

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 come rights to	Utile	Certi	ncate noticer in neu or su			•			
PRODUCER				CONTA NAME:		ckland			
Insure It All				PHONE (A/C, No, Ext): 800-314-7003 (A/C, No):					
919 S 25 E				E-MAIL ADDRESS: Kristi@insureitall.com					
						URER(S) AFFOR	RDING COVERAGE		NAIC #
Ammon			ID 83406	INSURE			rance Company		28932
INSURED				INSURE			1 7		
Desert Auto Recovery Inc				INSURE					
PO BOX 39095				INSURE					
10 BOX 37073									
PHOENIX			AZ 85069	INSURE					
	TIFIO			INSURE	:R F :	-	DEVICION NUMBER		
COVERAGES CER' THIS IS TO CERTIFY THAT THE POLICIES OF			NUMBER:	EN ISS	LIED TO THE IN		REVISION NUMBER:	DEBIC	חל
INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	UIREM TAIN, OLICII	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 DOCUMI RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WHI	CH TH	
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR	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) \$	3	
							MED EXP (Any one person) \$	3	
							PERSONAL & ADV INJURY \$	6	
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)	<u> </u>	
ANY AUTO							BODILY INJURY (Per person) \$	3	
OWNED SCHEDULED							BODILY INJURY (Per accident) \$	<u> </u>	
AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE \$	<u> </u>	
AUTOS ONLY AUTOS ONLY							(Per accident)	<u> </u>	
UMBRELLA LIAB OCCUP									
EVOLUE HAD							EACH OCCURRENCE \$		
CLAIMS-IMADE	1						AGGREGATE \$		
DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	5	
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 \$	5	
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	5	
A Dishonesty Bond			5207PR014041-05-182		02/15/2025	02/15/2026	Dishonesty Bond		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				
MVConnect, LLC Its Officers, Clients & Employees					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 80	00			E 00000 0000 0000 0000 0000 0000 0000	RIZED REPRESE	NTATIVE			
. Schaumburg II. 60173				KRISTI BUCKLAND					



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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 ADDRESS: Kristi@insureitall.com					
						INS	URER(S) AFFOR	RDING COVERAGE	NAIC#	
Ammon				ID 83406	INSURE	RA: Markel A	American Insu	rance Company	28932	
INSURED					INSURE	RB:		• •		
Desert Auto Recovery Inc					INSURE					
PO BOX 39095					INSURE					
					INSURE					
PHOENIX				AZ 85069	INSURE					
COVERAGES	CERT	TIFIC	ΔTF	NUMBER:	INOUNE	X 1 .		REVISION NUMBER:		
					EN ISSU	JED TO THE IN		ED ABOVE FOR THE POLICY PERIO	OD D	
CERTIFICATE MAY BE ISSU	ED OR MAY PER	TAIN,	THE		THE PO	LICIES DESCR	RIBED HEREIN	ENT WITH RESPECT TO WHICH TH I IS SUBJECT TO ALL THE TERMS,	IIS	
INSR TYPE OF INSUF	RANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
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CLAIMS-MADE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
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PRO-	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 HIRED	AUTOS NON-OWNED							PROPERTY DAMAGE &		
AUTOS ONLY	AUTOS ONLY							(Per accident) \$		
UMBRELLA LIAB								ļ ,		
EXCESS LIAB	OCCUR							EACH OCCURRENCE \$		
	CLAIMS-MADE							AGGREGATE \$		
DED RETENTION WORKERS COMPENSATION								PER OTH-		
AND EMPLOYERS' LIABILITY	Y/N									
ANY PROPRIETOR/PARTNER OFFICER/MEMBER EXCLUDE	D?	N/A						E.L. EACH ACCIDENT \$		
(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE \$		
DÉSCRIPTION OF OPERATIC	NS below							E.L. DISEASE - POLICY LIMIT \$	1 000 000 00	
Dishonesty Bond								Dishonesty Bond	1,000,000.00	
A				5207PR014041-05-182		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				CANCELLATION						
FOR INFORMATIONAL PURPOSES ONLY						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 KRISTI BUCKLAND				
PROHIBITED										



