TO THE II			PERIOD	
INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER' EXCLUSIONS AND CONDITIONS OF SUCH PO	TAIN, TH	E INSURANCE AFFORDED BY	THE POLICIES DESCI	RIBED HEREIN ID CLAIMS.			
INSR LTR TYPE OF INSURANCE	INSD WV	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE \$	<u> </u>	
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
					MED EXP (Any one person) \$		
					PERSONAL & ADV INJURY \$	3	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	<u> </u>	
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$		
OTHER:					\$		
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	;	
ANY AUTO					BODILY INJURY (Per person) \$	<u> </u>	
OWNED SCHEDULED					BODILY INJURY (Per accident) \$	<u> </u>	
AUTOS ONLY AUTOS NON-OWNED					PROPERTY DAMAGE \$	;	
AUTOS ONLY AUTOS ONLY					(Per accident)		
UMBRELLA LIAB OCCUP						<u> </u>	
EVOTOS LIAB					EACH OCCURRENCE \$		
CLAIIVIS-IVIADE					AGGREGATE \$		
DED   RETENTION \$   WORKERS COMPENSATION					PER OTH-	<u>i</u>	
AND EMPLOYERS' LIABILITY Y/N							
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$		
(Mandatory in NH)  If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$		
DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$		
Dishonesty Bond		5207DD014041 05 164	02/15/2025	02/15/2026	Dishonesty Bond	1,000,000.00	
A Dishonesty Bond		5207PR014041-05-164	02/15/2025	02/15/2026			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACC	D. D	dule, may be attached if m	ore space is req	uired)		
CERTIFICATE HOLDER			CANCELLATION				
"Primeritus Financial Services, contract"			SHOULD ANY OF THE EXPIRATION I	DATE THEREC	ESCRIBED POLICIES BE CAN DF, NOTICE WILL BE DELIVE PY PROVISIONS.		
2500 Murfreesboro Pike, Suite 1	05, PME	3 307	AUTHORIZED REPRESE	NTATIVE			
. Nashville TN 37217			KRISTI BUCKLAND				



DATE (MM/DD/YYYY)

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tnis	certificate does not confer rights to	tne	certi	ficate noider in lieu of su					
PRODU	CER				CONTAC NAME:	Kristi Buc	kland		
Insure	e It All				PHONE (A/C, No	, Ext): 800-314	1-7003	FAX (A/C, No):	
919 S	25 E				E-MÁIL ADDRES	ss: kristi@ins	sureitall.com		
						INS	URER(S) AFFOR	RDING COVERAGE	NAIC#
Amm	on			ID 83406	INSURE	RA: Markel A	American Insur	rance Company	28932
INSURE	ED				INSURE	RB:			
Autom	nobile Recovery Services of Arizona Inc.				INSURE	RC:			
PO BO	OX 17237				INSURE	RD:			
					INSURE	RE:			
TUCS	ON			AZ 85731	INSURE	RF:			
COVE	RAGES CERT	ΓΙFIC	ATE	NUMBER:			l	REVISION NUMBER:	-
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIES OF CATED. NOTWITHSTANDING ANY REQU TIFICATE MAY BE ISSUED OR MAY PER ILUSIONS AND CONDITIONS OF SUCH PO	JIREM TAIN, OLICI	IENT, THE ES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON	ITRACT OR OT DLICIES DESCF DUCED BY PAI	THER DOCUME RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WHICH TH	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A A A A A	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  OCCUR  SEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT OTHER:  LUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY CLAIMS-MADE  DED  DED  RETENTION \$  OCCUR EXCESS LIAB  CLAIMS-MADE  DED  DED  RETENTION \$  OCKERS COMPENSATION NO EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?  Alandatory in NH)	N/A						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG  \$  COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  \$  BODILY INJURY (Per accident)  \$  PROPERTY DAMAGE (Per accident)  \$  EACH OCCURRENCE  \$  AGGREGATE  \$  PER STATUTE  E.L. EACH ACCIDENT  \$  \$  S  PERMINED SINGLE LIMIT  \$  \$  OTH- ER  E.L. DISEASE - EA EMPLOYEE  \$  \$  S  PERMINED SINGLE LIMIT  \$  \$  OTH- ER  E.L. DISEASE - EA EMPLOYEE  \$  \$  \$  ELL DISEASE - EA EMPLOYEE	
lf D	yes, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	
A	Dishonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026	Dishonesty Bond	1,000,000.00
	FIFICATE HOLDER  Secure Collateral Management		ACORI	U IVI, Additional Kemarks Sched	CANC SHO THE	ELLATION  ULD ANY OF T EXPIRATION I	HE ABOVE DE	ESCRIBED POLICIES BE CANCELL DF, NOTICE WILL BE DELIVERED II	
	Secure Collateral Management 9330 Lyndon B Johnson Freewa		)0		ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE				
	Dallas, TX 75243				KRISTI BUCKLAND				



