

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/02/2025

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).

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PRODUCER						CONTACT Amy Cogley					
Rise Insurance Solutions					INAME.						
		Canyon Road #343				E-MAIL amu@riceincurenceclutions.com					
100	Lanovion	canyon read no lo				ADDRESS:					
Wa	stlake Villag	10			CA 91361	INSURER(S) AFFORDING COVERAGE				NAIC # 32727	
-	JRED	je			OA 91301	INSURER A: Underwriters at Lloyd's of London				28860	
"130	IKLD	Dezba Asset Recovery, Inc., Dez	zha T	owing	Inc	Cubanistian				20000	
		5507-10 Nesconset Highway	LDA IV	ownig,	, IIIO.	INSURER C: Subscription					
		3307-10 Nesconset Flighway				INSURER D:					
		Mt. Sinai			NY 11766	INSURER E :					
<u></u>	VEDAGEO		FIFIC			INSURE	RF:		DEVICION NUMBER		
	VERAGES	ERTIFY THAT THE POLICIES OF I			TO MBEIT.		TO THE INCLI		REVISION NUMBER:	IOD	
		NOTWITHSTANDING ANY REQUI									
		MAY BE ISSUED OR MAY PERTA							UBJECT TO ALL THE TERMS	,	
INSR			ADDL	SUBR		I REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP					
LTR	.	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY) (MM/DD		LIMIT	s _c 1,000,000	
		MERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,00	0,000
		CLAIMS-MADEOCCUR							PREMISES (Ea occurrence)	\$	
Ι.	<u> </u>		.,		1.01.040505		04/05/0005	04/05/0000	MED EXP (Any one person)	\$ 1,00	10
Α	Ш		Υ		LOL010525		01/05/2025	01/05/2026	PERSONAL & ADV INJURY	\$	
	GEN'L AGG	REGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ	0,000
	POLIC	Y PRO- JECT LOC							PRODUCTS - COMP/OP AGG	Ψ	0,000
	OTHE								Wrongful Repossession	\$ 1,00	·
	<u> </u>	LE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
l _	ANY A		.,						BODILY INJURY (Per person)	\$	
В	AUTO	S ONLY AUTOS	Υ		BE0111000555-03		07/11/2024	07/11/2025	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
		S ONLY AUTOS ONLY							(Per accident)	\$	
		e Away								\$	
		OCCUR							EACH OCCURRENCE	\$ 1,000,000	
C EXCESS LIAB CLAIMS-MADE				C-4LRI-085018-CYBER-20			24 05/17/2024	05/17/2025	AGGREGATE	\$ 1,000,000	
	DED	RETENTION \$							Cyber Liability	\$	
		COMPENSATION DYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
		RIETOR/PARTNER/EXECUTIVE EMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory If yes, descri	in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION	ON OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	Garage K	Geepers Direct Primary							Ded. \$500/\$2,500		000,000
В	On-Hook	/Cargo			BE0111000555-03		07/11/2024	07/11/2025	Ded. \$1,000	\$100	0,000
										<u> </u>	
l		OPERATIONS / LOCATIONS / VEHICLE	-			-	-	-			
		er is named as additional insured ellation (10 days for non-payment)				or agree	ment per policy	provisions, ar	nd will be given 30 days writt	en	
'''	00 01 001100	mation (10 days for non paymont)	, poi i	policy	providiono.						
CERTIFICATE HOLDER CANCELLATION											
									SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER		REFORE
Allied Finance Adjusters							ORDANCE WIT				
214 West Texas Avenue #203											
						AUTHORIZED REPRESENTATIVE					
Midland				TX 79701		Carfy					

ZENICV	CUSTOMER ID:	00000019

AGENCY CUSTOMER ID: 00000019

LOC #: ______



ADDITIONAL REMARKS SCHEDULE

of

AGENCY		NAMED INSURED			
Rise Insurance Solutions	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,					

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:

- 2015 Ram 3C7WRLAL1FG706802
- 2017 Ram 3C7WRLAL4HG673572
- 2019 Ram 3C7WRLAL3KG531754
- 2021 Ram 3C7WRLAL1MG602100
- 2021 Ram 3C7WRLAL1MG002100 2021 Ram 3C7WRLAL7MG602098

Employees:

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

ACORD 101 (2008/01)