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PRODUCER C					CONTACT NAME: Kristi Buckland					
Insur	e It All				PHONE (A/C, No. Ext): 800-314-7003 (A/C, No):					
919 5	25 E				E-MAIL ADDRESS: Kristi@insureitall.com					
					INSURER(S) AFFORDING COVERAGE NAIC					
Amn	on			ID 83406	INSURE		· · · ·	rance Company	28932	
INSUR				ID 05400			increan mou	tance company	20732	
					INSURE					
	Auto Recovery Inc				INSURE					
PO B	OX 39095				INSURE	RD:				
					INSURE	RE:				
PHOI	NIX			AZ 85069	INSURE	RF:				
COVI	RAGES CER	TIFIC	ATE I	NUMBER:			l	REVISION NUMBER:		
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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) \$		
-								MED EXP (Any one person) \$		
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ľ	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
-	POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$		
	OTHER:							· ·		
Ľ	AUTOMOBILE 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 \$	1						\$		
	ORKERS COMPENSATION							PER OTH-		
	ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE							<u>' ' ' </u>		
	FFICER/MEMBER EXCLUDED?	N/A								
l lif	Mandatory in NH) yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
	ÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
	Dishonesty Bond							Dishonesty Bond	1,000,000.00	
A	Dishonesty Bond			5207PR014041-05-182		02/15/2025	02/15/2026			
DESC	IPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	0 101, Additional Remarks Sched	ule, may	be attached if m	ore space is requ	uired)		
CER	IFICATE HOLDER				CANC	ELLATION				
Millennium Capital and Recovery Corp						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				
	ı				KRISTI BUCKLAND					



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, tile	ceru	ilcate noider in lieu of Su						
			NAME: Kristi Buckland					
			PHONE (A/C, No, Ext): 800-314-7003 FAX (A/C, No):					
			ADDRESS: Kristi@insureitall.com					
				INS	URER(S) AFFOR	RDING COVERAGE	NAIC #	
		ID 83406	INSURE	RA: Markel A	American Insur	rance Company	28932	
			INSURE	RB:				
			INSURE	RC:				
			INSURE	RD:				
			INSURE	RE:				
		AZ 85069	INSURE	RF:				
ΓIFIC	ATE	NUMBER:				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. NSR								
		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
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 \$		
						, , , , , , , , , , , , , , , , , , ,		
		5207PR014041-05-182		02/15/2025	02/15/2026	Dishonesty Bond	1,000,000.00	
CERTIFICATE HOLDER CANCELLATION CANCELLATION 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. 100 Centerview Dr. Suite 325 Nashville, TN 37214 AUTHORIZED REPRESENTATIVE KRISTI BUCKLAND								
	N/A LES (A	N/A LES (ACORI	AZ 85069 TIFICATE NUMBER: INSURANCE LISTED BELOW HAVE BE ATAIN, THE INSURANCE AFFORDED BY OLICIES. LIMITS SHOWN MAY HAVE BE ADDL SUBR INSD WVD POLICY NUMBER N/A 5207PR014041-05-182 LES (ACORD 101, Additional Remarks Schedung and all subsidiaries	ID 83406 INSURE ID 83406 INSURE INSURE INSURE INSURE INSURE INSURE INSURE INSURANCE LISTED BELOW HAVE BEEN ISSUBTEMENT, TERM OR CONDITION OF ANY CONTAIN, THE INSURANCE AFFORDED BY THE POLICIES. LIMITS SHOWN MAY HAVE BEEN RECORDING WAY POLICY NUMBER N/A 5207PR014041-05-182 LES (ACORD 101, Additional Remarks Schedule, may also and all subsidiaries CANCE SHOWN SHOWN SHOWN CANCE CANCE SHOWN SHE SHOWN S	ID 83406 INSURER A: Markel A ADDRESS: Kristi@in INSURER B: INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURENCE AFFORDED BY THE POLICIES DESCRIPTION OF ANY CONTRACT OR OT TAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIPTION OF ANY CONTRACT OR OT TAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIPTION OF ANY CONTRACT OR OT TAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIPTION OF ANY CONTRACT OR OTHER PROPERTY. N/A N/A S207PR014041-05-182 O2/15/2025 LES (ACORD 101, Additional Remarks Schedule, may be attached if machine and all subsidiaries CANCELLATION SHOULD ANY OF THE EXPIRATION IN ACCORDANCE WITH ACCORDANCE WI	RONTACT Kristi Buckland PROME 800-314-7003 AME: 800-314-7003 ADDRESS: Kristi@insureitall.com INSURER(S) AFFOR INSURER B: INSURER B: INSURER B: INSURER C:	NAME: FATAL PATA PATA	