DATE (MM/DD/YYYY)

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					°T					
PRODUCER				CONTACT NAME: Kristi Buckland						
Insure It All				PHONE (A/C, No, Ext): 800-314-7003 (A/C, No):						
919 S 25 E				E-MAIL ADDRES						
				INSURER(S) AFFORDING COVERAGE						
Ammon			ID 83406	INSURE	28932					
INSURED				INSURE						
Automobile Recovery Services of Arizona Inc.				INSURE	R C :					
PO BOX 17237				INSURE	RD:					
				INSURE	RE:					
TUCSON			AZ 85731	INSURER F:						
COVERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF	INSU	IRAN	CE LISTED BELOW HAVE BE	BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER								IS		
EXCLUSIONS AND CONDITIONS OF SUCH P							TIO GODDLOT TO ALL THE TERMS,			
INSR LTR TYPE OF INSURANCE	ADDL		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE \$			
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
OCCUR							MED EXP (Any one person) \$			
							PERSONAL & ADV INJURY \$			
GENII ACCRECATE LIMIT APPLIES DED.										
GEN'L AGGREGATE LIMIT APPLIES PER:							*			
POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$			
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT &			
ANY AUTO							(Ea accident) \$ BODILY INJURY (Per person) \$			
OWNED SCHEDULED							- ( - ( - (			
AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY PANAGE			
AUTOS ONLY AUTOS ONLY							(Per accident)			
							\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
EXCESS LIAB CLAIMS-MADE	]						AGGREGATE \$			
DED RETENTION \$							\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT \$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$			
If yes, describe under DESCRIPTION OF OPERATIONS below	<u> </u>						E.L. DISEASE - POLICY LIMIT \$			
							Dishonesty Bond	1,000,000.00		
A Dishonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER			CANC	ELLATION						
CERTIFICATE HOLDER				CANC	ELLATION			1		
TitleMax of Arizona Inc. & It's Affiliates					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
15 Bull Street Suite 200				AUTHOR	RIZED REPRESEI	NTATIVE				
Savannah GA 31401				KRISTI BUCKLAND						



DATE (MM/DD/YYYY)

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						rt				
PRODUC	CER				CONTACT NAME: Kristi Buckland					
Insure	It All				PHONE (A/C, No, Ext): 800-314-7003 (A/C, No):					
919 S	25 E				E-MAIL ADDRESS: kristi@insureitall.com					
					INSURER(S) AFFORDING COVERAGE					
Ammo	n			ID 83406	INSURE	NAIC # 28932				
INSURE	)				INSURE					
Automo	bile Recovery Services of Arizona Inc.				INSURE	RC:				
PO BO	X 17237				INSURE	RD:				
					INSURE	RE:				
TUCSO	N			AZ 85731	INSURER F:					
COVE	RAGES CERT	TIFIC.	ATE	NUMBER:			ı	REVISION NUMBER:		
INDIC	IS TO CERTIFY THAT THE POLICIES OF CATED. NOTWITHSTANDING ANY REQL	JIREM	IENT,	TERM OR CONDITION OF A	NY CON	ITRACT OR OT	HER DOCUME	ENT WITH RESPECT TO WHICH TH		
	TIFICATE MAY BE ISSUED OR MAY PER' USIONS AND CONDITIONS OF SUCH PO							I IS SUBJECT TO ALL THE TERMS,		
INSR		ADDL	SUBR		v.i\LL	POLICY FFF	POLICY FXP	LIMITS		
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			
	+							EACH OCCURRENCE \$ DAMAGE TO RENTED		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$		
	-							MED EXP (Any one person) \$		
_								PERSONAL & ADV INJURY \$		
GI	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$		
	OTHER:							\$ COMBINED SINGLE LIMIT   c		
A	JTOMOBILE LIABILITY							(Ea accident)		
	ANY AUTO							BODILY INJURY (Per person) \$		
	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		
								\$		
	UMBRELLA LIAB OCCUR				_			EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION \$							\$		
	DRKERS COMPENSATION D EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
AN	Y PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT \$		
OF ( <b>M</b> :	FICER/MEMBER EXCLUDED? andatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$		
lf v	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
								Dishonesty Bond	1,000,000.00	
<b>A</b> 1	Dishonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026		1,000,000.00	
DESCRI	PTION OF OPERATIONS / LOCATIONS / VEHIC	LES /	ACOB!	D 101 Additional Bemerks Cabad	lulo marr	ho attached if	aro engos lo ro	uirod)		
DEGONII	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
CERTIFICATE HOLDER						ELLATION				
United Recovery and Remarketing LLC					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	311 Moore Lane				E 40817 E 4056 E 517	RIZED REPRESEI	NTATIVE			
	Collierville TN 38017			KRISTI BUCKLAND						



