

DATE (MM/DD/YYYY) 08/18/2025

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

ce	rtificate	holder in lieu of s	such endors	emen	t(s).								
PROI	DUCER						CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS						
		IG., INC./RSIG	<b>ì</b>				PHONE (A/C, No	Fxt): 703-36	5-0199//LH7	703.365.0362 FAX (A/C, No):	703-3	65-0636	
				T IN	SUR	ANCE GROUP			CATES@RS				
		GATE ELEVENS								DING COVERAGE		NAIC#	
		PO BOX 395 GIDE	DINGS TX 789	942			INSURE		/ INSURANCI			39993	
INSU	RED								OF LONDON			15792	
										NITY COMPANY		15580	
		GRB TOWING I	NC			1704	INSURE		DALL INDLIV	IIIII OOMI AIII		10000	
		623 FUSSELL R	_										
		LEESBURG				GA 31763	INSURE						
CO	VERAG		CER	TIFIC	ΔTF	NUMBER: COL20330	INSURE	K F:		REVISION NUMBER:	25.2	26Colony	
		_					REVISION NUMBER: 25-26Colony /E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
IN CI	DICATEI ERTIFIC <i>A</i>	D. NOTWITHSTAND ATE MAY BE ISSUE	DING ANY REC D OR MAY P	QUIRE ERTAI	MENT N, T	T, TERM OR CONDITION OF THE INSURANCE AFFORDER MITS SHOWN SHOWN MAY	F ANY ( D BY TH	CONTRACT OF HE POLICIES	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WE	HICH THIS	
NSR LTR		TYPE OF INSURANC	DE .	ADDL INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
\	GENERA	AL LIABILITY				GAT-1000000-01			09/01/2026			,000,000.00	
Α	X co	MMERCIAL GENERAL LI	ABILITY			ERRORS & OMISSIONS		00/0/1/2020	33/3/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00	
		CLAIMS-MADE X	OCCUR			WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00	
_	X CYI	BLIAB \$2MIL POLICYAGG				REPOSSESSED AUTO,				PERSONAL & ADV INJURY	\$ 1	,000,000.00	
С	X CY	/BER LIAB - \$2MILI	LION			DRIVE-AWAY,CARGO,				GENERAL AGGREGATE	\$ 5	,000,000.00	
	GEN'L AC	GGREGATE LIMIT APPL	IES PER:			ON-HOOK - EACH \$1MIL	LIMIT			PRODUCTS - COMP/OP AGG	\$ 3	,000,000.00	
	X POI	LICY PRO- JECT	LOC			EKI3537443 - CYBER				REPO-TRANSIT/ DRIVEAWAY	\$ 1	,000,000.00	
	AUTOM	OBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
	AN	Y AUTO								BODILY INJURY (Per person)	\$		
	ALL AU	TOS AU	CHEDULED JTOS						İ	BODILY INJURY (Per accident)	\$		
	HIR	RED AUTOS NO	ON-OWNED JTOS							PROPERTY DAMAGE (Per accident)	\$		
										,	\$		
Α	UME	BRELLA LIAB X	OCCUR			GAT-1000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE	<sub>\$</sub> 2	2,000,000.00	
	χEXC	CESS LIAB	CLAIMS-MADE			SEE DESC. OF OPERATION	ONS			AGGREGATE	\$ IN	IC. GEN AGG	
	DEI	D RETENTION \$									\$		
		RS COMPENSATION								WC STATU- OTH- TORY LIMITS ER			
	ANY PRO	<b>PLOYERS' LIABILITY</b> DPRIETOR/PARTNER/EX	ECUTIVE T	N/A					ĺ	E.L. EACH ACCIDENT	\$		
	OFFICER (Mandato	R/MEMBER EXCLUDED? ory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, des	scribe under PTION OF OPERATIONS								E.L. DISEASE - POLICY LIMIT	\$		
Α		YEE DISHONESTY&C				GAT-1000000-01		09/01/2025	09/01/2026	LIMIT: \$1,000,000.00			
Α	GARAG	EKEEPERS DIRECT F	PRIMARY			GAT-1000000-01		09/01/2025	09/01/2026	GKDP LIMIT: \$375,00	0.00		
В	GARAG	EKEEPERS DIR PRIM	IEXC			B0507TR2518M002		09/01/2025	09/01/2026	GKDP EXCESS: \$625	,000.	00	
				•		CORD 101, Additional Remarks S		•	. ,				
						ELLATION NOTICE E							
						STATUS & WAIVER O							
		71. PRIMARY LII POLICY	IVII I S PROV	IDE	GL/V	VRONGFUL REPO/E&0	J \$3IVII	L LIIVII I VVI	III A \$5IVIL	AGG IN LIEU OF SEP	AKAI	IE EYCE99	
		NS: 623 FUSSEL	I RD I FF:	SBUE	3G (	GA 31763							
	_,				٠٠, ١								
CEI	RTIFIC	ATE HOLDER	·				CANC	ELLATION	1				
		A1 NATIONWII 302-327-4302 /		S@#	\1NA	TIONWIDE.COM	THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE C. REOF, NOTICE WILL E Y PROVISIONS.			
		PO BOX 1411					AUTHOR	RIZED REPRESEI	NTATIVE	-			
		GREER				SC 29652	Danadoan						



