

DATE (MM/DD/YYYY) 08/13/2021

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	tholder in hea or sach endorsement(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): 703-365-0636		
	RECOVERY SPECIALIST INSUR	ANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM		
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC#	
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032	
INSURED			INSURER B: LLOYDS OF LONDON	15792	
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580	
	GEORGIA COLLATERAL REC BUR	INC. 1054	INSURER D:		
	PO BOX 71491		INSURER E:		
	ALBANY	GA 31708	INSURER F:		
COVEDAC	CC CEDITICATE	NUMBER, C4 400E0	DEVISION NUMBER: 24 220	Suida Ona	

COVERAGES

CERTIFICATE NUMBER: G1-48250

REVISION NUMBER: 21-22GuideOne
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 ADDL SUBR INSR WVD POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY 1,000,000.00 09/01/2021 09/01/2022 EACH OCCURRENCE Υ 570000001-03 DAMAGE TO RENTED PREMISES (Ea occurrence) X COMMERCIAL GENERAL LIABILITY Α **ERRORS & OMISSIONS** 100,000.00 \$ CLAIMS-MADE | X | OCCUR WRONGFUL REPO. 5,000.00 MED EXP (Any one person) CYBLIAB \$2MIL POLICYAGG REPOSSESSED AUTO, 1,000,000.00 PERSONAL & ADV INJURY С DRIVE-AWAY, CARGO, CYBER LIAB - \$100.000 5,000,000.00 GENERAL AGGREGATE ON-HOOK - EACH \$1MIL LIMIT GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ 3,000,000.00 PRO-JECT EKI3392513- CYBER X POLICY **REPO IN TRANSIT** 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBII E LIABILITY \$ 1,000,000.00 Α 570000265-01 11/27/2020 11/27/2021 ANY AUTO BODILY INJURY (Per person) COMP/COLL DED: \$1.000 ALL OWNED AUTOS SCHEDULED AUTOS **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS Х HIRED AUTOS \$ \$ UMBRELLA LIAB 2,000,000.00 Α Χ OCCUR 570000001-03 09/01/2021 09/01/2022 EACH OCCURRENCE **EXCESS LIAB** SEE DESC. OF OPERATIONS INC. GEN AGG Χ CLAIMS-MADE AGGREGATE RETENTION \$ WC STATU-TORY LIMITS ОТН WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT EMPLOYEE DISHONESTY&COMP CRIME 570000001-03 09/01/2021 09/01/2022 LIMIT: \$1,000,000.00 GARAGEKEEPERS DIRECT PRIMARY Α 570000001-03 09/01/2021 09/01/2022 GKDP LIMIT: \$375,000.00 GARAGEKEEPERS DIR PRIM EXC B1136TR215943 09/01/2021 09/01/2022 GKDP EXCESS: \$625,000.00 В

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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

CERTIFICA	ATE HOLDER			CANCELLATION		
	A1 NATIONWIDE LLC 302-327-4302 / VENDORS@A1NA	TIONW	/IDE.COM	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 1411			AUTHORIZED REPRESENTATIVE		
	GREER	sc	29652	Danadoan		



DATE (MM/DD/YYYY) 08/13/2021

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 hed of such endorsement(s).				
PRODUCER		CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS			
IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	5-0636	
			É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM		
			INSURER(S) AFFORDING COVERAGE	NAIC#	
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032	
INSURED			INSURER B: LLOYDS OF LONDON	15792	
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580	
	GEORGIA COLLATERAL REC BUR INC.	1054	INSURER D:		
	PO BOX 71491		INSURER E:		
	ALBANY GA	31708	INSURER F:		

COVERAGES CERTIFICATE NUMBER: G1-51292 REVISION NUMBER: 21-22GuideOne 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.

	EXCLUSIONS AND CONDITIONS OF SUCH P					AIIVIS.
INSF LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		57000001-03	09/01/2021	09/01/2022	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
C	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		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	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		57000001-03	09/01/2021	09/01/2022	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	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1				E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

CERTIFICATE HOLDER	CANCELLATION
BELL & WILLIAMS ASSOCIATES INC 603-965-2240 // DHASTIE@BELLANDWILLIAMS.CO	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 238	AUTHORIZED REPRESENTATIVE
WINDHAM NH 03087	Danadoan



DATE (MM/DD/YYYY) 08/13/2021

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).

continioate	, monaci ini nea or saon e	maorocincint(o).					
PRODUCER C				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS			
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365	5-0636			
	•	ALIST INSURANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM			
GATE ELEVEN SOLUTIONS				INSURER(S) AFFORDING COVERAGE	NAIC#		
	PO BOX 395 GIDDINGS	TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032		
INSURED				INSURER B: LLOYDS OF LONDON	15792		
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	GEORGIA COLLATEI	RAL REC BUR INC.	1054	INSURER D:			
	PO BOX 71491			INSURER E:			
	ALBANY	GA	31708	INSURER F:			
COVERAGES CERTIFICATE NUMBER: G1-52433		REVISION NUMBER: 21-22G	uideOne				

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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		57000001-03	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 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		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	COMBINED SINGLE LIMIT \$ 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		57000001-03	09/01/2021	09/01/2022	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 Y / N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG. GA 31763

CERTIFICATE HOLDER			CANCELLATION		
BIG TIME RECOVERY LLC 770-345-4825 VENDORS@BIGTIMEI	RECO	VERY.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
9490 KNOX BRIDGE HWY			AUTHORIZED REPRESENTATIVE		
CANTON	GA	30114	Danadoan		



DATE (MM/DD/YYYY) 08/13/2021

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).

continuati	tiolaci ili lica di sacii ciladiscilicia(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	35-0636	
	RECOVERY SPECIALIST INSUF	RANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM		
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC#	
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032	
INSURED			INSURER B: LLOYDS OF LONDON	15792	
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580	
	GEORGIA COLLATERAL REC BUR	INC. 1054	INSURER D:		
	PO BOX 71491		INSURER E:		
	ALBANY	GA 31708	INSURER F:		
001/5040	CO OEDTICIOATE	NUMBER: 04 50074	DEVICION NUMBER: 04 000		

COVERAGES

CERTIFICATE NUMBER: G1-50871

REVISION NUMBER: 21-22GuideOne
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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE A	DDL SUBR NSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	GENERAL LIABILITY		57000001-03	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000.0	00		
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 100,000.0	00		
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,			MED EXP (Any one person) \$ 5,000.0	00		
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.0	00		
C	X CYBER LIAB - \$100,000		DRIVE-AWAY,CARGO,			GENERAL AGGREGATE \$ 5,000,000.0	00		
	GEN'L AGGREGATE LIMIT APPLIES PER:		ON-HOOK - EACH \$1MIL LIMIT			PRODUCTS - COMP/OP AGG \$ 3,000,000.0			
	X POLICY PRO- JECT LOC		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.0	00		
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.0	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		570000001-03	09/01/2021	09/01/2022				
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIONS			AGGREGATE \$ INC. GEN AG	G .		
	DED RETENTION \$					\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	I/A				E.L. EACH ACCIDENT \$			
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$			
Α	EMPLOYEE DISHONESTY&COMP CRIME		57000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00			
Α	GARAGEKEEPERS DIRECT PRIMARY		57000001-03			GKDP LIMIT: \$375,000.00			
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,000.00			

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

CERTIFICATE	HOLDER			CANCELLATION		
91	DHALL & ASSOCIATES 6-241-9663 / LINDA@BOHALL.BI	Z		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
PC) BOX 3153			AUTHORIZED REPRESENTATIVE		
OF	RANGEVALE	CA	95662	Danadoan		



DATE (MM/DD/YYYY) 08/13/2021

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).

