

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/06/2023

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).

Certificate	noluer ili lieu or such enuorsement(s).					
PRODUCER			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S		
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	5-0636		
	<b>RECOVERY SPECIALIST INSUF</b>	RANCE GROUP	È-MÁIL ADDRESS: CERTIFICATES@RSIG.COM			
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC#		
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE NATIONAL INSURANCE COMPANY	14167		
INSURED			INSURER B: LLOYDS OF LONDON	15792		
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	NATIONWIDE REC SER INC	891	INSURER D: GUIDEONE INSURANCE COMPANY	15032		
	PO BOX 51 KINGSTON		INSURER E:			
ī		NH 03848	INSURER F:			

COVERAGES CERTIFICATE NUMBER: G1-58598 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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN 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)	LIMIT	s
	GENERAL LIABILITY			570000002-00	09/01/2022	09/01/2023	EACH OCCURRENCE	\$ 1,000,000.00
Α	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,			GENERAL AGGREGATE	\$ 5,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL LIMIT			PRODUCTS - COMP/OP AGG	\$ 3,000,000.00
	X POLICY PRO- JECT LOC			EKI3442250- CYBER			REPO IN TRANSIT	\$ 1,000,000.00
D	D AUTOMOBILE LIABILITY			570000274-03	07/11/2023	07/11/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00
	ANY AUTO			COMP/COLL DED: \$1,000			BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
Α	UMBRELLA LIAB X OCCUR			570000002-00	09/01/2022	09/01/2023	EACH OCCURRENCE	\$ 2,000,000.00
	X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATIONS			AGGREGATE	\$ INC. GEN AGG
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							\$
Α	A EMPLOYEE DISHONESTY&COMP CRIME			57000002-00	09/01/2022	09/01/2023	LIMIT: \$1,000,000.00	
Α				570000002-00	09/01/2022	09/01/2023	GKDP LIMIT: \$375,00	0.00
В	B GARAGEKEEPERS DIR PRIM EXC			B1136TR221716			GKDP EXCESS: \$625	5,000.00

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

RSIG MEMBER SINCE: 01/24/97 -

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: 52 ROUTE 125, KINGSTON, NH

SCHEDULED AUTOS: 16 FORD #7701; 16 FORD #6830; 19 FORD #8316; 21 FORD #3103; 22 FORD #9630

OERTH TOATE HOLDER			GANGELEATION
ALLIED FINANCE ADJUSTEF 888-949-8520		·	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
HOMEOFFICE@ALLIEDFINA	NCEADJUST	TERS.COM	AUTHORIZED REPRESENTATIVE
PO BOX 3853 MIDLAND	TX	79702	Danadoan
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CANCELLATION

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