DATE (MM/DD/YYYY) 08/18/2025

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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).

ce	rtifica	te holder in lieu of s	uch endors	emer	ıt(s).							
PROI	DUCER						CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS					
		IG., INC./RSIG					PHONE (A/C: No	Fxt): 703-36	5-0199//LH7	'03.365.0362 FAX (A/C, No):	703-3	65-0636
		RECOVERY SI		T IN	SUR	ANCE GROUP			CATES@RS			
		GATE ELEVEN SO								DING COVERAGE		NAIC#
		PO BOX 395 GIDD	INGS TX 789	942			INSURF		/ INSURANCI			39993
INSU	RED								OF LONDON			15792
										NITY COMPANY		15580
		GRB TOWING II	NC			1704	INSURE		DALL INDLIV	IIII OOMI AIII		10000
		623 FUSSELL R	_									
		LEESBURG				GA 31763	INSURE					
CO	VERA		CER	TIFIC	ΔTF	NUMBER: COL20988	INSURE	K F:		REVISION NUMBER:	25.2	6Colony
						ANCE LISTED BELOW HAVE	BEEN	ISSUED TO T				
IN CI	DICATI ERTIFIC	ED. NOTWITHSTANDI CATE MAY BE ISSUED	ING ANY REC O OR MAY PI	QUIRE ERTA	MENT IN, T	T, TERM OR CONDITION OF THE INSURANCE AFFORDED MITS SHOWN SHOWN MAY	ANY (	CONTRACT OF HE POLICIES	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT TO A	TO WE	HICH THIS
NSR LTR		TYPE OF INSURANC	E	ADDL INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENE	RAL LIABILITY				GAT-1000000-01			09/01/2026	EACH OCCURRENCE	s 1	,000,000.00
Α	X c	OMMERCIAL GENERAL LIA				ERRORS & OMISSIONS		33,01,2020	33/3/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00
			OCCUR			WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00
С	<del>  ^  </del> -	YBLIAB \$2MIL POLICYAGG				REPOSSESSED AUTO,				PERSONAL & ADV INJURY		,000,000.00
Ŭ	<del></del>	CYBER LIAB - \$2MILL				DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL	LINALT		-	GENERAL AGGREGATE		00.000,000,
		AGGREGATE LIMIT APPLI				EKI3537443 - CYBER	LIIVII I		-	PRODUCTS - COMP/OP AGG REPO-TRANSIT/ DRIVEAWAY		,000,000.00
	_	OLICY PRO- JECT PRO- MOBILE LIABILITY	LOC			ENI333/443 - CTDER				COMBINED SINGLE LIMIT		,000,000.00
									-	(Ea accident)  BODILY INJURY (Per person)	\$	
	H A		HEDULED						-	` ` `		
		NO	TOS N-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	Н	IRED AUTOS AŬ	TOS						-	(Per accident)	\$	
_	111	MBRELLA LIAB Y				OAT 4000000 04		00/04/0005	00/04/0000	EAGU GOOLIDDENGE	\$	.000,000.00
Α	$\vdash$	/a=aa	OCCUR			GAT-1000000-01 SEE DESC. OF OPERATION		09/01/2025	09/01/2026	EACH OCCURRENCE	Ψ	C. GEN AGG
			CLAIMS-MADE			OLL BLOO. OF OF LIVATION	ONO		-	AGGREGATE		C. GLIVAGG
	-	ED RETENTION \$ ERS COMPENSATION								WC STATU-   OTH- TORY LIMITS   ER	\$	
	AND E	MPLOYERS' LIABILITY	Y / N						-			
	OFFICE	ROPRIETOR/PARTNER/EXE ER/MEMBER EXCLUDED? Itory in NH)	ECUTIVE	N/A					-	E.L. EACH ACCIDENT	\$	
	If yes, o	describe under							-	E.L. DISEASE - EA EMPLOYEE		
Α		RIPTION OF OPERATIONS   OYEE DISHONESTY&CO				GAT-1000000-01		00/01/2025	00/01/2026	E.L. DISEASE - POLICY LIMIT LIMIT: \$1,000,000.00	\$	
A		GEKEEPERS DIRECT P				GAT-1000000-01				GKDP LIMIT: \$375,00	0 00	
В		GEKEEPERS DIR PRIM				B0507TR2518M002				GKDP EXCESS: \$625		00
				ES (At	tach A	CORD 101, Additional Remarks So				CIADI EXOLUG. \$020	,,000.	00
ME CO LIA	MBEF NTRA BILIT`	R REQUEST & ADE C.C. PRIMARY LIN Y POLICY	DITIONAL II MITS PROV	NSU IDE	RED GL/V	CELLATION NOTICE EX STATUS & WAIVER OF VRONGFUL REPO/E&C	F SUB	, APPLY TO	THE CERT	HOLDER AS REQ BY	WRI	TTEN
LO	CATIC	DNS: 623 FUSSEL	L RD. LEES	SBUI	₹G, (	GA 31763						
CEI	RTIFI	CATE HOLDER					CANC	ELLATION	1			
		ACERTUS REC JULIE.GODDAF 11090 WHITE F	RD@ACER			•	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		SUITE 175	NUUN KU.				AUTHORIZED REPRESENTATIVE					
		RANCHO COR	DOVA			CA 95670	Danadoan					