oor timoute	moider in hea er eden er	1401001110111(0)1				
PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	3	
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365	5-0636		
	RECOVERY SPECIA	ALIST INSURANCE GROUP		E-MAIL ADDRESS: CERTIFICATES@RSIG.COM		
GATE ELEVEN SOLUTIONS				INSURER(S) AFFORDING COVERAGE	NAIC#	
	PO BOX 395 GIDDINGS	ΓX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032	
INSURED				INSURER B: LLOYDS OF LONDON	15792	
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580	
	GEORGIA COLLATER	RAL REC BUR INC.	1054	INSURER D:		
	PO BOX 71491			INSURER E:		
	ALBANY	GA	31708	INSURER F:		
COVERAGES CERTIFICATE NUMBER: G1-50237		REVISION NUMBER: 21-22G	uideOne			

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 SU	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	57000001-03	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 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
C	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		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	COMBINED SINGLE LIMIT \$ 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		570000001-03	09/01/2021	09/01/2022	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 Y/N					WC STATU- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943			GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

CERTIFICATE HOLDER	CANCELLATION
BURNS NATIONAL LLC 616-662-8140 JIDSINGA@BURNSNATIONALLLC.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
5132 37TH AVENUE	AUTHORIZED REPRESENTATIVE
HUDSONVILLE MI 49426	Danadoan



DATE (MM/DD/YYYY) 08/13/2021

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).

oor timoute	moidor iii nod or odori o	11401001110111(0)1			
PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	3
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365	5-0636
	RECOVERY SPECIA	ALIST INSURANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTION	ONS		INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS	TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATER	RAL REC BUR INC.	1054	INSURER D:	
	PO BOX 71491			INSURER E:	
	ALBANY	GA	31708	INSURER F:	
COVERAG	ES	CERTIFICATE NUMBI	ER: G1-48242	REVISION NUMBER: 21-22Gu	uideOne

COVERAGES

CERTIFICATE NUMBER: G1-48242

REVISION NUMBER: 21-22GuideOne
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 ADDL SUBR INSR WVD POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY 1,000,000.00 09/01/2021 09/01/2022 EACH OCCURRENCE Υ Υ 570000001-03 DAMAGE TO RENTED PREMISES (Ea occurrence) X COMMERCIAL GENERAL LIABILITY Α **ERRORS & OMISSIONS** 100,000.00 \$ CLAIMS-MADE | X | OCCUR WRONGFUL REPO. 5,000.00 MED EXP (Any one person) CYBLIAB \$2MIL POLICYAGG REPOSSESSED AUTO, 1,000,000.00 PERSONAL & ADV INJURY С DRIVE-AWAY, CARGO, CYBER LIAB - \$100.000 5,000,000.00 GENERAL AGGREGATE ON-HOOK - EACH \$1MIL LIMIT GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ 3,000,000.00 PRO-JECT EKI3392513- CYBER X POLICY **REPO IN TRANSIT** 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBII E LIABILITY \$ 1,000,000.00 Α 570000265-01 11/27/2020 11/27/2021 ANY AUTO BODILY INJURY (Per person) COMP/COLL DED: \$1.000 ALL OWNED AUTOS SCHEDULED AUTOS **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS Х HIRED AUTOS \$ \$ UMBRELLA LIAB 2,000,000.00 Α Χ OCCUR Υ Υ 570000001-03 09/01/2021 09/01/2022 EACH OCCURRENCE **EXCESS LIAB** SEE DESC. OF OPERATIONS INC. GEN AGG Χ CLAIMS-MADE AGGREGATE RETENTION \$ WC STATU-TORY LIMITS ОТН WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT EMPLOYEE DISHONESTY&COMP CRIME 570000001-03 09/01/2021 09/01/2022 LIMIT: \$1,000,000.00 GARAGEKEEPERS DIRECT PRIMARY Α 570000001-03 09/01/2021 09/01/2022 GKDP LIMIT: \$375,000.00 GARAGEKEEPERS DIR PRIM EXC B1136TR215943 09/01/2021 09/01/2022 GKDP EXCESS: \$625,000.00 В

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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

CERTIFICATE HOLDER			CANCELLATION
CAPITAL ONE SERVICES, LLC RPMTEAM@CAPITALONE.CC	M		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
ATTN: CORPORATE INS 1207	3-0400		AUTHORIZED REPRESENTATIVE
1500 CAPITAL ONE DR RICHMOND	VA	23238	Danadoan



DATE (MM/DD/YYYY) 08/13/2021

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).

oor timoute	moider in nea er each er	1401001110111(0)1			
PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	3
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365	5-0636
	RECOVERY SPECIA	ALIST INSURANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTION	ONS		INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS 7	TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATER	AL REC BUR INC.	1054	INSURER D:	
	PO BOX 71491			INSURER E:	
	ALBANY	GA	31708	INSURER F:	
COVERAG	ES	CERTIFICATE NUMBE	ER: G1-48247	REVISION NUMBER: 21-22Gu	uideOne

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 SU	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	57000001-03	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 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
C	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		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	COMBINED SINGLE LIMIT \$ 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		570000001-03	09/01/2021	09/01/2022	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 Y/N					WC STATU- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943			GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

CERTIFIC A	ATE HOLDER			CANCELLATION
	CONSOLIDATED ASSET RECOV 919-573-0321 // INSURANCE@EZ-F			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	4800 SIX FORKS RD			AUTHORIZED REPRESENTATIVE
	STE 350 RALEIGH	NC	27609	Danadoan



DATE (MM/DD/YYYY) 08/13/2021

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).

oooato	moradi ili ilda di dadil diladi	001110111(0)1			
PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	3
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365	5-0636
	RECOVERY SPECIALIS	ST INSURANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS TX 78	8942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATERAL	REC BUR INC.	1054	INSURER D:	
	PO BOX 71491			INSURER E:	
	ALBANY	GA	31708	INSURER F:	
COVERAG	ES CE	RTIFICATE NUMBE	R: G1-51628	REVISION NUMBER: 21-22Gu	uideOne

COVERAGES

CERTIFICATE NUMBER: G1-51628

REVISION NUMBER: 21-22GuideOne
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 SUBFINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		570000001-03	09/01/2021	09/01/2022	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
C	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		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	COMBINED SINGLE LIMIT \$ 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		57000001-03	09/01/2021	09/01/2022	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 Y / N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	A EMPLOYEE DISHONESTY&COMP CRIME		570000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		57000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

CERTIFICATE HOLDER	CANCELLATION
FLYING A INFORMATION RESOURCES 702-947-2271 / LCOYNE@FAIRLOCATE.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
311 E WARM SPRINGS	AUTHORIZED REPRESENTATIVE
SUITE #101 LAS VEGAS NV 89119	Danadoan



DATE (MM/DD/YYYY) 08/13/2021

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).

continioate	Holaci ili lica oi sacii ci	idorscilicit(s).			
PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	3
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365	5-0636
	RECOVERY SPECIA	ALIST INSURANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTION	SNC		INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS	TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATER	RAL REC BUR INC.	1054	INSURER D:	
	PO BOX 71491			INSURER E:	
	ALBANY	GA	31708	INSURER F:	
COVERAG	ES	CERTIFICATE NUMBE	ER: G1-50923	REVISION NUMBER: 21-22G	uideOne

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 ADDL SUBR POLICY EFF POLICY EXP LIMITS TYPE OF INCLIDANCE

LTR	TYPE OF INSURANCE	INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY		57000001-03	09/01/2021	09/01/2022		\$ 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		EKI3392513- CYBER				\$ 1,000,000.00
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	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						\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	UMBRELLA LIAB X OCCUR		57000001-03	09/01/2021	09/01/2022	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 Y/N					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00	
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,000	0.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625	,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG. GA 31763

CERTIFICA	ATE HOLDER			CANCELLATION		
	FRIENDLY FINANCE CORPORATION C/O RISC 800-872-1635) RISC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
	6340 SECURITY BLVD			AUTHORIZED REPRESENTATIVE		
	SUITE #200 BALTIMORE	MD	21207	Danadoan		
	BALTIMORE	IVID	21201	National		



DATE (MM/DD/YYYY) 08/13/2021

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).