DATE (MM/DD/YYYY)

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.

						°T				
PRODUCER					NAME: Kristi Buckland					
Insure It All					PHONE (A/C, No, Ext): 800-314-7003 (A/C, No):					
919 S 25 E					E-MAIL ADDRESS: kristi@insureitall.com					
					INSURER(S) AFFORDING COVERAGE					
Ammon				ID 83406	INSURE	28932				
INSURED					INSURE					
Automobile Recovery Services of	Arizona Inc.				INSURE					
PO BOX 17237					INSURE				†	
					INSURE					
TUCSON				AZ 85731						
COVERAGES	CED.	TIFIC	ΔTE	NUMBER:	REVISION NUMBER:					
					EN ISSU	JED TO THE IN		ED ABOVE FOR THE POLICY PERI	IOD I	
CERTIFICATE MAY BE ISSU	JED OR MAY PER	TAIN,	THE	INSURANCE AFFORDED BY	THE PO	LICIES DESCR	RIBED HEREIN	ENT WITH RESPECT TO WHICH T I IS SUBJECT TO ALL THE TERMS		
INSR		ADDL	SUBR	MITS SHOWN MAY HAVE BE	EN KEL	POLICY FFF	POLICY FXP			
LTR TYPE OF INSUI		INSD		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
COMMERCIAL GENER	AL LIABILITY							EACH OCCURRENCE \$ DAMAGE TO RENTED		
CLAIMS-MADE	OCCUR							PREMISES (Ea occurrence) \$		
								MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
GEN'L AGGREGATE LIMIT A	PPLIES PER:							GENERAL AGGREGATE \$		
POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG \$		
OTHER:								\$		
AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)		
ANY AUTO								BODILY INJURY (Per person) \$		
OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		
HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		
7.010001121	7.0.000							\$		
UMBRELLA LIAB	OCCUR							EACH OCCURRENCE \$		
EXCESS LIAB	CLAIMS-MADE							AGGREGATE \$		
DED RETENTION	!	†						\$		
WORKERS COMPENSATION								PER OTH-		
AND EMPLOYERS' LIABILIT' ANY PROPRIETOR/PARTNE	I / IN							E.L. EACH ACCIDENT \$		
OFFICER/MEMBER EXCLUDI	ED?	N/A								
If ves. describe under	ONC halow							E.L. DISEASE - EA EMPLOYEE \$		
DÉSCRIPTION OF OPERATION	Deiow Orio	-						E.L. DISEASE - POLICY LIMIT \$	1 000 000 00	
Dishonesty Bond				5207DD014041 05 164		02/15/2025	02/15/2026	Dishonesty Bond	1,000,000.00	
A Dishonesty Bond				5207PR014041-05-164		02/15/2025	02/15/2026			
DESCRIPTION OF OPERATIONS /	I OCATIONS / VEUIC	   F9 /	ACOP!	D 101 Additional Pamarks Sahad	lula may	he attached if me	ore enace is rea	uired)		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER					CANC	ELLATION				
American Lending Solutions c/o RISC					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
10815 David	Taylor Drive				AUTHOR	RIZED REPRESEI	NTATIVE			
Charlotta NC				KRISTI BUCKLAND						



DATE (MM/DD/YYYY)

