CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/06/2020

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

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

PRODUCER

IG., INC./RSIG
RECOVERY SPECIALIST INSURANCE GROUP
GATE ELEVEN SOLUTIONS
PO BOX 395 GIDDINGS TX 78942

CONTACT NAME: IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636
E-MAIL ADDRESS: CERTIFICATES@RSIG.COM

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURER B: LLOYDS OF LONDON	15792
INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

AUTO REPOSSESSION LLC 1520
16680 SW SHAW STREET
BEAVERTON OR 97078

COVERAGES **CERTIFICATE NUMBER:** G1-39615 **REVISION NUMBER:** 20-21GuideOne

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			570000001-02 ERRORS & OMISSIONS WRONGFUL REPO,	09/01/2020	09/01/2021	EACH OCCURRENCE	$ 1,000,000.00
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000.00
							MED EXP (Any one person)	$ 5,000.00
C	X CYBLIAB $2MIL POLICYAGG			REPOSSESSED AUTO,			PERSONAL & ADV INJURY	$ 1,000,000.00
	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
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			570000223-01 COMP/COLL DED $1000	05/13/2020	05/13/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000.00
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			570000001-02 SEE DESC. OF OPERATIONS	09/01/2020	09/01/2021	EACH OCCURRENCE	$ 2,000,000.00
							AGGREGATE	$ INC. GEN AGG
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					WC STATU-TORY LIMITS / OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	EMPLOYEE DISHONESTY&COMP CRIME			570000001-02	09/01/2020	09/01/2021	LIMIT: $1,000,000.00	
A	GARAGEKEEPERS DIRECT PRIMARY			570000001-02	09/01/2020	09/01/2021	GKDP LIMIT: $300,000.00	
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 5/13/16 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: 16680 SW SHAW ST., BEAVERTON, OR 97078

PRIMARY LIMITS PROVIDE FULL $3,000,000 LIMIT WITH A $5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY
SCHEDULED AUTO: 08 FORD #6833

CERTIFICATE HOLDER

ALLIED FINANCE ADJUSTERS CONFERENCE, INC
888-949-8520
HOMEOFFICE@ALLIEDFINANCEADJUSTERS.COM
PO BOX 3853
MIDLAND TX 79702

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.

AUTHORIZED REPRESENTATIVE

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