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	rtificate holder in lieu of such endor	•					Solumouto does not come	giito to tile
PRO	DUCER			CONTA NAME	CT IG., INC.	RSIG - LIGI	HTHOUSE INSURANCE S	vcs
	IG., INC./RSIG			PHONE (A/C. No	o, Ext): 703-36	5-0199//LH7	703.365.0362 FAX (A/C, No): 703	-365-0636
	RECOVERY SPECIALIS	ST INSL	JRANCE GROUP			CATES@RS		
	GATE ELEVEN SOLUTIONS				INS	SURER(S) AFFOR	DING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS TX 78	3942		INSURE		Y INSURANC		39993
INSU	RED			INSURE	R B: LLOYDS	OF LONDON	ı	15792
				_			INITY COMPANY	15580
	GRB TOWING INC		1704	INSURE				
	623 FUSSELL RD			INSURE				
	LEESBURG		GA 31763	INSURE				
СО	VERAGES CE	RTIFICAT	TE NUMBER: COL20353	INCORE			REVISION NUMBER: 25	-26Colony
TI	IS IS TO CERTIFY THAT THE POLICIES			BEEN	ISSUED TO T	HE INSURED		
	DICATED. NOTWITHSTANDING ANY RE							
	ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH							HE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL SU INSR W				POLICY EXP (MM/DD/YYYY)	LIMITS	
LIK	GENERAL LIABILITY	INSK W						1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		GAT-1000000-01 ERRORS & OMISSIONS		09/01/2025	09/01/2026	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100.000.00
^	7		WRONGFUL REPO.					5,000.00
	CLAIMS-MADE X OCCUR  X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,				MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$	1,000,000.00
С	X CYBER LIAB - \$2MILLION	-	DRIVE-AWAY,CARGO,					5,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:	•	ON-HOOK - EACH \$1MIL	LIMIT			GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	3,000,000.00
	X POLICY PRO- JECT LOC		EKI3537443 - CYBER				REPO-TRANSIT/ DRIVEAWAY \$	1.000.000.00
	AUTOMOBILE LIABILITY		ERIOGOTHIO OTBER				COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000.00
	ANN AUTO						BODILY INJURY (Per person) \$	
	ANY AUTO ALL OWNED SCHEDULED AUTOS						· · · /	
	NON-OWNED						PROPERTY DAMAGE	
	HIRED AUTOS AUTOS						(Per accident) \$	
_	UMBRELLA LIAB X OCCUP				2010110005	00/04/0000	\$	2,000,000.00
Α	A OCCUR		GAT-1000000-01 SEE DESC. OF OPERATI	ONE	09/01/2025	09/01/2026	EACH OCCURRENCE \$	<u> </u>
	X EXCESS LIAB CLAIMS-MADE	4	SEE DESC. OF OPERATI	UNS			7.00.120.112	INC. GEN AGG
	DED RETENTION \$ WORKERS COMPENSATION						WC STATU- OTH-	
	AND EMPLOYERS' LIABILITY Y / N						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT \$	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$	
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT   \$	
Α	EMPLOYEE DISHONESTY&COMP CRIME		GAT-1000000-01				LIMIT: \$1,000,000.00	_
Α	GARAGEKEEPERS DIRECT PRIMARY		GAT-1000000-01				GKDP LIMIT: \$375,000.00	
В	GARAGEKEEPERS DIR PRIM EXC	150/44	B0507TR2518M002				GKDP EXCESS: \$625,00	0.00
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC G MEMBER SINCE 09/21/24- 30 [				•		AVMENT OF CANCELLAT	ION BY
	MBER REQUEST & ADDITIONAL	_		-	-			-
	NTRACT. PRIMARY LIMITS PRO							
	BILITY POLICY							
LO	CATIONS: 623 FUSSELL RD. LEE	SBURG	6, GA 31763					
CE	RTIFICATE HOLDER			CAN	CELLATION	N		
				0110		THE ABOVE D	FOODIDED DOLLOISO DE CANO	ELLED DEFORE
	ALLIED EINIANIGE AD ILIG	TED0					ESCRIBED POLICIES BE CANC EREOF, NOTICE WILL BE	
	ALLIED FINANCE ADJUS		EAD HIOTEDO COM				Y PROVISIONS.	
	HOMEOFFICE@ALLIEDI	INANC	EADJUSTERS.COM					
	PO BOX 3853			AUTHO	RIZED REPRESE	NTATIVE	1	
	MIDLAND		TX 79702			Dans	down	
			17 13102	1		~ KUU	~ Emo	