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PROD	DUCER				CONTA	CT Kristi Buc	ckland				
Incu	are It All				PHONE 900 214 7002 FAX						
					E-MAIL 1						
919	S 25 E				ADDRESS: Kristi@insureitaii.com						
					INSURER(S) AFFORDING COVERAGE NAIC #						
-	mon			ID 83406	INSURER A: Markel American Insurance Company 28932						
INSU	RED				INSURER B:						
Auto	omobile Recovery Services of Arizona Inc.				INSURE	RC:					
PO E	BOX 17237				INSURE	R D :					
					INSURE						
THE	CSON			AZ 85731							
					INSURE	:R F :		DEV//0101111111111			
	VERAGES  HIS IS TO CERTIFY THAT THE POLICIE			NUMBER:	TEN ICC			REVISION NUMBER		EDIOD	
INI CE EX	DICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SU	REQUIRE PERTAIN CH POLIC	MENT, I, THE CIES. L	, TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE B	ANY CON	NTRACT OR OT DLICIES DESCE DUCED BY PAI	THER DOCUM RIBED HEREIN ID CLAIMS.	ENT WITH RESPECT I IS SUBJECT TO AL	TO WHICH	H THIS	
INSR LTR	TYPE OF INSURANCE		LSUBR D WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre	nce) \$		
								MED EXP (Any one per	/		
								PERSONAL & ADV INJ			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	E \$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/O			
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LII (Ea accident)	MII  \$		
	ANY AUTO							BODILY INJURY (Per p	erson) \$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per a	ccident) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	ACTOS CINET							(i or doorderity	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EVOCOO LIAD										
	CLAIIVIS-IX	ADE						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION		-					I IPER I I	OTH-		
	AND EMPLOYERS' LIABILITY	//N						PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE   OFFICER/MEMBER EXCLUDED?	N//	Δ .					E.L. EACH ACCIDENT	\$		
l .	(Mandatory in NH)							E.L. DISEASE - EA EMI	PLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	Y LIMIT \$		
								Dishonesty Bond		1,000,000.00	
A	Dishonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026				
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / '	EHICLES	(ACOR	D 101, Additional Remarks Sche	dule, may	be attached if m	ore space is req	uired)			
CER	RTIFICATE HOLDER	<u> </u>	CANC	ELLATION							
ARA/Bridgecrest						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	1400 Corporate Dr				9 8080 9 8086 80	RIZED REPRESE BUCKLAND	NIATIVE				
	Irving, TX 75038										



DATE (MM/DD/YYYY)

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	o continuate dece net come righte t					`T				
PROD	UCER				NAME: Kristi Buckland					
Insu	re It All				PHONE (A/C, No, Ext): 800-314-7003 (A/C, No):					
919	S 25 E				E-MAIL ADDRESS: kristi@insureitall.com					
					INSURER(S) AFFORDING COVERAGE NAI					
Amr	non			ID 83406	INSURE	28932				
INSUF	ED				INSURE	RB:				
Auto	mobile Recovery Services of Arizona Inc.				INSURE					
РО В	OX 17237				INSURE					
					INSURE					
TUC	SON			AZ 85731	INSURE					
		TIFIC	ΔTF	NUMBER:	INCONE			REVISION NUMBER:		
	S IS TO CERTIFY THAT THE POLICIES O				EN ISSU	JED TO THE IN			DD	
	ICATED. NOTWITHSTANDING ANY REQ								IS	
	RTIFICATE MAY BE ISSUED OR MAY PEF CLUSIONS AND CONDITIONS OF SUCH F							I IS SUBJECT TO ALL THE TERMS,		
INSR LTR		ADDL	SUBR		,,  \	POLICY FFF	POLICY EXP	LIMITS		
LTR	TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			
	<del></del>							EACH OCCURRENCE \$ DAMAGE TO RENTED		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$		
								MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$		
	OTHER:							\$ COMBINED SINGLE LIMIT &		
	AUTOMOBILE LIABILITY							(Ea accident)		
	ANY AUTO							BODILY INJURY (Per person) \$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		
								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION \$	1						\$		
	NORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$		
	OFFICER/MEMBER EXCLUDED?  Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$		
	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
								Dishonesty Bond	1,000,000.00	
Α	Dishonesty Bond		Y	5207PR014041-05-164		02/15/2025	02/15/2026		, , , , , , , , , ,	
			-							
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (	ACOR	D 101, Additional Remarks Sched	dule, may	be attached if mo	ore space is requ	uired)		
CER	TIFICATE HOLDER				CANC	ELLATION				
Gateway Finantial Solutions					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	PO Box 3257				AUTHOR	RIZED REPRESEI	NTATIVE			
					KRISTI	BUCKLAND				
	Saginary MI 48605			8395-935-335-335-335-335-335-335-335-335-						