Continuati	s noider in hea or such chaorsement(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	35-0636
	RECOVERY SPECIALIST INSUI	RANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATERAL REC BUR	R INC. 1054	INSURER D:	
	PO BOX 71491		INSURER E:	
	ALBANY	GA 31708	INSURER F:	
001/5040	CO OFFICIOATE	NUMBER: O4 FOO40	DEVICION NUMBER: 24 220	V

COVERAGES

CERTIFICATE NUMBER: G1-50018

REVISION NUMBER: 21-22GuideOne
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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSR LTR	TYPE OF INSURANCE	ADDL SUBFINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Y	570000001-03	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 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		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	COMBINED SINGLE LIMIT \$ 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		570000001-03	09/01/2021	09/01/2022	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-03			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-03			GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

CERTIFICATE HOLDER	CANCELLATION
GEORGIA AUTO PAWN, INC HEDWARDS@CLACORP.COM / 770-587-579	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
8601 DUNWOODY PLACE	AUTHORIZED REPRESENTATIVE
SUITE #406 ATLANTA GA 3	Dana Joan



DATE (MM/DD/YYYY) 08/13/2021

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).

cortilloate	noider in hea or saon endersement(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	35-0636
	RECOVERY SPECIALIST INSUI	RANCE GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATERAL REC BUF	R INC. 1054	INSURER D:	
	PO BOX 71491		INSURER E:	
	ALBANY	GA 31708	INSURER F:	
001/5040	CO OEDTICIOATE	NUMBER: O4 E4400	DEVICION NUMBER: 24 220	V

COVERAGES

CERTIFICATE NUMBER: G1-51130

REVISION NUMBER: 21-22GuideOne
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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSR LTR	TYPE OF INSURANCE	ADDL SUBFINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		570000001-03	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 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		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	COMBINED SINGLE LIMIT \$ 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		57000001-03	09/01/2021	09/01/2022	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

CERTIFICATE	HOLDER			CANCELLATION		
GATEWAY FINANCIAL SOLUTIONS 989-791-3770 // CPASEK@GATEWAYFINANCIAL.ORG				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
PC	PO BOX 3257			AUTHORIZED REPRESENTATIVE		
SA	AGINAW	MI	48605	Danadoan		



DATE (MM/DD/YYYY) 08/13/2021

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).

cortilloate	noider in hea or sach chaorsement(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	65-0636
	RECOVERY SPECIALIST INSUF	RANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATERAL REC BUR	INC. 1054	INSURER D:	
	PO BOX 71491		INSURER E:	
	ALBANY	GA 31708	INSURER F:	
001/5040	CO OFFICIOATE	NUMBER: 04 40040	DEVICION NUMBER: 24 220): -I - O

COVERAGES

CERTIFICATE NUMBER: G1-48246

REVISION NUMBER: 21-22GuideOne
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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
LIK	GENERAL LIABILITY	Y	570000001-03		09/01/2022	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 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		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	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		57000001-03	09/01/2021	09/01/2022	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 Y / N					WC STATU- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-03		1 1	GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG. GA 31763

CERTIFICATE HOLDER		CANCELLATION
GM FINANCIAL 877-385-3068 / VENDORRELATIONS@GMF	INANCIAL.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
801 CHERRY STREET		AUTHORIZED REPRESENTATIVE
SUITE #3900 FT WORTH TX	76102	Danadoan



DATE (MM/DD/YYYY) 08/13/2021

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	indiaer in nea or such enadisement(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	65-0636
	RECOVERY SPECIALIST INSURA	NCE GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATERAL REC BUR IN	C. 1054	INSURER D:	
	PO BOX 71491		INSURER E:	
	ALBANY	A 31708	INSURER F:	
COVEDAG	CO CERTIFICATE N	UMPED: C4 400E4	DEVICION NUMBER: 24 220	Suida Ona

COVERAGES

CERTIFICATE NUMBER: G1-48251

REVISION NUMBER: 21-22GuideOne
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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		57000001-03	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 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
C	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		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	COMBINED SINGLE LIMIT \$ 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		57000001-03	09/01/2021	09/01/2022	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 Y/N					WC STATU-
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG. GA 31763

CERTIFICATE HOLDER			CANCELLATION
INNOVATE LOAN SERVICING 817-886-3621 / VENDORRELATION	IS@INNOVA	TEAUTO.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
4704 MERCANTILE DR			AUTHORIZED REPRESENTATIVE
FORT WORTH	TX	76137	Danadoan



DATE (MM/DD/YYYY) 08/13/2021

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 in heu of Such endorsement(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	55-0636
	RECOVERY SPECIALIST INSURANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATERAL REC BUR INC.	1054	INSURER D:	
	PO BOX 71491		INSURER E:	
	ALBANY GA	31708	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: G1-53243

REVISION NUMBER: 21-22GuideOne

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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY		570000001-03		i •	EACH OCCURRENCE \$ 1,000,000	0.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 100,000	0.00
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,			MED EXP (Any one person) \$ 5,000	0.00
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000	0.00
C	X CYBER LIAB - \$100,000		DRIVE-AWAY,CARGO,			GENERAL AGGREGATE \$ 5,000,000	0.00
	GEN'L AGGREGATE LIMIT APPLIES PER:		ON-HOOK - EACH \$1MIL LIMIT			PRODUCTS - COMP/OP AGG \$ 3,000,000	0.00
	X POLICY PRO- JECT LOC		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000	0.00
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	0.00
	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		570000001-03	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 2,000,000	0.00
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIONS			AGGREGATE \$ INC. GEN A	AGG
	DED RETENTION \$					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER	
	ANY DEODDIETOD/DADTNED/EVECUTIVE	N/A				E.L. EACH ACCIDENT \$	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-03		1 1	LIMIT: \$1,000,000.00	
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-03		l	GKDP LIMIT: \$375,000.00	
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943			GKDP EXCESS: \$625,000.00	

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG. GA 31763

CERTIFICATE HOLDER			CANCELLATION
JOE FRIDAY INVESTIGATIONS BRIEN@JOEFRIDAYPI.COM			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
4670 WOODLAND DR			AUTHORIZED REPRESENTATIVE
PLACERVILLE	CA	95667	Danadoan



DATE (MM/DD/YYYY) 08/13/2021

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).

continioate	Holaci ili lica oi sacii ci	ilaoiscilicili(s).			
PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	3
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365	5-0636
	RECOVERY SPECIA	ALIST INSURANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTION	ONS		INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS	TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATER	RAL REC BUR INC.	1054	INSURER D:	
	PO BOX 71491			INSURER E:	
	ALBANY	GA	31708	INSURER F:	
COVERAG	ES	CERTIFICATE NUMBE	ER: G1-48235	REVISION NUMBER: 21-22G	uideOne

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 S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5
	GENERAL LIABILITY	Υ		570000001-03	09/01/2021	09/01/2022		\$ 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
C	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			EKI3392513- CYBER				\$ 1,000,000.00
Α	AUTOMOBILE LIABILITY	Y		570000265-01	11/27/2020	11/27/2021	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							\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
Α	UMBRELLA LIAB X OCCUR			57000001-03	09/01/2021	09/01/2022	EACH OCCURRENCE	\$ 2,000,000.00
	X EXCESS LIAB CLAIMS-MAI	E		SEE DESC. OF OPERATIONS			AGGREGATE	\$ INC. GEN AGG
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/	.					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	ا الـ					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	EMPLOYEE DISHONESTY&COMP CRIME			57000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00	
Α	GARAGEKEEPERS DIRECT PRIMARY			57000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,000	0.00
В	GARAGEKEEPERS DIR PRIM EXC			B1136TR215943			GKDP EXCESS: \$625	,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG. GA 31763