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	rtificate holder in lieu of such endor		•		J. 361116	A state				giita to tile
PRO	DUCER				CONTA	CT IG., INC./	RSIG - LIGH	THOUSE INSURANC	F SVC	:S
	IG., INC./RSIG							703.365.0362 FAX (A/C, No):		
	RECOVERY SPECIALIS	ST IN	SUR	ANCE GROUP	E-MAIL	SS: CFRTIFI	CATES@RS	SIG.COM		
	GATE ELEVEN SOLUTIONS	, <b>.</b>	00.	Juitor Oitooi	7.00.1.2			DING COVERAGE	=	NAIC#
	PO BOX 395 GIDDINGS TX 7	8942			INSURE		Y INSURANCI			39993
INSU	RED						OF LONDON			15792
					_			NITY COMPANY		15580
	GRB TOWING INC			1704	INSURE					
	623 FUSSELL RD				INSURE					
	LEESBURG			GA 31763	INSURE					
CO	VERAGES CE	RTIFIC	ATE	NUMBER: COL19731	oo			REVISION NUMBER:	25-26	Colony
IN CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIRI PERTA	EMEN <sup>-</sup> IN, T	T, TERM OR CONDITION OF THE INSURANCE AFFORDED	F ANY ( D BY TI	CONTRACT O HE POLICIES	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT TO A	TO WHI	ICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY	1.5.0		GAT-1000000-01			09/01/2026	EACH OCCURRENCE	\$ 1,0	000,000.00
Α	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS		55,51,2020	33,31,2020	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	\$ 1,0	000,000.00
С	X CYBER LIAB - \$2MILLION			DRIVE-AWAY,CARGO,				GENERAL AGGREGATE	\$ 5,0	000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL	LIMIT			PRODUCTS - COMP/OP AGG	\$ 3,0	000,000.00
	X POLICY PRO- JECT LOC			EKI3537443 - CYBER				REPO-TRANSIT/ DRIVEAWAY	\$ 1,0	000,000.00
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	UMBRELLA LIAB X OCCUR			GAT-1000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE	,	000,000.00
	X EXCESS LIAB CLAIMS-MAD			SEE DESC. OF OPERATION	ONS			AGGREGATE	\$ INC	C. GEN AGG
	DED RETENTION \$							WC STATU-   OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/M							WC STATU- OTH- TORY LIMITS ER	<u> </u>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under	1						E.L. DISEASE - EA EMPLOYEE	-	
	DESCRIPTION OF OPERATIONS below			O.T. (000000 04		2010110005	00/04/0000	E.L. DISEASE - POLICY LIMIT	\$	
A	EMPLOYEE DISHONESTY&COMP CRIME GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-01 GAT-1000000-01			l I	LIMIT: \$1,000,000.00		
A B	GARAGEKEEPERS DIR PRIM EXC			B0507TR2518M002				GKDP LIMIT: \$375,00 GKDP EXCESS: \$625		10
	RIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (A	ttach Δ					GNDP EXCESS. \$020	,,000.0	)U
RS ME CO LIA	G MEMBER SINCE 09/21/24- 30 MBER REQUEST & ADDITIONAL NTRACT. PRIMARY LIMITS PRO BILITY POLICY CATIONS: 623 FUSSELL RD. LEI	DAY ( INSU VIDE	CANC RED GL/V	CELLATION NOTICE EX STATUS & WAIVER OF VRONGFUL REPO/E&C	XCEPT F SUB	T IN CASES , APPLY TO	OF NON-PA	HOLDER AS REQ BY	WRIT	TEN
CFI	RTIFICATE HOLDER				CANO	CELLATION	J			
- = I	ARA/AMERICAN RECOV CUSTOMER-SUPPORT@AI 1400 CORPORATE DRIV	MERIC			SHO THE ACC	ULD ANY OF	THE ABOVE DI N DATE THE TH THE POLIC	ESCRIBED POLICIES BE CARREOF, NOTICE WILL E Y PROVISIONS.		
	STE 175						7			
	IRVING			TX 75038			L)ana	Olpan		



