

CONTACT NAME: DATE(MM/DD/YYYY) 5/11/2018

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.

U A KNAPP AGENCI			PHONE (A/C, No. Ext): (520)299-3720 (A/C, No): (520)299-803								
4525 E Skyline #115			E-MAIL ADDRESS: john@jaknappagency.com								
Tucson, AZ 85718			INSURER(S) AFFORDING COVERAGE								
			INSURER A: NCCI	NAIC#							
INSURED A & A Towing and I	PECOV	erv LLC	INSURER B:								
3360 S 15th Ave		CI Y LLC									
			INSURER C:								
Yuma, AZ 85365			INSURER D :								
928 503-0743			INSURER E:								
			INSURER F:								
COVERAGES CERTIF	ICATE	NUMBER:	REVISION NUMBER:								
THIS IS TO CERTIFY THAT THE POLICIES OF INSUR INDICATED. NOTWITHSTANDING ANY REQUIREMEN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, 1 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. L	T, TERM THE INSU IMITS SHO	OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE PO DWN MAY HAVE BEEN REDUCED	ACT OR OTHER DOCUM LICIES DESCRIBED HER BYPAID CLAIMS.	MENT WITH RESI	PECT TO WHICH THIS						
INSR LTR TYPE OF INSURANCE IN	DL SUBR SD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS					
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$					
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrent	nce) \$					
					MED EXP (Any one person						
					PERSONAL & ADV INJU						
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGAT						
					PRODUCTS - COMP/OF	PAGG \$					
OTHER: AUTOMOBILE LIABILITY	-				COMBINED SINGLE LIM						
AUTOMOBILE LIABILITY					(Ea accident)	Ψ					
ANYAUTO ALL OWNED SCHEDULED					BODILY INJURY (Per pe	, ,					
AUTOS AUTOS NON-OWNED					BODILY INJURY (Per ac PROPERTY DAMAGE	, ,					
HIRED AUTOS AUTOS					(Per accident)	\$					
						\$					
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$					
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$					
DED RETENTION\$						\$					
WORKERS COMPENSATION					X PER STATUTE	OTH- ER					
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE		R2WC867466	5/11/18	5/11/19			,000,000				
A OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)	/ A				E.L. DISEASE - EA EMPL	1	000,000				
If ves. describe under						1	000,000				
DESCRIPTION OF OPERATIONS below	+				E.L. DISEASE - POLICY I	LIMIT   \$ = 1	0007000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES CONTRACT: ADPS15-093573	(ACORD	101, Additional Remarks Schedule, m	ay be attached if more space	e is required)							
Contract: ADPSIS-093573											
CERTIFICATE HOLDER			CANCELLATION								
CLIVIII IOTALE HOLDER			O, WOLLLA HOW								
Arizona Department o 2102 West Encanto Phoenix, AZ 85009		_	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
		ŀ	AUTHORIZED REPRESI	ENTATIVE	1, 1	SAV					
					Solo a Kong	2					



