



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/17/2025

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).

<b>PRODUCER</b>  <b>IG., INC./RSIG</b> <b>RECOVERY SPECIALIST INSURANCE GROUP</b> GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942		<b>CONTACT NAME</b> IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS <b>PHONE (A/C, No, Ext):</b> 703-365-0199//LH703.365.0362 <b>FAX (A/C, No):</b> 703-365-0636 <b>E-MAIL ADDRESS:</b> CERTIFICATES@RSIG.COM	
		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: COLONY INSURANCE COMPANY INSURER B: LLOYDS OF LONDON INSURER C: SCOTTSDALE INDEMNITY COMPANY INSURER D: ARGONAUT-MIDWEST INSURANCE COMPANY INSURER E: INSURER F:	
<b>INSURED</b>  GRB TOWING INC 623 FUSSELL RD LEESBURG GA 31763		<b>NAIC #</b> 39993 15792 15580 19828	

**COVERAGES** **CERTIFICATE NUMBER:** COL20353 **REVISION NUMBER:** 25-26ColonyR

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)	LIMITS	
A	<b>GENERAL LIABILITY</b>			GAT-1000000-01 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY, CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3537443 - CYBER	09/01/2025	09/01/2026	EACH OCCURRENCE	\$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000.00	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MED EXP (Any one person)				\$ 5,000.00	
	<input checked="" type="checkbox"/> CYBLIAB \$2MIL POLICYAGG		PERSONAL & ADV INJURY				\$ 1,000,000.00	
	<input checked="" type="checkbox"/> CYBER LIAB - \$2MILLION		GENERAL AGGREGATE				\$ 3,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						REPO-TRANSIT/ DRIVEAWAY	\$ 1,000,000.00
D	<b>AUTOMOBILE LIABILITY</b>			MG8795827 COMP/COLL DED: \$1,000	11/27/2025	11/27/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	N / A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
A	EMPLOYEE DISHONESTY&COMP CRIME			GAT-1000000-01	09/01/2025	09/01/2026	LIMIT: \$1,000,000.00	
A	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-01	09/01/2025	09/01/2026	GKDP LIMIT: \$375,000.00	
B	GARAGEKEEPERS DIR PRIM EXC			B0507TR2518M002	09/01/2025	09/01/2026	GKDP EXCESS: \$625,000.00	

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

RSIG MEMBER SINCE 09/21/24- 30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY MEMBER REQUEST & ADDITIONAL INSURED STATUS & WAIVER OF SUB, APPLY TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACT.

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763  
SCHEDULED AUTOS: 06 CHEV #8669; 24 RAM #8314; 18 FORD #7817

## CERTIFICATE HOLDER

## CANCELLATION

ALLIED FINANCE ADJUSTERS  
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

*Dana Dean*