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ce	rtificate holder in lieu of such endors	emer	it(s).							•
PROI	DUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS					
	IG., INC./RSIG							703.365.0362 FAX (A/C, No): 7		
	RECOVERY SPECIALIS	TIN	SHE	ANCE GROUP	E-MAIL	ss. CFRTIFI	CATES@RS	SIG COM		
	GATE ELEVEN SOLUTIONS		001	JANOE ONOO!	ABBITE			DING COVERAGE		NAIC#
	PO BOX 395 GIDDINGS TX 78	942			INSLIRE		/ INSURANCI			39993
INSU							OF LONDON			15792
								NITY COMPANY		15580
	GRB TOWING INC			1704			DALE INDEN	INTT COMPANT		10000
	623 FUSSELL RD			1704	INSURE					
	LEESBURG			GA 31763	INSURE					
CO		TIEIC	ATE	NUMBER: COL17487	INSURE	R F:		REVISION NUMBER:	25 26	Colony
	IIS IS TO CERTIFY THAT THE POLICIES				REEN	ISSUED TO T				Colony
IN CE	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F ICLUSIONS AND CONDITIONS OF SUCH F	QUIRE ERTA	EMEN <sup>®</sup> IN, T	T, TERM OR CONDITION OF THE INSURANCE AFFORDED	ANY (	CONTRACT OF	R OTHER DOO DESCRIBED H D BY PAID CLA	CUMENT WITH RESPECT TO HEREIN IS SUBJECT TO AL	O WH	ICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY			GAT-1000000-01			09/01/2026	EACH OCCURRENCE S	<sub>\$</sub> 1,	000,000.00
Α	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS		00/01/2020	33/3/1/2020	DAMAGE TO RENTED	. ,	100,000.00
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,					\$ \$	5,000.00
	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,				, , , , ,		000,000.00
С	X CYBER LIAB - \$2MILLION			DRIVE-AWAY,CARGO,						000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL I	LIMIT			PRODUCTS - COMP/OP AGG		00.000,000
	X POLICY PRO- JECT LOC			EKI3537443 - CYBER			İ	REPO-TRANSIT/ DRIVEAWAY	§ 1,	00,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	<u> </u>	·
	ANY AUTO								\$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE	\$	
	AUTOS							(i oi accident)	\$ \$	
Α	UMBRELLA LIAB X OCCUR			GAT-1000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE	. 2.	00.000.00
<i>,</i> ,	X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATION		03/01/2020	03/01/2020		,	C. GEN AGG
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER	·	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE								\$	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$ \$	
Α	EMPLOYEE DISHONESTY&COMP CRIME			GAT-1000000-01		09/01/2025	09/01/2026	LIMIT: \$1,000,000.00	*	
Α	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-01				GKDP LIMIT: \$375,000	00	
В	GARAGEKEEPERS DIR PRIM EXC			B0507TR2518M002				GKDP EXCESS: \$625,		00
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (At	tach A					0.12. 2.10200. 4020,	000.0	
RSI	G MEMBER SINCE 09/21/24- 30 D	AY C	CANC	CELLATION NOTICE EX	KCEP1	IN CASES	OF NON-PA	AYMENT OR CANCELL	ATIO	N BY
	MBER REQUEST & ADDITIONAL					•				
	NTRACT. PRIMARY LIMITS PROV	/IDE	GL/\	WRONGFUL REPO/E&C	) \$3MI	L LIMIT WI	TH A \$5MIL	AGG IN LIEU OF SEPA	RAT	E EXCESS
	BILITY POLICY	0011	<b>-</b>	04.04700						
LU	CATIONS: 623 FUSSELL RD. LEE	SBUI	<b>≺</b> G, (	JA 31/03						
CEF	RTIFICATE HOLDER				CANO	ELLATION	ı			
							-			
								ESCRIBED POLICIES BE CA		
	BELL & WILLIAMS ASSO	CIAT	ES II	NC	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
	603-965-2240 // DHASTIE				ACCORDANCE WITH THE POLICY PROVISIONS.					
	PO BOX 238		•		AUTHORIZED REPRESENTATIVE					
							7			
	WINDHAM			NH 03087	Dan down.					