CERTIFICATE HOLDER	CANCELLATION
LOCATION SERVICES 916-235-5772/VENDORSERVICES@LOCATION-SERVICES.CO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
3923 RANCHERO DRIVE	AUTHORIZED REPRESENTATIVE
ANN ARBOR MI 48108	Danadoan



DATE (MM/DD/YYYY) 08/13/2021

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).

oor timoute	, mondor mi mod or oddir o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	3
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365	5-0636
	RECOVERY SPECI	ALIST INSURANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTI	IONS		INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS	TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATEI	RAL REC BUR INC.	1054	INSURER D:	
	PO BOX 71491			INSURER E:	
	ALBANY	GA	31708	INSURER F:	
COVERAG	ES	CERTIFICATE NUMBI	ER: G1-53255	REVISION NUMBER: 21-22G	uideOne

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 SUBI		POLICY EFF (MM/DD/YYYY)		LIMITS
LIIX	GENERAL LIABILITY	IIVOIT WVE	57000001-03		09/01/2022	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 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
C	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		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	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		570000001-03	09/01/2021	09/01/2022	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY DEODDIETOR/DADTNED/EVECUTIVE	N/A				E.L. EACH ACCIDENT \$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-03			GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943			GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

CERTIFICATE HOLDER	CANCELLATION
LOSS PREVENTION SERVICES LLC 601-510-2970 // LPSVENDORS@LP-SERVICES	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2976 IVANREST AVE SW	AUTHORIZED REPRESENTATIVE
STE 125	Dudou
GRANDVILLE MI 494	Multi- Est



DATE (MM/DD/YYYY) 08/13/2021

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).

oor timoute	moladi ili ilda di dadil di	1401001110111(0)1			
PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	3
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365	5-0636
	RECOVERY SPECIA	ALIST INSURANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTION	SNC		INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS	TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATER	RAL REC BUR INC.	1054	INSURER D:	
	PO BOX 71491			INSURER E:	
	ALBANY	GA	31708	INSURER F:	
COVERAG	ES	CERTIFICATE NUMBI	ER: G1-51657	REVISION NUMBER: 21-22G	uideOne

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 SUBI		POLICY EFF (MM/DD/YYYY)		LIMITS
LIIX	GENERAL LIABILITY	IIVOIT WVE	57000001-03		09/01/2022	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 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
C	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		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	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		570000001-03	09/01/2021	09/01/2022	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY DEODDIETOR/DADTNED/EVECUTIVE	N/A				E.L. EACH ACCIDENT \$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-03			GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943			GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

CERTIFICATE HOLDER	CANCELLATION
MIDWEST ASSET RECOVERY MANAGEMENT 616-591-3983 // LAURIE@MIDWESTARM.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1345 MONROE AVE NW	AUTHORIZED REPRESENTATIVE
STE 335 GRAND RAPIDS MI 49525	Danadoan



DATE (MM/DD/YYYY) 08/13/2021

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	indiaer in nea or such enadisement(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	55-0636		
	RECOVERY SPECIALIST INSURA	NCE GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM			
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC#		
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032		
INSURED			INSURER B: LLOYDS OF LONDON	15792		
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	GEORGIA COLLATERAL REC BUR IN	C. 1054	INSURER D:			
	PO BOX 71491		INSURER E:			
	ALBANY	A 31708	INSURER F:			
COVEDAG	CO CERTIFICATE N	UMPED. 04 50744	DEVISION NUMBER: 24 220	Suida Ona		

COVERAGES

CERTIFICATE NUMBER: G1-50714

REVISION NUMBER: 21-22GuideOne
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 SUBFINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	570000001-03	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 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
C	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		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	COMBINED SINGLE LIMIT \$ 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		57000001-03	09/01/2021	09/01/2022	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 Y/N					WC STATU-
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		57000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		57000001-03			GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG. GA 31763

CERTIFICATE HOLDER			CANCELLATION
MVCONNECT LLC, OFFICERS CLI 847-789-8825 / VENDORMANAG			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
260 EAST HELEN RD			AUTHORIZED REPRESENTATIVE
PALATINE	IL	60067	Danadoan



DATE (MM/DD/YYYY) 08/13/2021

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).

cortilloate	notaer in tied of sach chaorsement(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	35-0636
	RECOVERY SPECIALIST INSUR	RANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATERAL REC BUR	INC. 1054	INSURER D:	
	PO BOX 71491		INSURER E:	
	ALBANY	GA 31708	INSURER F:	
001/5040	CO OFFICIOATE	NUMBER: 04 40040	DEVICION NUMBER: 24 220	V

COVERAGES

CERTIFICATE NUMBER: G1-48249

REVISION NUMBER: 21-22GuideOne
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.

TYPE OF INSURANCE	INICD MAND	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY	ADDL SUBR INSR WVD	57000001-03	,	,	EACH OCCURRENCE \$ 1,000,000.00
X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS	03/01/2021	03/01/2022	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
X CYBER LIAB - \$100,000		, ,			GENERAL AGGREGATE \$ 5,000,000.00
GEN'L AGGREGATE LIMIT APPLIES PER:		- · · · · · · · · · · · · · · · · · · ·			PRODUCTS - COMP/OP AGG \$ 3,000,000.00
		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	(Ea accident) \$ 1,000,000.00
ANY AUTO		COMP/COLL DED: \$1,000			BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
X HIRED AUTOS X AUTOS					PROPERTY DAMAGE (Per accident) \$
					\$
UMBRELLA LIAB X OCCUR		570000001-03	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 2,000,000.00
X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIONS			AGGREGATE \$ INC. GEN AGG
DED RETENTION \$					\$
AND EMPLOYEDALLIABILITY					WC STATU- OTH- TORY LIMITS ER
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
EMPLOYEE DISHONESTY&COMP CRIME		570000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00
GARAGEKEEPERS DIRECT PRIMARY		57000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,000.00
GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,000.00
	CLAIMS-MADE X OCCUR X CYBLIAB \$2MIL POLICYAGG X CYBER LIAB - \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below EMPLOYEE DISHONESTY&COMP CRIME GARAGEKEEPERS DIRECT PRIMARY GARAGEKEEPERS DIR PRIM EXC	CLAIMS-MADE X OCCUR X CYBLIAB \$2MIL POLICYAGG X CYBER LIAB - \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED X AUTOS X HIRED AUTOS X NON-OWNED UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE NOFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below EMPLOYEE DISHONESTY&COMP CRIME GARAGEKEEPERS DIRECT PRIMARY GARAGEKEEPERS DIR PRIM EXC	CLAIMS-MADE X OCCUR X CYBLIAB \$2MIL POLICYAGG X CYBER LIAB - \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X EXCESS LIAB DED RETENTION \$ WORNGER COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below EMPLOYEE DISHONESTY&COMP CRIME GARAGEKEEPERS DIRECT PRIMARY GARAGEKEEPERS DIR PRIM EXC WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3392513- CYBER 570000265-01 COMP/COLL DED: \$1,000 STOUDOUT - 03 SEE DESC. OF OPERATIONS N/A 570000001-03 570000001-03 570000001-03 570000001-03 570000001-03 570000001-03 570000001-03 570000001-03 570000001-03 570000001-03 570000001-03 570000001-03 570000001-03	CLAIMS-MADE X OCCUR X CYBLIAB \$2MIL POLICYAGG X CYBER LIAB - \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X EXCESS LIAB DED RETENTION \$ WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3392513- CYBER 570000265-01 COMP/COLL DED: \$1,000 11/27/2020 57000001-03 SEE DESC. OF OPERATIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE DESCRIPTION OF OPERATIONS below EMPLOYEE DISHONESTY&COMP CRIME DESCRIPTION OF OPERATIONS below EMPLOYEE DISHONESTY&COMP CRIME GARAGEKEEPERS DIRECT PRIMARY GARAGEKEEPERS DIR PRIM EXC WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3392513- CYBER 570000265-01 COMP/COLL DED: \$1,000 11/27/2020 570000001-03 SEE DESC. OF OPERATIONS 09/01/2021 570000001-03 09/01/2021 GARAGEKEEPERS DIR PRIM EXC	CLAIMS-MADE X OCCUR WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY, CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3392513- CYBER