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	A KNAPP AGENCY				PHONE (A/C, No, Ext): (520)299-3720 FAX (A/C, No) (520)299-8019								
4525 E Skyline #115						E-MAIL John@jaknappagency.com							
Τι	icson, AZ 85718				NUDIKE	NAIC#							
					INSURER(S) AFFORDING COVERAGE NA								
INSU	RED A & A Towing and	Re	cov	erv LLC	INSURER B:								
	3360 S 15th Ave				INSURER C:								
	Yuma, AZ 85365												
	928 503-0743				INSURER D:								
					INSURER E: INSURER F:								
CO	/ERAGES CERT	TIFIC	ATF I	NUMBER:	REVISION NUMBER:								
IN CE EX	DICATED. NOTWITHSTANDING ANY REQUIREM	SURANCE LISTED BELOW HAVE BEEN ISSUED THE MENT, TERM OR CONDITION OF ANY CONTRAIN, THE INSURANCE AFFORDED BY THE POL				TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD RACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, BYPAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$					
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$					
								MED EXP (Any one person) \$					
	<u> </u>							PERSONAL & ADV INJURY \$					
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$					
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$					
	OTHER:							COMBINED SINGLE LIMIT &					
	AUTOMOBILE LIABILITY							(Ea accident)					
	ANYAUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$					
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE					
	HIRED AUTOS AUTOS							(Per accident)					
	<del></del>		Н					\$					
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$					
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$					
	DED RETENTION \$ WORKERS COMPENSATION	_	Н					\$ OTH-					
	AND EMPLOYERS' LIABILITY Y/N			R2WC867466		5/11/18	5 /11 /10	X PER OTH-ER	,000,000				
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		R2WC007400		3/11/10	3/11/19	1	,000,000				
	(Mandatory in NH) If yes, describe under							1	,000,000				
	DÉSCRIPTION OF OPERATIONS below		Н					E.L. DISEASE - POLICY LIMIT \$ 1	,000,000				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedule, m	ay be atta	chedif more space	is required)						
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CFF	RTIFICATE HOLDER				CANC	ELLATION							
<u></u>	M&D Commercial A PO Box 344, Ridge, NY 11961	sse	t I	Inc	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
					Sola attrage								



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PRODUCER						NAME:							
	A KNAPP AGENCY				PHONE (A/C, No, Ext): (520)299-3720 FAX (A/C, No): (520)299-8019								
4525 E Skyline #115 Tucson, AZ 85718						E-MAIL ADDRESS: john@jaknappagency.com							
					INSURER A: NCCI								
INSU	RED A & A Towing and	Re	COV	ery LLC	INSURER B:								
	3360 S 15th Ave				INSURER C:								
	Yuma, AZ 85365				INSURER D :								
	928 503-0743				INSURER E:								
					INSURER F :								
001	/FDAOEO OFDT	1510	^ T	ALL IMPED	INSURE	:K F :		DEVIOLONI NILIN	IDED	<u>l</u>			
				NUMBER:				REVISION NUM		<u> </u>			
IN CE	HIS IS TO CERTIFY THAT THE POLICIES OF INSU DICATED. NOTWITHSTANDING ANY REQUIREME ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, ICLUSIONS AND CONDITIONS OF SUCH POLICIES	ENT, 1 , THE	TERM (	OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE PO	RACT OR OLICIES D	OTHER DOCUM ESCRIBED HERI	ENT WITH RESI	PECT TO WHICH TH	HIS				
INSR LTR			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS				
	COMMERCIAL GENERAL LIABILITY			. CLIOT HOMBER		, 55/1111/	,,, (1111)	EACH OCCURRE					
	<del>                                     </del>							DAMAGE TO RENT	ED				
	CLAIMS-MADE OCCUR							PREMISES (Ea occ					
	H							MED EXP (Any one)					
	ሥ							PERSONAL & ADV	NJURY \$				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE \$				
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG \$				
	OTHER:								\$				
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT \$				
	ANYAUTO							BODILY INJURY (P	er person) \$				
	ALL OWNED SCHEDULED							BODILY INJURY (P					
	AUTOS AUTOS NON-OWNED							PROPERTY DAMA	, ,				
	HIRED AUTOS AUTOS							(Per accident)	Ф				
			Ш						\$				
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE \$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$				
	DED RETENTION\$								\$				
	WORKERS COMPENSATION							X PER STATUTE	OTH- ER				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			R2WC867466		5/11/18	5/11/19	E.L. EACH ACCIDE		1,000,000			
Α	OFFICER/MEMBER EXCLUDED?	N/A							,	1,000,000			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E	IVII EOTEE   ¢	1,000,000			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT \$	1,000,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (A	CORD	101, Additional Remarks Schedule, n	nay be atta	chedif more space	is required)						
	<u> </u>												
CEF	RTIFICATE HOLDER				CANCELLATION								
	Millennium Capita	al	and	l Recovery				RIBED POLICIES BE					
	Corporation							F, NOTICE WILL	BE DELIVERE	D IN			
	95 Executive Parl	kwa	ıy		ACC	ORDANCE WITH	I TE POLICY PRO	วงเอเบทอ.					
	Hudson OH 44236		-		A117	DIZED DECSE	NITATO /F	Q 90					
	11445011 011 11230				AUTHO	RIZED REPRESE	INTATIVE	John ath					
					John W. Mygle								