DATE (MM/DD/YYYY)

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PROD	UCF	R					CONTAC	CT Vrieti Due	alsland				
							NAME: Kristi Buckland PHONE 200 214 7002 FAX						
	ire It						(A/C, No, Ext): 600-314-7003 (A/C, No):						
919	S 25	E					ADDRESS: kristi@insureitall.com						
							INSURER(S) AFFORDING COVERAGE NAIC #						
Am	mon					ID 83406	INSURE	RA: Markel A	American Insu	rance Company			28932
INSU	RED						INSURE	RB:					
Auto	mobi	le Recovery Services of A	Arizona Inc.				INSURE	RC:					
POI	BOX	17237					INSURE						
		-,,											
TIL	CON					AZ 85731	INSURER E:						
	CSON						INSURE	RF:					
	COVERAGES CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE							LIED TO THE IN		REVISION NUM		V DEDI	OD.
INI CE	DICA RTIF	TED. NOTWITHSTANI FICATE MAY BE ISSUE	DING ANY REQUED OR MAY PER	JIREN TAIN	MENT, , THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON	NTRACT OR OT DLICIES DESCR	THER DOCUM RIBED HEREIN	ENT WITH RESPE	CT TO WI	HICH TH	HIS
INSR LTR		TYPE OF INSURA	ANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	rs	
		COMMERCIAL GENERAL	LIABILITY		1112			(,,	(	EACH OCCURRENCE	CF.	\$	
		CLAIMS-MADE	OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$	
		CLAIIVIS-IVIADE								·	•	\$	
										MED EXP (Any one			
		- <u></u>								PERSONAL & ADV		\$	
	GEN	L AGGREGATE LIMIT APF								GENERAL AGGREC		\$	
		POLICY PRO- JECT	LOC							PRODUCTS - COM	P/OP AGG	\$	
		OTHER:								COMBINED SINGLE	= I IMIT	\$	
	AUT	OMOBILE LIABILITY								(Ea accident)		\$	
		ANY AUTO								BODILY INJURY (Pe	er person)	\$	
		AUTOS ONLY   A	SCHEDULED AUTOS							BODILY INJURY (Pe	,	\$	
		HIRED NAUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	3E	\$	
												\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	CE	\$	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE		\$	
		DED RETENTION		İ								\$	
	WOR	KERS COMPENSATION	Ψ							PER STATUTE	OTH- ER	Ψ	
		EMPLOYERS' LIABILITY	EXECUTIVE Y/N								•	•	
	OFFI	PROPRIETOR/PARTNER/ECER/MEMBER EXCLUDED	D?	N/A						E.L. EACH ACCIDE		\$	
	(Man	<b>datory in NH)</b> , describe under CRIPTION OF OPERATION								E.L. DISEASE - EA			
	DÉSC	CRIPTION OF OPERATION	IS below							E.L. DISEASE - POL		\$	
	D:	shonesty Bond								Dishonesty Bo	nd		1,000,000.00
A		shonesty Bond				5207PR014041-05-164		02/15/2025	02/15/2026				
DESC	RIPT	ION OF OPERATIONS / LO	OCATIONS / VEHIC	LES	(ACOR	D 101, Additional Remarks Sched	lule, may	be attached if me	ore space is requ	uired)			
CER	CERTIFICATE HOLDER CANCELLATION												
Westlake Financial Services						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
		4751Wilshire B	oiva 51E 100				F 4080 F 4084700	RIZED REPRESEI BUCKLAND	NIAIIVE				
		Los Angeles, C.	A 90010				CONTROL STANKE (FX						



DATE (MM/DD/YYYY)

