

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/10/2026

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 Siracusa Risk Management 1448 SE 8th St Deerfield Beach FL 33441	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Contact Agency</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (631) 758-8868</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: certificates@service.insure</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Underwriters at Lloyd's London</td> <td>NAIC # 32727</td> </tr> <tr> <td colspan="2">INSURER B: AIPSO</td> </tr> <tr> <td colspan="2">INSURER C:</td> </tr> <tr> <td colspan="2">INSURER D:</td> </tr> <tr> <td colspan="2">INSURER E:</td> </tr> <tr> <td colspan="2">INSURER F:</td> </tr> </table>	CONTACT NAME: Contact Agency		PHONE (A/C, No, Ext): (631) 758-8868	FAX (A/C, No):	E-MAIL ADDRESS: certificates@service.insure		INSURER(S) AFFORDING COVERAGE		INSURER A: Underwriters at Lloyd's London	NAIC # 32727	INSURER B: AIPSO		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED Dezba Asset Recovery Inc. 5507-10 Nesconset Hwy, Mt. Sinai NY 11766 (631) 845-1411																					

COVERAGES**JS****CERTIFICATE NUMBER: Cert ID 13897 (4)****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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			SGRP-10049-26	07/11/2026	07/11/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Wrongful Repo \$ 1,000,000
B	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY ☒ Drive Other Car			S3956551691	07/11/2026	07/11/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	On-Hook			SGRP-10049-26	07/11/2026	07/11/2027	Limit with/\$5,000 Deductible 150,000
A	GK Direct Primary			SGRP-10049-26	07/11/2026	07/11/2027	Per Schedule Per schedule

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.

"Locations:

- 110 Eads St., West Babylon, NY 11704
- 6 Canal Road, Pelham, NY 10803
- 1802 Petracca Place, Whitestone, NY 11357
- 36a Columbus Ave., East Patchogue, NY 11772

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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DESCRIPTION OF OPERATIONS SECTION CONT INUED		DATE 07/10/2026
CERTIFICATE HOLDER: Allied Finance Adjusters 214 West Texas Avenue #203 Midland TX 79701	INSURED: Dezba Asset Recovery Inc. 5507-10 Nesconset Hwy, Mt. Sinai NY 11766	
DESCRIPTION OF OPERATIONS CONTINUED: Vehicles: - 2025 Ram 3C7WRLAL4SG590831 - 2024 Ram 3C7WRLAL1RG315881 - 2024 Ram 3C7WRLAL3RG262813 - 2024 Ram 3C7WRLAL0RG289175 - 2024 Ram 3C7WRLAL6RG255516 - 2024 Ram 3C7WRLAL6RG289181 - 2024 Ram 3C7WRLALXRG255518 Employees: 1) Lauran Derosa 2) Michael Kenjesky 3) Vito Derosa 4) Vito Derosa Jr."		