DATE (MM/DD/YYYY) 08/18/2025

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CE	ertificate holder in lieu of such endorse	ment(s).							
PRO	DUCER			CONTAC NAME	$^{ extsf{CT}}$ IG., INC./	RSIG - LIGH	HTHOUSE INSURANCE	E SVC	S
	IG., INC./RSIG			PHONE (A/C, No	Fxt): 703-36	5-0199//LH7	'03.365.0362   FAX (A/C, No): 7	703-36	55-0636
	RECOVERY SPECIALIST	INSUR	ANCE GROUP			CATES@RS			
	GATE ELEVEN SOLUTIONS		,				DING COVERAGE		NAIC#
	PO BOX 395 GIDDINGS TX 7894	42		INSURE		Y INSURANCI			39993
INSU	JRED					OF LONDON			15792
							NITY COMPANY		15580
	GRB TOWING INC		1704	INSURE		DONEL INDEN	IIII OOMI AIII		10000
	623 FUSSELL RD								
	LEESBURG		GA 31763	INSURE					
CO		IFICATE	NUMBER: COL18001	INSURE	RF:		REVISION NUMBER:	25.26	Colony
	HIS IS TO CERTIFY THAT THE POLICIES O			BEEN	ISSUED TO T				
IN CI	NDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH PO	UIREMENT RTAIN, T	T, TERM OR CONDITION OF HE INSURANCE AFFORDED	F ANY ( D BY TI	CONTRACT O HE POLICIES	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT T HEREIN IS SUBJECT TO AL	O WHI	ICH THIS
INSR LTR	TYPE OF INSURANCE	DDL SUBR NSR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
	GENERAL LIABILITY		GAT-1000000-01			09/01/2026	EACH OCCURRENCE	s 1,0	00.000,000
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS		03/01/2020	03/01/2020	DAMAGE TO RENTED		100,000.00
	CLAIMS-MADE X OCCUR  Y CYBLIAB \$2MIL POLICYAGG		WRONGFUL REPO,				\ , , ,	\$	5,000.00
С	X CYBLIAB \$2MIL POLICYAGG CYBER LIAB - \$2MILLION		REPOSSESSED AUTO, DRIVE-AWAY,CARGO,						000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:		ON-HOOK - EACH \$1MIL	I IMIT		-			000,000.00
	X POLICY PRO- LOC		EKI3537443 - CYBER				DEDO TRANSITI DEN FAMANA		000,000.00
	AUTOMOBILE LIABILITY		ENGOGITIO OTBER				COMBINED SINGLE LIMIT	\$	000,000.00
						-		\$	
	ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS					-	` ' '	\$	
	NON-OWNED					-	PROPERTY DAMAGE		
	HIRED AUTOS AUTOS					-	(i di decident)	\$	
^	UMBRELLA LIAB X OCCUR		CAT 4000000 04		00/04/2025	00/04/2020		2 /	000,000.00
Α	/ OCCUR		GAT-1000000-01 SEE DESC. OF OPERATION		09/01/2025	09/01/2026	EACH OCCURRENCE	γ ,	C. GEN AGG
	X CEATWO-WADE		OLL BLOOK OF OF LIVER	0110				•	J. OLIVACO
	DED RETENTION \$ WORKERS COMPENSATION						WC STATU- OTH-	\$	
	AND EMPLOYERS' LIABILITY  Y/N						TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	I/A				-		\$	
	If yes, describe under					-	E.L. DISEASE - EA EMPLOYEE	•	
Λ	DESCRIPTION OF OPERATIONS below  EMPLOYEE DISHONESTY&COMP CRIME		GAT-1000000-01		00/04/2025	00/01/2026	E.L. DISEASE - POLICY LIMIT LIMIT: \$1,000,000.00	\$	
A A	GARAGEKEEPERS DIRECT PRIMARY		GAT-1000000-01			l	GKDP LIMIT: \$375,000	0 00	
В	GARAGEKEEPERS DIR PRIM EXC		B0507TR2518M002			l	GKDP EXCESS: \$625		10
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE						ONDI EXOLOG. WOZO	,000.0	,,,
	IG MEMBER SINCE 09/21/24- 30 DA	•			•		AYMENT OR CANCELL	ATIO	N BY
	MBER REQUEST & ADDITIONAL IN								
	NTRACT. PRIMARY LIMITS PROVI	DE GL/V	VRONGFUL REPO/E&C	) \$3MI	L LIMIT WI	TH A \$5MIL	AGG IN LIEU OF SEPA	ARATI	E EXCESS
	ABILITY POLICY								
LO	CATIONS: 623 FUSSELL RD. LEES	BURG, (	SA 31763						
CEI	DTIEICATE HOLDED			CANG	SELLATION	<b>.</b>			
UEI	RTIFICATE HOLDER			CANC	CELLATION	1			
				sно	ULD ANY OF	THE ABOVE DI	ESCRIBED POLICIES BE CA	ANCELL	ED BEFORE
	BIG TIME RECOVERY, LLC			THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL B		
	770-345-4825 / VENDORS@		RECOVERY COM	ACCORDANCE WITH THE POLICY PROVISIONS.					
	9490 KNOX BRIDGE HWY	DIO I IIVILI	LEGOVERTI.OOM	AUTHORIZED REPRESENTATIVE					
	5.55.4.5% B. (15.52 11W )			AUTHORIZED REPRESENTATIVE					
	CANTON		GA 30114	Danadoan					



