



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/12/2025

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 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 | IG., INC./RSIG<br>RECOVERY SPECIALIST INSURANCE GROUP<br>GATE ELEVEN SOLUTIONS<br>PO BOX 395 GIDDINGS TX 78942 | CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS<br>PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636<br>E-MAIL ADDRESS: CERTIFICATES@RSIG.COM   |
| INSURED  | LIBERTY RECOVERY SERVICES 1585<br>4848 TIDWELL DR.<br>TYLER TX 75708   | INSURER(S) AFFORDING COVERAGE<br>INSURER A: COLONY INSURANCE COMPANY NAIC # 39993<br>INSURER B: LLOYDS OF LONDON 15792<br>INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580<br>INSURER D: ARGONAUT-MIDWEST INSURANCE COMPANY 15032<br>INSURER E:<br>INSURER F: |

## COVERAGES

CERTIFICATE NUMBER: COL10143

REVISION NUMBER: 24-25Colony

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 INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|--|-------------------------|-------------------------|---|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> CYBLIAB \$2MIL POLICYAGG<br><input checked="" type="checkbox"/> CYBER LIAB - \$100,000<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          | GAT-1000000-00<br>ERRORS & OMISSIONS<br>WRONGFUL REPO,<br>REPOSSESSED AUTO,<br>DRIVE-AWAY, CARGO,<br>ON-HOOK - EACH \$1MIL LIMIT<br>EKI3537443 - CYBER | 09/01/2024              | 09/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00<br>MED EXP (Any one person) \$ 5,000.00<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 5,000,000.00<br>PRODUCTS - COMP/OP AGG \$ 3,000,000.00<br>REPO IN TRANSIT \$ 1,000,000.00 |
| D        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS   |           |          | MC8744326<br>COMP/COLL DED \$2,500   | 03/17/2025              | 03/17/2026              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$   |           |          | GAT-1000000-00<br>SEE DESC. OF OPERATIONS  | 09/01/2024              | 09/01/2025              | EACH OCCURRENCE \$ 2,000,000.00<br>AGGREGATE \$ INC. GEN AGG<br>\$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |  |                         |                         | WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| A        | EMPLOYEE DISHONESTY&COMP CRIME  |           |          | GAT-1000000-00   | 09/01/2024              | 09/01/2025              | LIMIT: \$1,000,000.00   |
| A        | GARAGEKEEPERS DIRECT PRIMARY  |           |          | GAT-1000000-00   | 09/01/2024              | 09/01/2025              | GKDP LIMIT: \$375,000.00  |
| B        | GARAGEKEEPERS DIR PRIM EXC  |           |          | B0507TR2418M001  | 09/01/2024              | 09/01/2025              | GKDP EXCESS: \$625,000.00   |

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

RSIG MEMBER SINCE: 3/17/2017

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

LOCATION: 4848 TIDWELL DRIVE, TYLER TX 75708 // 3607 ELLEN TROUT DR, LUFKIN, TX 75904

SCHEDULED AUTOS: 11 FORD #7566; 18 DODGE #4319, 16 FORD #8318; 22 RAM #1520; 22 RAM #5793; 24 RAM #2608; 24 RAM #4630; 23 RAM #3076

## CERTIFICATE HOLDER

## CANCELLATION

ALLIED FINANCE ADJUSTERS CONFERENCE, INC  
888-949-8520  
HOMEOFFICE@ALLIEDFINANCEADJUSTERS.COM  
PO BOX 3853  
MIDLAND TX 79702

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