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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

CERTIFICA	ATE HOLDER			CANCELLATION
	NATIONWIDE SKIP EXPERTS 972-861-5538/Vendormanager@natio	DNWIDESKIPEX	PERTS.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	9401 LBJ FREEWAY			AUTHORIZED REPRESENTATIVE
	SUITE #300 DALLAS	TX	75243	Danadoan



DATE (MM/DD/YYYY) 08/13/2021

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).

oo: tiiioato	moradi ili ilda di dadil diladi	001110111(0)1			
PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	3
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365	5-0636
	RECOVERY SPECIALIS	ST INSURANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS TX 78	8942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATERAL	REC BUR INC.	1054	INSURER D:	
	PO BOX 71491			INSURER E:	
	ALBANY	GA	31708	INSURER F:	
COVERAGE	ES CE	RTIFICATE NUMBE	R: G1-48245	REVISION NUMBER: 21-22Gu	uideOne

CERTIFICATE NUMBER: G1-48245 **REVISION NUMBER:** 21-22GuideOne 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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL SUBFINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY	Y	57000001-03	09/01/2021	09/01/2022		\$ 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		EKI3392513- CYBER			REPO IN TRANSIT	\$ 1,000,000.00	
Α	AUTOMOBILE LIABILITY	Y	570000265-01	11/27/2020	11/27/2021	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						\$	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
						!	Ÿ	
Α	UMBRELLA LIAB X OCCUR		570000001-03	09/01/2021	09/01/2022	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 Y/N					WC STATU- OTH- TORY LIMITS ER		
	ANY DEODRIETOR/DADTNED/EVECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
Α	EMPLOYEE DISHONESTY&COMP CRIME		57000001-03			LIMIT: \$1,000,000.00		
Α	GARAGEKEEPERS DIRECT PRIMARY		57000001-03			GKDP LIMIT: \$375,000		
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,	000.00	

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY SCHEDULED AUTOS: 08 CHEV #7815, 06 CHEV #8969; 21 CHEV #1074

CERTIFICATE HOLDER	CANCELLATION

PRIMERITUS FIN SVCS INC, AND SUBSIDIARIES AS LISTED IN CONTRACT VENDOR.SUPPORT@PRIMERITUS.COM 435 METROPLEX DR **NASHVILLE** ΤN 37211

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

oan



DATE (MM/DD/YYYY) 08/13/2021

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).

oooato	moraci in noa er caem enacie	σισ(σ).			
PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	3
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365	5-0636
	RECOVERY SPECIALIS	T INSURANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS TX 78	942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATERAL F	REC BUR INC.	1054	INSURER D:	
	PO BOX 71491			INSURER E:	
	ALBANY	GA	31708	INSURER F:	
COVERAG	ES CER	TIFICATE NUMBE	R: G1-52988	REVISION NUMBER: 21-22Gu	uideOne

COVERAGES

CERTIFICATE NUMBER: G1-52988

REVISION NUMBER: 21-22GuideOne
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 S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ		57000001-03	09/01/2021	09/01/2022	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			EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	AUTOMOBILE LIABILITY	Υ		570000265-01	11/27/2020	11/27/2021	COMBINED SINGLE LIMIT \$ 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			570000001-03	09/01/2021	09/01/2022	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 Y/N						WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME			570000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY			57000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC			B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG. GA 31763

CERTIFICATE HOLDER			CANCELLATION	
	TKUS@PROFOUNDR	S.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
11618 FAIR OAKS E	BLVD		AUTHORIZED REPRESENTATIVE	
STE 101 FAIR OAKS	CA	95628	Danadoan	



DATE (MM/DD/YYYY) 08/13/2021

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	inoluer in hea or such endorsement(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
RECOVERY SPECIALIST INSURANCE GROUP			É-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATERAL REC BUR INC.	1054	INSURER D:	
	PO BOX 71491		INSURER E:	
	ALBANY GA	31708	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: G1-48234

REVISION NUMBER: 21-22GuideOne

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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		57000001-03	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 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
C	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		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	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		57000001-03	09/01/2021	09/01/2022	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG. GA 31763

CERTIFICA	TE HOLDER			CANCELLATION	
	PROOF OF INSURANCE GEORGIA COLLATERAL REC BU	REAU, I	NC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
	229-432-7221			AUTHORIZED REPRESENTATIVE	
	PO BOX 71491				
	ALBANY	GA	31708	Danadoan	



DATE (MM/DD/YYYY) 08/13/2021

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	noider in hea or such er	naoraement(a).			
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	65-0636
	RECOVERY SPECIA	ALIST INSURANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTION	SNC		INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS	TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATER	RAL REC BUR INC.	1054	INSURER D:	
	PO BOX 71491			INSURER E:	
	ALBANY	GA	31708	INSURER F:	
COVERAG	ĖS	CERTIFICATE NUMBE	ER : G1-48239	REVISION NUMBER: 21-220	GuideOne

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 ADDL SUBR INSR WVD POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY 1,000,000.00 09/01/2021 09/01/2022 EACH OCCURRENCE 570000001-03 DAMAGE TO RENTED PREMISES (Ea occurrence) X COMMERCIAL GENERAL LIABILITY Α **ERRORS & OMISSIONS** 100,000.00 \$ CLAIMS-MADE | X | OCCUR WRONGFUL REPO. 5,000.00 MED EXP (Any one person) CYBLIAB \$2MIL POLICYAGG REPOSSESSED AUTO, 1,000,000.00 PERSONAL & ADV INJURY С DRIVE-AWAY, CARGO, CYBER LIAB - \$100.000 5,000,000.00 GENERAL AGGREGATE ON-HOOK - EACH \$1MIL LIMIT GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ 3,000,000.00 PRO-JECT EKI3392513- CYBER X POLICY REPO IN TRANSIT 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBII E LIABILITY \$ 1,000,000.00 Α 570000265-01 11/27/2020 11/27/2021 ANY AUTO BODILY INJURY (Per person) COMP/COLL DED: \$1.000 ALL OWNED AUTOS SCHEDULED AUTOS **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS Х HIRED AUTOS \$ \$ UMBRELLA LIAB 2,000,000.00 Α Χ OCCUR 570000001-03 09/01/2021 09/01/2022 EACH OCCURRENCE **EXCESS LIAB** SEE DESC. OF OPERATIONS INC. GEN AGG Χ CLAIMS-MADE AGGREGATE RETENTION \$ WC STATU-TORY LIMITS ОТН WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT EMPLOYEE DISHONESTY&COMP CRIME 570000001-03 09/01/2021 09/01/2022 LIMIT: \$1,000,000.00 GARAGEKEEPERS DIRECT PRIMARY Α 570000001-03 09/01/2021 09/01/2022 GKDP LIMIT: \$375,000.00 GARAGEKEEPERS DIR PRIM EXC B1136TR215943 09/01/2021 09/01/2022 GKDP EXCESS: \$625,000.00 В