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	525 E Skyline #115	E-MAIL ADDRESS: john@jaknappagency.com											
Τι	icson, AZ 85718		INSURER(S) AFFORDING COVERAGE NAIC#										
					INICIIDI	RA: NCCI	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.						
INSL	RED A & A Towing and	Reco	verv	LLC									
	3360 S 15th Ave	21000			INSURER B: INSURER C:								
	Yuma, AZ 85365												
	928 503-0743		INSURER D:										
	J20 303-0743				INSURER E:								
001	/ED 4 0 E 0	TIFIOATE	. A III IA AID E	I	INSURER F:								
			NUMBE		REVISION NUMBER:								
IN CE EX	DICATED. NOTWITHSTANDING ANY REQUIREM	IDITION OF ANY CONTR AFFORDED BY THE PO	SUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  DITRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS  E POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,  CED BY PAID CLAIMS.										
INSR LTR	TYPE OF INSURANCE	INSD WV		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	ED irrence)	\$			
								MED EXP (Any one po	erson)	\$			
								PERSONAL & ADV IN		\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC		\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP		\$			
	OTHER:									\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$			
	ANYAUTO							BODILY INJURY (Pe	r person)	\$			
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	r accident)	\$			
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	E	\$			
										\$			
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
	DED RETENTION \$									\$			
	WORKERS COMPENSATION							X PER STATUTE	OTH- ER				
7	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	ll	R2W	C867466		5/11/18	5/11/19	E.L. EACH ACCIDEN	NT	<sub>\$</sub> 1,	000,000		
Α	OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)	N/A						E.L. DISEASE - EA EI		<sub>\$</sub> 1,	000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC		<sub>\$</sub> 1,	000,000		
DES	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CEF	RTIFICATE HOLDER				CANC	ELLATION							
	PAR North Americ 7835 Woodland Dr Indianapolis, IN	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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Tucson, AZ 85718						E-MAIL ADDRESS: john@jaknappagency.com							
10CSOII, AZ 03/10						INSURER(S) AFFORDING COVERAGE							
					INSURE	RA: NCCI							
INSU		Re	COV	ery LLC	INSURE	RB:							
	3360 S 15th Ave					INSURER C:							
	Yuma, AZ 85365		INSURER D:										
	928 503-0743				INSURE								
					INSURE	RF:							
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	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT DAMAGE TO RENTE	D	\$			
	CLAIMS-MADE OCCUR							PREMISES (Ea occu	rrence)	\$			
								MED EXP (Any one pe	rson)	\$			
	<u> </u>							PERSONAL & ADV IN		\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP.	ī	\$			
	OTHER:							COMBINED SINGLE	LINALT	\$			
	AUTOMOBILE LIABILITY							(Ea accident)		\$			
	ANYAUTO ALL OWNED SCHEDULED							BODILY INJURY (Per		\$			
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per PROPERTY DAMAG		\$			
	HIRED AUTOS AUTOS							(Per accident)		\$			
		$\vdash$								\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
	DED RETENTION\$							** DED	LOTH	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N			D011000011466		E /11 /10	F /11 /10	X PER STATUTE	OTH- ER	1 (	200 000		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		R2WC867466		5/11/18	5/11/19	E.L. EACH ACCIDEN	IT		000,000		
	(Mandatory in NH) If yes, describe under	1						E.L. DISEASE - EA EN	//PLOYEE	Ψ -	000,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$ <b>1</b> ,(	000,000		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	CORD	101, Additional Remarks Schedule, n	nay be atta	chedif more space	is required)						
CEF	TIFICATE HOLDER				CANC	ELLATION							
	Recovery Complia 10805 Sunset Off St. Louis, MO 6	ice	Dr		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								