



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/21/2017

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 SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	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
INSURED IG., INC. / RSIG INTERLINK RECOVERY SERV, LLC 1424 399 BRENTWOOD DR GREENVILLE PA 16125	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C28653** REVISION NUMBER: **17-18Renewal**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00	MED EXP (Any one person) \$ 5,000.00	PERSONAL & ADV INJURY \$ 1,000,000.00	GENERAL AGGREGATE \$ 5,000,000.00
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			PRPSW008347-01 COM/COLL DED \$3000	07/07/2017	07/07/2018	BODILY INJURY (Per person) \$				
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$	PROPERTY DAMAGE (Per accident) \$			
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00				
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ INC. GEN AGG				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS \$	OTH-ER \$	E.L. EACH ACCIDENT \$	E.L. DISEASE - EA EMPLOYEE \$	E.L. DISEASE - POLICY LIMIT \$
A	CRIME/EMP DISHONESTY			RRPMSW00001-02	10/01/2017	10/01/2018	LIMIT: \$1,000,000.00				
A	GARAGEKEEPERS DIRECT PRIMARY			RRPMSW00001-02	10/01/2017	10/01/2018	GKDP LIMIT: \$300,000.00				
B	GARAGEKEEPERS EXCESS			B113610002C160001	10/01/2017	10/01/2018	GKDP EXCESS: \$700,000.00				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RSIG MEMBER SINCE: 10/06/2010 - 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
LOCATIONS: 399 BRENTWOOD DR, GREENVILLE, PA 16125 // 426 LOCUST ST MCKEES ROCKS, PA 15136 // 1325 WAYNE ST., ERIE, PA 16503. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY
SCHEDULED AUTO: 12 FORD #6763; 14 RAM #4910; 15 FORD #5336; 12 FORD #1420; 16 FORD #2615; 10 FORD #0482; 17 FORD #6350; 11 FORD #2028

CERTIFICATE HOLDER ALLIED FINANCE ADJUSTERS CONFERENCE, INC 888-949-8520 3 PARK LANE SUITE 321 DOUGLASSVILLE PA 19518	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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