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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

CERTIFICA	TE HOLDER			CANCELLATION
	REGIONS BANK 205-560-7137			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	2050 PARKWAY OFFICE CIRCLE			AUTHORIZED REPRESENTATIVE
I	HOOVER	AL	35244	Danadoan



DATE (MM/DD/YYYY) 08/13/2021

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	noluer in heu or such endorsement(s			
PRODUCER			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	3
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365	5-0636
	RECOVERY SPECIALIST INSU	RANCE GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM	
GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATERAL REC BUF	R INC. 1054	INSURER D:	
	PO BOX 71491		INSURER E:	
I	ALBANY	GA 31708	INSURER F:	
COVERAGE	S CERTIFICATI	E NUMBER: G1-48	3244 REVISION NUMBER: 21-22Gu	uideOne

CERTIFICATE NUMBER: G1-48244 REVISION NUMBER: 21-22GuideOne 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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL SUB INSR WVI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	
	GENERAL LIABILITY	Υ	570000001-03	09/01/2021	09/01/2022		\$ 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	
C	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		EKI3392513- CYBER				\$ 1,000,000.00	
Α	AUTOMOBILE LIABILITY	Υ	570000265-01	11/27/2020	11/27/2021	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					, , ,	\$	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR		57000001-03	09/01/2021	09/01/2022	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	N/A				E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
Α	EMPLOYEE DISHONESTY&COMP CRIME		57000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00		
Α	GARAGEKEEPERS DIRECT PRIMARY		57000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,00	0.00	
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625	,000.00	

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

CERTIFICA	ATE HOLDER			CANCELLATION
	RESOLVION 704-935-5702 // VENDORMANAGE	MENT@RI	ESOLVION.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	2177 SALK AVENUE			AUTHORIZED REPRESENTATIVE
	SUITE 200 CARLSBAD	CA	92008	Danadoan



DATE (MM/DD/YYYY) 08/13/2021

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	noider in hea or such e	naorsement(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
	RECOVERY SPECIA	ALIST INSURANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTION	ONS		INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS	TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATER	RAL REC BUR INC.	1054	INSURER D:	
	PO BOX 71491			INSURER E:	
	ALBANY	GA	31708	INSURER F:	
COVERAG	ES	CERTIFICATE NUMBI	ER: G1-48248	REVISION NUMBER: 21-220	uideOne

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 ADDL SUBR INSR WVD POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY 1,000,000.00 09/01/2021 09/01/2022 EACH OCCURRENCE 570000001-03 DAMAGE TO RENTED PREMISES (Ea occurrence) X COMMERCIAL GENERAL LIABILITY Α **ERRORS & OMISSIONS** 100,000.00 \$ CLAIMS-MADE | X | OCCUR WRONGFUL REPO. 5,000.00 MED EXP (Any one person) CYBLIAB \$2MIL POLICYAGG REPOSSESSED AUTO, 1,000,000.00 PERSONAL & ADV INJURY С DRIVE-AWAY, CARGO, CYBER LIAB - \$100.000 5,000,000.00 GENERAL AGGREGATE ON-HOOK - EACH \$1MIL LIMIT GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ 3,000,000.00 PRO-JECT EKI3392513- CYBER X POLICY **REPO IN TRANSIT** 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBII E LIABILITY \$ 1,000,000.00 Α 570000265-01 11/27/2020 11/27/2021 ANY AUTO BODILY INJURY (Per person) COMP/COLL DED: \$1.000 ALL OWNED AUTOS SCHEDULED AUTOS **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS Х HIRED AUTOS \$ \$ UMBRELLA LIAB 2,000,000.00 Α Χ OCCUR 570000001-03 09/01/2021 09/01/2022 EACH OCCURRENCE **EXCESS LIAB** SEE DESC. OF OPERATIONS INC. GEN AGG Χ CLAIMS-MADE AGGREGATE RETENTION \$ WC STATU-TORY LIMITS ОТН WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT EMPLOYEE DISHONESTY&COMP CRIME 570000001-03 09/01/2021 09/01/2022 LIMIT: \$1,000,000.00 GARAGEKEEPERS DIRECT PRIMARY Α 570000001-03 09/01/2021 09/01/2022 GKDP LIMIT: \$375,000.00 GARAGEKEEPERS DIR PRIM EXC B1136TR215943 09/01/2021 09/01/2022 GKDP EXCESS: \$625,000.00 В

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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

CERTIFICA	ATE HOLDER			CANCELLATION	
	RISC LLC 813-423-6618 / RENEWAL@RISCU	S.COM		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 2971			AUTHORIZED REPRESENTATIVE	
	TAMPA	FL	33601	Danadoan	



DATE (MM/DD/YYYY) 08/13/2021

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				NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SV	CS
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-3	65-0636
	RECOVERY SPECIA	LIST INSURANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTION	NS		INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS T	X 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATER	AL REC BUR INC.	1054	INSURER D:	
	PO BOX 71491			INSURER E:	
	ALBANY	GA	31708	INSURER F:	
COVERAG	ES	CERTIFICATE NUMBE	R : G1-48252	REVISION NUMBER: 21-22	GuideOne

CERTIFICATE NUMBER: G1-48252 **REVISION NUMBER:** 21-22GuideOne 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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE	ADDL SUBFINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	•		
	GENERAL LIABILITY		570000001-03	09/01/2021	09/01/2022		\$ 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		
C	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		EKI3392513- CYBER			•	\$ 1,000,000.00		
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	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						\$		
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$		
							\$		
Α	UMBRELLA LIAB X OCCUR		57000001-03	09/01/2021	09/01/2022	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 Y/N					WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				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	\$		
Α	EMPLOYEE DISHONESTY&COMP CRIME		57000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00			
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,000	0.00		
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,	,000.00		

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG. GA 31763

CERTIFICATE HOLDER	CANCELLATION
SECURE COLLATERAL MANAGEMENT LLC 214-389-5158 / INSURANCE@SECURE-CM.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
9330 LYNDON B JOHNSON FREEWAY	AUTHORIZED REPRESENTATIVE
STE 700 DALLAS TX 75243	Danadoan



DATE (MM/DD/YYYY) 08/13/2021

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).

cortilloate	notaer in hea or saon enaorsement(s).					
PRODUCER			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS			
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	65-0636		
RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS			E-MAIL ADDRESS: CERTIFICATES@RSIG.COM			
			INSURER(S) AFFORDING COVERAGE	NAIC#		
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032		
INSURED			INSURER B: LLOYDS OF LONDON	15792		
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	GEORGIA COLLATERAL REC BUR	INC. 1054	INSURER D:			
	PO BOX 71491		INSURER E:			
	ALBANY	GA 31708	INSURER F:			
001/5040	OFFICE ATE	NUMBER: O4 E4070	DEVICION NUMBER: 24 220): -I - O		

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 REDICIED BY PAID OF AIMS

. –	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL SUB INSR WVI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	
	GENERAL LIABILITY		570000001-03	09/01/2021	09/01/2022	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	
C	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		EKI3392513- CYBER			REPO IN TRANSIT	\$ 1,000,000.00	
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	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		570000001-03	09/01/2021	09/01/2022	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 Y / N					WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
Α	EMPLOYEE DISHONESTY&COMP CRIME		57000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00		
Α	GARAGEKEEPERS DIRECT PRIMARY		57000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,00	0.00	
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625	,000.00	

