



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/26/2023

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

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

<b>PRODUCER</b> Rise Insurance Solutions 4607 Lakeview Canyon Road #343  Westlake Village CA 91361		<b>CONTACT NAME:</b> Amy Cagley <b>PHONE (A/C, No, Ext):</b> (818) 860-4150 <b>E-MAIL ADDRESS:</b> amy@riseinsurancesolutions.net <b>FAX (A/C, No):</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Clear Blue Specialty Insurance Company	<b>NAIC #</b> 37745
		<b>INSURER B:</b> Clear Blue Insurance Company	28860
		<b>INSURER C:</b> Subscription	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Dezba Asset Recovery, Inc., Dezba Towing, Inc. 5507-10 Nesconset Highway  Mt. Sinai NY 11766			

**COVERAGES**

CERTIFICATE NUMBER: CL2362600893

REVISION NUMBER:


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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y		BE91000032-00	01/05/2023	01/05/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b>	Y		BE0111000555-02	07/11/2023	07/11/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> Drive Away							
C	<b>UMBRELLA LIAB</b>			CCP1089430-00	05/17/2023	05/17/2024	EACH OCCURRENCE \$ 1,000,000
	<b>EXCESS LIAB</b>						AGGREGATE \$ 1,000,000
	DED RETENTION \$						Cyber Liability \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A		BE0111000555-02	07/11/2023	07/11/2024	PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Garage Keepers Direct Primary On-Hook/Cargo			BE0111000555-02	07/11/2023	07/11/2024	Ded. \$500/\$2,500 \$1,000,000
							Ded. \$1,000 \$100,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Certificate holder is named as additional insured only when required by written contract or agreement per policy provisions, and will be given 30 days written notice of cancellation (10 days for non-payment) per policy provisions.

**CERTIFICATE HOLDER****CANCELLATION**

Allied Finance Adjusters 214 West Texas Avenue #203  Midland TX 79701	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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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

# ADDITIONAL REMARKS SCHEDULE

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AGENCY Rise Insurance Solutions		NAMED INSURED Dezba Asset Recovery, Inc., Dezba Towing, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

- Locations:
- 110 Eads St, West Babylon, NY 11704
  - 6 Canal Road, Pelham, NY 10803
  - 1802 Petracca Place, Whitestone, NY 11357

- Vehicles:
- 1) 2015 Ram 3C7WRLAL1FG706802
  - 2) 2021 Ram 3C7WRLAL1MG602100
  - 3) 2017 Ram 3C7WRLAL4HG673572
  - 4) 2019 Ram 3C7WRLAL3KG531754
  - 5) 2019 Ram 3C7WRLAL8KG546735
  - 6) 2021 Ram 3C7WRLAL9MG602099

- Employees:
- 1) Lauran Derosa
  - 2) Michael Kenjesky
  - 3) Vito Derosa
  - 4) Vito Derosa Jr.