

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/25/2017

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 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).						
PRODUCER		CONTACT NAME:	_ori Holland			
KRM Insurance Specialists, LLC		PHONE (A/C, No, Ext):	(972)635-8106	(A/C, No): (800)8	378-1203	
P.O. Box 358		E-MAIL ADDRESS:	ori@krminsurancespecialist	ts.com		
			INSURER(S) AFFORDING	COVERAGE	NAIC#	
Royse City	TX 75189	INSURER A:	National Specialty Insurance	ce Company		
INSURED		INSURER B:				
Jaydon W. Enterprises, Inc.		INSURER C:				
dba Elite Recovery Services		INSURER D :				
148 S. Dowlen PMB 797		INSURER E:				
Beaumont	TX 77707	INSURER F:				
COVERAGES CERTIFICATE NUMBER:			REV	ISION 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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						

ADDL|SUBR INSD | WVD POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE CLAIMS-MADE 100,000 OCCUR PREMISES (Ea occurrence) Wrongful Repossession MED EXP (Any one person) 5,000 **Errors & Omissions** WESFL633227-00 1.000.000 07/31/2017 07/31/2018 PERSONAL & ADV INJURY 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRO-X 3,000,000 PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIM (Ea accident) AUTOMOBILE LIABILITY 1.000.000 ANY AUTO BODILY INJURY (Per person) OWNED SCHEDULED BODILY INJURY (Per accident) WESFL633227-00 07/31/2017 07/31/2018 AUTOS ONLY AUTOS NON-OWNED HIRFD PROPERTY DAMAG AUTOS ONLY AUTOS ONLY \$85,000 UM \$2,500 PIP **Drive Away Coverage** Included UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A E.L. DISEASE - EA EMPLOYEE f yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$300,000 Coverage \$500/\$2,500 Ded. Garage Keepers Coverage - Direct On Hack Coverage Physical Damage Coverage WESFL633227-00 \$100,000 Coverage \$1,000 Deductible Α 07/31/2017 07/31/2018 Comp & Collision \$1,000 Deductible

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

Repossession Coverage included wrongful repossession Location: 11181 Keith Road, Beaumont, TX 77713

Scheduled Units: 2001 GMC Wrecker #1GDJC39U51F103301 and 2016 Ford Wrecker #1FD0X4GT0GEB34759 Contractors Equipment Coverage - \$15,000

Drivers: Richard Loden; Jack Cleveland III and Denise Loden

CERTIFICATE HOLDER	CANCELLATION		
Allied Finance Adjusters Conference, Inc. 956 S. Bartlett Rd. Suite 321 Bartlett, IL 60103	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		
	$\mathcal{D}_{i}$ , $\mathcal{W}_{i}$ , $\mathcal{U}_{i}$		
	KA-1/11/1//		

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