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	certificate does not comer rights to	, tile	Certi	incate floider in fled of Su		·т					
PRODU	JCER				CONTAC NAME:	Kristi Buc		15.0			
Insur	e It All				PHONE (A/C, No, Ext): 800-314-7003 FAX (A/C, No):						
919 S	S 25 E				E-MAIL ADDRESS: kristi@insureitall.com						
					INSURER(S) AFFORDING COVERAGE NAIC #						
Amm	non			ID 83406	INSURER A: Markel American Insurance Company 2893						
INSUR	ED				INSURE	R B ·		1 7			
Auton	nobile Recovery Services of Arizona Inc.			INSURE							
	OX 17237			INSURE							
102	0.1.1,20,				INSURE						
TUCS	YON			AZ 85731							
			<u> </u>		INSURER F:						
	ERAGES CERT S IS TO CERTIFY THAT THE POLICIES OF			NUMBER:	EN ISSI	IED TO THE IN		REVISION NUMBER:	חח		
IND CEF	ICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH P	JIREN TAIN,	MENT, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON THE PO	TRACT OR OT LICIES DESCR	HER DOCUM	ENT WITH RESPECT TO WHICH TH			
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY					,	······22/.111)	EACH OCCURRENCE \$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
	OLANIO-WADE COOCK							MED EXP (Any one person) \$			
F								PERSONAL & ADV INJURY \$			
								GENERAL AGGREGATE \$			
F	PRO										
-	POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT &			
l É	ANY AUTO							(Ea accident)  BODILY INJURY (Per person) \$			
-	OWNED SCHEDULED							BODILY INJURY (Per accident) \$			
-	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE			
-	AUTOS ONLY AUTOS ONLY							(Per accident) \$			
								\$			
L	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
_	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
	DED RETENTION \$							\$			
	VORKERS COMPENSATION  IND EMPLOYERS' LIABILITY  Y/N							PER OTH- STATUTE ER			
A	NY PROPRIETOR/PARTNER/EXECUTIVE PRICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$			
1)	Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$			
Ü	yes, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
								Dishonesty Bond	1,000,000.00		
A	Dishonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026				
DESCR	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACOR	D 101, Additional Remarks Sched	lule, may	be attached if mo	ore space is req	uired)			
CERT	CERTIFICATE HOLDER CANCELLATION										
<u> </u>	THE PORT OF THE PO				071110						
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
	Resolvion				ACC	JKDANCE WIT	IN THE POLIC	Y PROVISIONS.			
	2177 SALK AVE STE 200				ΔΙΙΤΗΩΕ	RIZED REPRESEI	NTATIVE				
					E 00800 E 00842000		MININE				
	CARLSBAD,CA 92008				KKISTI	BUCKLAND					



DATE (MM/DD/YYYY)

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this certificate does not come rights t	U tile	Certi	ilcate fiolitier in fleti of Su			•			
PRODUCER				CONTA NAME:	CT Kristi Buc	ckland			
Insure It All				PHONE (A/C, No, Ext): 800-314-7003 FAX (A/C, No):					
919 S 25 E				E-MAIL ADDRESS: kristi@insureitall.com					
							RDING COVERAGE		NAIC #
Ammon			ID 83406	INSURE			rance Company		28932
INSURED				INSURE					
Automobile Recovery Services of Arizona Inc.				INSURE					
PO BOX 17237				INSURE					
10 Box 17257				INSURE					
TUCSON			AZ 85731	INSURE					
	TIFIC			INSURE	:K F :		DEVICION NUMBER.		
THIS IS TO CERTIFY THAT THE POLICIES O			NUMBER:	FN ISS	UED TO THE IN		REVISION NUMBER: ED ABOVE FOR THE POLICY	PERIC	)D
INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PEF EXCLUSIONS AND CONDITIONS OF SUCH F	UIREM RTAIN, POLICIE	IENT, THE ES. L	, TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON	NTRACT OR OT DLICIES DESCF DUCED BY PAI	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WHI	CH TH	
INSR LTR TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	i	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	5	
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	5	
							MED EXP (Any one person)	3	
							PERSONAL & ADV INJURY \$	3	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	6	
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	6	
OTHER:							9	6	-
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO							BODILY INJURY (Per person) \$	3	
OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) \$	3	
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	3	
AUTOS ONET							(i el accident)	<u> </u>	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
DED RETENTION\$	1						ACORECATE 9		
WORKERS COMPENSATION			1				PER OTH-	,	-
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	,	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
DESCRIPTION OF OPERATIONS DEIOW							Dishonesty Bond	•	1,000,000.00
A Dishonesty Bond			5207PR014041-05-164		02/15/2025	02/15/2026	Dishonesty Bolid		1,000,000.00
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
CERTIFICATE HOLDER				CANC	ELLATION				
Greater Access Financial	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
591 W Hamilton Ave Suite 100	)			AUTHORIZED REPRESENTATIVE KRISTI BUCKLAND					
Campbell CA 95008									