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this certificate does not com	iei rigilis to tii	e certi	ilicate fiolider ill fled of su	CONTACT					
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 ADDRESS: Kristi@insureitall.com					
				INS	SURER(S) AFFOR	RDING COVERAGE	NAIC #		
Ammon			ID 83406	INSURER A: Markel	American Insu	rance Company	28932		
INSURED				INSURER B :		• •			
Desert Auto Recovery Inc				INSURER C :					
PO BOX 39095				INSURER D :					
				INSURER E :					
PHOENIX			AZ 85069						
COVERAGES	CERTIE	CATE		INSURER F :		DEVICION NUMBER.			
			NUMBER: CELISTED BELOW HAVE BE	EN ISSUED TO THE I		REVISION NUMBER: ED ABOVE FOR THE POLICY PERI	OD		
INDICATED. NOTWITHSTANDIN	G ANY REQUIRE OR MAY PERTAI	EMENT, N, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CONTRACT OR OT THE POLICIES DESCI	THER DOCUM RIBED HEREIN	ENT WITH RESPECT TO WHICH TH I IS SUBJECT TO ALL THE TERMS,	HIS		
INSR LTR TYPE OF INSURANCE		DLSUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIA	1110	טיייי כי	. CLIOT NOMBER	((31111)	EACH OCCURRENCE \$			
CLAIMS-MADE C	OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
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- 						= (, p ,			
						PERSONAL & ADV INJURY \$			
GEN'L AGGREGATE LIMIT APPLIE	7 I					GENERAL AGGREGATE \$			
POLICYJECT	Troc					PRODUCTS - COMP/OP AGG \$			
OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$			
						(Ea accident)			
ANY AUTO OWNED SCHI	EDULED					BODILY INJURY (Per person) \$			
AUTOS ONLY AUTO	os					BODILY INJURY (Per accident) \$			
	-OWNED OS ONLY					PROPERTY DAMAGE (Per accident) \$			
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UMBRELLA LIAB	DCCUR					EACH OCCURRENCE \$			
EXCESS LIAB	CLAIMS-MADE					AGGREGATE \$			
DED RETENTION \$						\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXE	CUTIVE Y/N					E.L. EACH ACCIDENT \$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	001112 N/	^				E.L. DISEASE - EA EMPLOYEE \$			
If yes, describe under DESCRIPTION OF OPERATIONS be	elow					E.L. DISEASE - POLICY LIMIT \$			
	0.01.					Dishonesty Bond	1,000,000.00		
A Dishonesty Bond			5207PR014041-05-182	02/15/2025	02/15/2026	Bioliciasity Bolice	1,000,000.00		
			320711014041 03 102	02/13/2023	02/13/2020				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
CERTIFICATE HOLDER				CANCELLATION					
United Recovery a 311 Moore Ln Col			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 KRISTI BUCKLAND						