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

CERTIFICATE HOLDER			CANCELLATION		
615-743-3689	FINANCIAL CREDIT UNION	=	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
444 JAMES F	ROBERTSON PKWY		AUTHORIZED REPRESENTATIVE		
NASHVILLE	TN	37219	Danadoan		
	·		A 4000 0040 ACODD CODDODATION All states as a second		



DATE (MM/DD/YYYY) 08/13/2021

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	Holder in hed of such endorsement(s).					
PRODUCER		CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS				
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	5-0636		
RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS			E-MAIL ADDRESS: CERTIFICATES@RSIG.COM			
			INSURER(S) AFFORDING COVERAGE	NAIC#		
			INSURER A: GUIDEONE INSURANCE COMPANY	15032		
INSURED			INSURER B: LLOYDS OF LONDON	15792		
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	GEORGIA COLLATERAL REC BUR INC.	1054	INSURER D:			
	PO BOX 71491		INSURER E:			
	ALBANY GA	31708	INSURER F:			

COVERAGES

CERTIFICATE NUMBER: G1-48254

REVISION NUMBER: 21-22GuideOne

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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	57000001-03	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 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
C	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		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	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		57000001-03	09/01/2021	09/01/2022	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		57000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		57000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG. GA 31763

CERTIFICA	TE HOLDER			CANCELLATION		
	TITLEMAX OF GEORGIA INC AN 866-591-4638//912-629-1595//REPO./			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
	15 BULL STREET			AUTHORIZED REPRESENTATIVE		
	SUITE #200	0.4	04404	Davidan		
	SAVANNAH	GA	31401	Danactoan		



DATE (MM/DD/YYYY) 08/13/2021

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 liqu of such endorsement(s)

	· · · · · · · · · · · · · · · · · · ·				
PRODUCER			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS		
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636	
RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS			E-MAIL ADDRESS: CERTIFICATES@RSIG.COM		
			INSURER(S) AFFORDING COVERAGE	NAIC#	
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032	
INSURED			INSURER B: LLOYDS OF LONDON	15792	
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580	
	GEORGIA COLLATERAL REC BUR I	NC. 1054	INSURER D:		
	PO BOX 71491		INSURER E:		
	ALBANY	GA 31708	INSURER F:		
			TT://2/21/ 11/11/TT 04 000		

COVERAGES CERTIFICATE NUMBER: G1-50057 **REVISION NUMBER:** 21-22GuideOne 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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE	ADDL SUBFINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	•		
	GENERAL LIABILITY		570000001-03	09/01/2021	09/01/2022		\$ 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		
C	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		EKI3392513- CYBER			•	\$ 1,000,000.00		
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	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						\$		
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$		
							\$		
Α	UMBRELLA LIAB X OCCUR		57000001-03	09/01/2021	09/01/2022	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 Y/N					WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				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	\$		
Α	EMPLOYEE DISHONESTY&COMP CRIME		57000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00			
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,000	0.00		
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,	,000.00		

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY SCHEDULED AUTOS: 08 CHEV #7815, 06 CHEV #8969; 21 CHEV #1074

CERTIFICATE HOLDER	CANCELLATION

UNITED REC & REMARKETING LLC & ALL CONTROLLED SUBSIDIARIES 901-365-5880 // UAR-COMPLIANCE@UNITEDR2.COM 311 MOORE LN COLLIERVILLE TN 38017

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

oan



DATE (MM/DD/YYYY) 08/13/2021

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).

cortilloate	notaer in tied of sach chaofsement(s).					
PRODUCER			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS			
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	65-0636		
RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS			E-MAIL ADDRESS: CERTIFICATES@RSIG.COM			
			INSURER(S) AFFORDING COVERAGE	NAIC#		
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032		
INSURED			INSURER B: LLOYDS OF LONDON	15792		
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	GEORGIA COLLATERAL REC BUR	INC. 1054	INSURER D:			
	PO BOX 71491		INSURER E:			
	ALBANY	GA 31708	INSURER F:			
001/5040	CO OEDTICIOATE	NUMBER: 04 40000	DEVICION NUMBER: 24 220)		

COVERAGES

CERTIFICATE NUMBER: G1-48236

REVISION NUMBER: 21-22GuideOne
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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE A	DDL SUBR NSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY		57000001-03	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000.0	00	
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 100,000.0	00	
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,			MED EXP (Any one person) \$ 5,000.0	00	
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.0	00	
C	X CYBER LIAB - \$100,000		DRIVE-AWAY,CARGO,			GENERAL AGGREGATE \$ 5,000,000.0	00	
	GEN'L AGGREGATE LIMIT APPLIES PER:		ON-HOOK - EACH \$1MIL LIMIT			PRODUCTS - COMP/OP AGG \$ 3,000,000.0		
	X POLICY PRO- JECT LOC		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.0	00	
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.0	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		570000001-03	09/01/2021	09/01/2022			
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIONS			AGGREGATE \$ INC. GEN AG	G .	
	DED RETENTION \$					\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	I/A				E.L. EACH ACCIDENT \$		
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$		
Α	EMPLOYEE DISHONESTY&COMP CRIME		57000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00		
Α	GARAGEKEEPERS DIRECT PRIMARY		57000001-03			GKDP LIMIT: \$375,000.00		
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,000.00		

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

CERTIFICA	TE HOLDER			CANCELLATION	
	VICTORY RECOVERY SERVICES 770-945-3757 // VENDORMGMT@\		DRP.COM	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 1025			AUTHORIZED REPRESENTATIVE	
I	BUFORD	GA	30518	Danadoan	



DATE (MM/DD/YYYY) 08/13/2021

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				NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SV	CS
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-3	65-0636
	RECOVERY SPECIALIST INSURANCE GROUP			E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTION	ONS		INSURER(S) AFFORDING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS 7	ΓX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	GEORGIA COLLATER	RAL REC BUR INC.	1054	INSURER D:	
	PO BOX 71491			INSURER E:	
	ALBANY	GA	31708	INSURER F:	
COVERAG	ES	CERTIFICATE NUMBE	R : G1-48253	REVISION NUMBER: 21-22	GuideOne

CERTIFICATE NUMBER: G1-48253 **REVISION NUMBER:** 21-22GuideOne 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 SUBRINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		57000001-03	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 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
C	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		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	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		57000001-03	09/01/2021	09/01/2022	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-03			GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD, LEESBURG, GA 31763

CERTIFICATE HOLDER			CANCELLATION		
VTR INVESTIGATIONS 352-688-1719			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 5625			AUTHORIZED REPRESENTATIVE		
SPRING HILL	FL	34611	Danadoan		



DATE (MM/DD/YYYY) 08/13/2021

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	inoluer in hea or such endorsement(s).					
PRODUCER			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS			
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	5-0636		
RECOVERY SPECIALIST INSURANCE GROUP			E-MAIL ADDRESS: CERTIFICATES@RSIG.COM			
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC#		
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032		
INSURED			INSURER B: LLOYDS OF LONDON	15792		
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	GEORGIA COLLATERAL REC BUR INC.	1054	INSURER D:			
	PO BOX 71491		INSURER E:			
	ALBANY GA	31708	INSURER F:			

COVERAGES

CERTIFICATE NUMBER: G1-48240

REVISION NUMBER: 21-22GuideOne

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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	57000001-03	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 100,000.00
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,			MED EXP (Any one person) \$ 5,000.00
	X		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
C	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		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	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		57000001-03	09/01/2021	09/01/2022	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY SCHEDULED AUTOS: 08 CHEV #7815, 06 CHEV #8969; 21 CHEV #1074

CERTIFICATE HOLDER	CANCELLATION
--------------------	--------------

TX

75038

WELLS FARGO DEALER SERVICES 972-870-8215 / TROY.ANDREW@WELLSFARGO.COM ATTN: T-9017-021 6061 NORTH STATE HIGHWAY 161 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

Danadoan

IRVING



DATE (MM/DD/YYYY) 08/13/2021

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	noider in hea or such endorsement(s).					
PRODUCER			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS			
IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	5-0636		
			E-MAIL ADDRESS: CERTIFICATES@RSIG.COM			
GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC#		
PO BOX 395 GIDDINGS TX 78942			INSURER A: GUIDEONE INSURANCE COMPANY	15032		
INSURED			INSURER B: LLOYDS OF LONDON	15792		
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	GEORGIA COLLATERAL REC BUR INC.	1054	INSURER D:			
	PO BOX 71491		INSURER E:			
	ALBANY GA	31708	INSURER F:			

COVERAGES

CERTIFICATE NUMBER: G1-48238

REVISION NUMBER: 21-22GuideOne
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.

