



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/24/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  <b>IG., INC./RSIG</b> <b>RECOVERY SPECIALIST INSURANCE GROUP</b> GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942		<b>CONTACT NAME</b> IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS <b>PHONE (A/C, No, Ext):</b> 703-365-0199//LH703.365.0362 <b>FAX (A/C, No):</b> 703-365-0636 <b>E-MAIL ADDRESS:</b> CERTIFICATES@RSIG.COM	
		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: GUIDEONE NATIONAL INSURANCE COMPANY	<b>NAIC #</b> 14167
<b>INSURED</b>  GEORGIA COLLATERAL REC BUR INC. 1054 PO BOX 71491 ALBANY GA 31708		<b>INSURER B:</b> LLOYDS OF LONDON <b>INSURER C:</b> SCOTTSDALE INDEMNITY COMPANY <b>INSURER D:</b> GUIDEONE INSURANCE COMPANY <b>INSURER E:</b> <b>INSURER F:</b>	15792 15580 15032

**COVERAGES** **CERTIFICATE NUMBER: G1-65498** **REVISION NUMBER: 23-24GuideOne**

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	ADDD INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			570000002-01 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI33490957- CYBER	09/01/2023	09/01/2024	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00
	<input checked="" type="checkbox"/> CYBLIAB \$2MIL POLICYAGG						PERSONAL & ADV INJURY \$ 1,000,000.00
C	<input checked="" type="checkbox"/> CYBER LIAB - \$100,000						GENERAL AGGREGATE \$ 5,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						REPO IN TRANSIT \$ 1,000,000.00
D	<input type="checkbox"/> AUTOMOBILE LIABILITY			570000265-03 COMP/COLL DED: \$1,000	11/27/2022	11/27/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			570000002-01 SEE DESC. OF OPERATIONS	09/01/2023	09/01/2024	EACH OCCURRENCE \$ 2,000,000.00
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ INC. GEN AGG
	DED RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	EMPLOYEE DISHONESTY&COMP CRIME			570000002-01	09/01/2023	09/01/2024	LIMIT: \$1,000,000.00
A	GARAGEKEEPERS DIRECT PRIMARY			570000002-01	09/01/2023	09/01/2024	GKDP LIMIT: \$375,000.00
B	GARAGEKEEPERS DIR PRIM EXC			B0831TR23180358M	09/01/2023	09/01/2024	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: 06 CHEV #8969; 15 CHEV #0911; 24 GMC #8727

<b>CERTIFICATE HOLDER</b>  PROOF OF INSURANCE GEORGIA COLLATERAL REC BUREAU, INC 229-432-7221 PO BOX 71491 ALBANY GA 31708	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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