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	orn				CONTAC	CT TO THE					
PRODU	LEK				NAME:	Kristi Buc		IFAV			
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						
Amm	on			ID 83406	INSURE		. ,	rance Company	NAIC # 28932		
INSURE					INSURE						
Desert	Auto Recovery Inc				INSURER C :						
	X 39095				INSURE						
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PHOE	NIX			AZ 85069	INSURE						
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	IS TO CERTIFY THAT THE POLICIES OF				EN ISSI	UED TO THE IN			OD 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	OLICII ADDL			EEN REI		D CLAIMS. POLICY EXP				
INSR LTR	TYPE OF INSURANCE	INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
	<u> </u>							MED EXP (Any one person) \$			
								PERSONAL & ADV INJURY \$			
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	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$			
	OTHER:							\$			
А	UTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$			
	ANY AUTO							BODILY INJURY (Per person) \$			
-	OWNED SCHEDULED							BODILY INJURY (Per accident) \$			
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Al	ND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
1A O	NY PROPRIETOR/PARTNER/EXECUTIVE FRICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$			
(N	landatory in NH) yes, describe under							E.L. DISEASE - EA EMPLOYEE \$			
Ďi	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
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A	Dishonesty Bond			5207PR014041-05-182		02/15/2025	02/15/2026				
DESCR	PTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACOR	D 101, Additional Remarks Sched	lule, may	be attached if mo	ore space is requ	iired)			
CERT	IFICATE HOLDER				CANC	ELLATION					
Secure Collateral Management					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	9330 Lyndon B Johnson Fwy S	uite 7	00 Da	allas, TX 75243	E 40817 E 4056 E 517	RIZED REPRESEI	NTATIVE				
					KRISTI	BUCKLAND					



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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 ADDRESS: Kristi@insureitall.com					
					INS	URER(S) AFFOR	RDING COVERAGE	NAIC #	
Ammon			ID 83406	INSURE	RA: Markel A	American Insu	rance Company	28932	
INSURED				INSURE	RB:				
Desert Auto Recovery Inc				INSURE					
PO BOX 39095				INSURE					
				INSURE					
PHOENIX			AZ 85069	INSURE					
	TIFIC	ΔTF	NUMBER:	INCORE	\1.		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF				EN ISSU	JED TO THE IN			DD I	
INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	TAIN,	THE	INSURANCE AFFORDED BY	THE PO	LICIES DESCF	RIBED HEREIN		IS	
INSR LTR TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY	INSU	WVD	TOLIOT NOMBER		(WIW/DD/TTTT)	(WIM/DD/TTTT)	EACH OCCURRENCE \$		
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
CLAIIVIS-IVIADE OCCUR									
							() e perseny		
							PERSONAL & ADV INJURY \$		
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							` ', '		
AUTOS ONLY AUTOS NON-OWNED							PROBERTY PANAGE		
AUTOS ONLY AUTOS ONLY							(Per accident)		
							\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
DED RETENTION \$							\$		
WORKERS COMPENSATION 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)							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			5207PR014041-05-182		02/15/2025	02/15/2026			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACOR	D 101, Additional Remarks Sched	lule, may	be attached if mo	ore space is requ	uired)		
CERTIFICATE HOLDER				CANC	ELLATION				
CERTIFICATE HOLDER				CANC	ELLATION				
							ESCRIBED POLICIES BE CANCELL		
Resolvion							OF, NOTICE WILL BE DELIVERED IN BY PROVISIONS.	'	
ICCSOTVIOII				^666	DINDANCE WIL	III INE FULIC	TI NOVIGIONS.		
2177 SALK AVE STE 200				AUTHOR	IZED REPRESE	NTATIVE			
CARLSBAD,CA 92008				8 8 8 7 8 8 4 5 6 7 7 7 7 8 1					
CARLSDAD,CA 92008				KRISTI BUCKLAND					