	EXCLUSIONS AND CONDITIONS OF SUCH P					AIMS.
INSF LTR	TYPE OF INSURANCE	ADDL SUBI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		570000001-03	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY	Y	ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 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
C	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		EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
A	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	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		570000001-03	09/01/2021	09/01/2022	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	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY SCHEDULED AUTOS: 08 CHEV #7815, 06 CHEV #8969; 21 CHEV #1074

CERTIFICATE HOLDER	CANCELLATION
--------------------	--------------

WELLS FARGO AUTO FINANCE, WELLS FARGO BANK NA, WELLS FARGO & CO. 877-298-9119 / MAC: X0301-02J 1150 W WASHINGTON ST, 2ND FL TEMPE AZ 85281 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

Danadoan



DATE (MM/DD/YYYY) 08/13/2021

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 hed of such endorsement(s).					
PRODUCER			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS			
IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	5-0636		
			É-MAIL ADDRESS: CERTIFICATES@RSIG.COM			
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC#		
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032		
INSURED			INSURER B: LLOYDS OF LONDON	15792		
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	GEORGIA COLLATERAL REC BUR INC.	1054	INSURER D:			
	PO BOX 71491		INSURER E:			
	ALBANY GA	31708	INSURER F:			

COVERAGES CERTIFICATE NUMBER: G1-48241 REVISION NUMBER: 21-22GuideOne 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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL SUBFINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
	GENERAL LIABILITY		570000001-03	09/01/2021	09/01/2022		\$ 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
C	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		EKI3392513- CYBER				\$ 1,000,000.00
Α	AUTOMOBILE LIABILITY		570000265-01	11/27/2020	11/27/2021	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						\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	UMBRELLA LIAB X OCCUR		570000001-03	09/01/2021	09/01/2022	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 Y/N					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00	
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,000	0.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625	,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD, LEESBURG, GA 31763

PRIMARY LIMITS PROVIDE FULL \$3.000.000 LIMIT WITH A \$5.000.000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY SCHEDULED AUTOS: 08 CHEV #7815, 06 CHEV #8969; 21 CHEV #1074

CERTIFICATE HOLDER	CANCELLATION
WESTLAKE FINANCIAL SERVICES 323-692-8976	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
REPOVENDORMANAGEMENT@WESTLAKEFINANCIAL.COM	AUTHORIZED REPRESENTATIVE
4751 WILSHIRE BLVD, SUITE #100 LOS ANGELES CA 90010	Danadoan



DATE (MM/DD/YYYY) 08/13/2021

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).

Continuati	s noider in hea or saon endersement(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): 703-365-0636				
	RECOVERY SPECIALIST INSUI	RANCE GROUP	É-MAÎL ADDRESS: CERTIFICATES@RSIG.COM				
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC#			
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032			
INSURED			INSURER B: LLOYDS OF LONDON	15792			
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580			
	GEORGIA COLLATERAL REC BUF	R INC. 1054	INSURER D:				
	PO BOX 71491		INSURER E:				
	ALBANY	GA 31708	INSURER F:				
001/5040	CO OEDTICIOATE	NUMBER: 04 40007	DEVICION NUMBER: 24 220	V			

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 ADDL SUBR INSR WVD POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY 1,000,000.00 09/01/2021 09/01/2022 EACH OCCURRENCE 570000001-03 DAMAGE TO RENTED PREMISES (Ea occurrence) X COMMERCIAL GENERAL LIABILITY Α **ERRORS & OMISSIONS** 100,000.00 \$ CLAIMS-MADE | X | OCCUR WRONGFUL REPO. 5,000.00 MED EXP (Any one person) CYBLIAB \$2MIL POLICYAGG REPOSSESSED AUTO, 1,000,000.00 PERSONAL & ADV INJURY С DRIVE-AWAY, CARGO, CYBER LIAB - \$100.000 5,000,000.00 GENERAL AGGREGATE ON-HOOK - EACH \$1MIL LIMIT GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ 3,000,000.00 PRO-JECT EKI3392513- CYBER X POLICY **REPO IN TRANSIT** 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ 1,000,000.00 Α 570000265-01 11/27/2020 11/27/2021 ANY AUTO BODILY INJURY (Per person) COMP/COLL DED: \$1.000 ALL OWNED AUTOS SCHEDULED AUTOS **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS Х HIRED AUTOS \$ \$ UMBRELLA LIAB 2,000,000.00 Α Χ OCCUR 570000001-03 09/01/2021 09/01/2022 EACH OCCURRENCE **EXCESS LIAB** SEE DESC. OF OPERATIONS INC. GEN AGG Χ CLAIMS-MADE AGGREGATE RETENTION \$ WC STATU-TORY LIMITS ОТН WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT EMPLOYEE DISHONESTY&COMP CRIME 570000001-03 09/01/2021 09/01/2022 LIMIT: \$1,000,000.00 GARAGEKEEPERS DIRECT PRIMARY Α 570000001-03 09/01/2021 09/01/2022 GKDP LIMIT: \$375,000.00 GARAGEKEEPERS DIR PRIM EXC B1136TR215943 09/01/2021 09/01/2022 GKDP EXCESS: \$625,000.00 В

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

LOCATIONS: 623 FUSSELL RD. LEESBURG. GA 31763

CERTIFICATE HOLDER			CANCELLATION		
WINDSOR EQUITY GROUP 469-533-6475			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 835487			AUTHORIZED REPRESENTATIVE		
RICHARDSON	TX	75083	Danadoan		



DATE (MM/DD/YYYY) 08/13/2021

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	noider in hea or such endorsement(s).						
PRODUCER			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS				
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636				
	RECOVERY SPECIALIST INSURANCE (GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM				
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC#			
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE INSURANCE COMPANY	15032			
INSURED			INSURER B: LLOYDS OF LONDON	15792			
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580			
	GEORGIA COLLATERAL REC BUR INC.	1054	INSURER D:				
	PO BOX 71491		INSURER E:				
	ALBANY GA	31708	INSURER F:				

COVERAGES

CERTIFICATE NUMBER: G1-48243

REVISION NUMBER: 21-22GuideOne

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
	GENERAL LIABILITY	Υ	Υ	57000001-03	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 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
C	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			EKI3392513- CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	AUTOMOBILE LIABILITY			570000265-01	11/27/2020	11/27/2021	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			570000001-03	09/01/2021	09/01/2022	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 Y/N						WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME			57000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY			570000001-03		1 1	GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC			B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE 09/20/00- 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

LOCATIONS: 623 FUSSELL RD. LEESBURG. GA 31763

CERTIFICATE HOLDER			CANCELLATION			
WORLD OMNI FINANCIAL CORP SUBSIDIARY & AFFILIATED ENT			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
954-596-7416			AUTHORIZED REPRESENTATIVE			
250 JIM MORAN BLVD			\sim \sim			
DEERFIELD BEACH	FL	33442	1 Ma Ocan			