| ACORD | |
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| | |

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/19/2022

| 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). | | | | | | | | | | | |
| | DUCER | | | | CONTA NAME | CT IG. INC./ | RSIG - LIGH | HTHOUSE INSURANCE S | /CS | | |
| | IG., INC./RSIG | | | | PHONE (AC, No, Ext): 703-365-0199//LH703.365.0362 FAX (AC, No, Ext): 703-365-0636 | | | | | | |
| RECOVERY SPECIALIST INSURANCE GROUP | | | | | | | | | | | |
| | GATE ELEVEN SOLUTIONS | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | | | |
| PO BOX 395 GIDDINGS TX 78942 | | | | | | INSURER A: GUIDEONE NATIONAL INSURANCE COMPANY | | | | | |
| INSURED | | | | | | INSURER B: LLOYDS OF LONDON 15792 | | | | | |
| | | | | | INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 | | | | 15580 | | |
| GEORGIA COLLATERAL REC BUR INC. 1054 | | | | | | | | | 15032 | | |
| | PO BOX 71491 | | INSURER E: | | | | | | | | |
| | ALBANY | | | GA 31708 | INSURER F: | | | | | | |
| COVERAGES CERTIFICATE NUMBER: G1-57392 REVISION NUMBER: 22-23GuideOne | | | | | | | | | | | |
| 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, | | | | | | | | | | | |
| E | XCLUSIONS AND CONDITIONS OF SUCH P | OLICI | ES. LI | | | EEN REDUCE | D BY PAID CLA | | , | | |
| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
| | GENERAL LIABILITY | | | 570000002-00 | | | 09/01/2023 | | 1,000,000.00 | | |
| А | X COMMERCIAL GENERAL LIABILITY | | | ERRORS & OMISSIONS | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | 100,000.00 | | |
| | CLAIMS-MADE X OCCUR | | | WRONGFUL REPO, | | | | MED EXP (Any one person) \$ | 5,000.00 | | |
| | X CYBLIAB \$2MIL POLICYAGG | | | REPOSSESSED AUTO, | | | | PERSONAL & ADV INJURY \$ | 1,000,000.00 | | |
| С | X CYBER LIAB - \$100,000 | | | DRIVE-AWAY,CARGO, | | | | | 5,000,000.00 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | ON-HOOK - EACH \$1MIL | LIMIT | | | | 3,000,000.00 | | |
| | X POLICY PRO- JECT LOC | | | EKI344250- CYBER | | | | REPO IN TRANSIT \$ | 1,000,000.00 | | |
| D | | | | 570000265-02 | | 11/27/2021 | 11/27/2022 | · · · · · | 1,000,000.00 | | |
| | | | | | 000 | | | BODILY INJURY (Per person) \$ | | | |
| | ALL OWNED X SCHEDULED | | | | | | | BODILY INJURY (Per accident) \$ | | | |
| | X HIRED AUTOS X NON-OWNED AUTOS | | | | | | | PROPERTY DAMAGE (Per accident) \$ | | | |
| | | | | | | | 00/04/0000 | \$ | 2,000,000.00 | | |
| А | | | | 57000002-00 SEE DESC. OF OPERATIO | ONS | 09/01/2022 | 09/01/2023 | · · · · · · · · · · · · · · · · · · · | NC. GEN AGG | | |
| | | | | | 0110 | | | AGGREGATE \$ 1 | | | |
| | WORKERS COMPENSATION | | | | | | | WC STATU- TORY LIMITS ER | | | |
| AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | | | E.L. EACH ACCIDENT \$ | | | |
| OFFICER/MEMBER EXCLUDED? | | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | | | |
| А | EMPLOYEE DISHONESTY&COMP CRIME | | | 57000002-00 | | 09/01/2022 | 09/01/2023 | LIMIT: \$1,000,000.00 | | | |
| А | | | | 57000002-00 | | | | GKDP LIMIT: \$375,000.00 |) | | |
| В | GARAGEKEEPERS DIR PRIM EXC | | | B1136TR221716 | | | | GKDP EXCESS: \$625,000 | 0.00 | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) RSIG MEMBER SINCE 09/20/00- 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 PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763 SCHEDULED AUTOS: 06 CHEV #8969; 21 CHEV #1074; 15 CHEV #0911 | | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | ANCELLATION | | | | | | |
| PROOF OF INSURANCE GEORGIA COLLATERAL REC BUREAU, INC 229-432-7221 | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| | PO BOX 71491 | | | | 20100 | VIELD KERKEJE | | 1 | | | |
| ALBANY GA 31708 Dara Can | | | | | | | | Acan | | | |
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