DATE (MM/DD/YYYY) 08/18/2025

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	rtificate holder in lieu of such endors	•					TO SHOULD WOOD HOL COMICE	.5.10 10 1110
PROI	DUCER			CONTA NAME	CT IG., INC.	RSIG - LIGI	HTHOUSE INSURANCE SV	CS
	IG., INC./RSIG			PHONE (A/C. No	<sub>o, Ext):</sub> 703-36	5-0199//LH7	703.365.0362 FAX (A/C, No): 703-3	65-0636
	RECOVERY SPECIALIS	T INS	JRANCE GROUP			CATES@RS		
	GATE ELEVEN SOLUTIONS				INS	SURER(S) AFFOR	DING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS TX 78	942		INSURE		Y INSURANCI		39993
INSU	RED			INSURE	RB: LLOYDS	OF LONDON	1	15792
							MNITY COMPANY	15580
	GRB TOWING INC		1704	INSURE				
	623 FUSSELL RD			INSURE				
	LEESBURG		GA 31763	INSURE				
CO	VERAGES CEF	RTIFICA	TE NUMBER: COL16943	TINGOINE			REVISION NUMBER: 25-2	6Colony
TH	IS IS TO CERTIFY THAT THE POLICIES			BEEN	ISSUED TO T	HE INSURED		
	DICATED. NOTWITHSTANDING ANY RE							
	ERTIFICATE MAY BE ISSUED OR MAY F (CLUSIONS AND CONDITIONS OF SUCH F							E TERMS,
NSR LTR	TYPE OF INSURANCE	ADDL SL INSR W		1000		POLICY EXP (MM/DD/YYYY)	LIMITS	
LIK	GENERAL LIABILITY	Y						,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY	T	GAT-1000000-01 ERRORS & OMISSIONS		09/01/2025	09/01/2026	DAMAGE TO RENTED	100.000.00
^	CLAIMS-MADE X OCCUR		WRONGFUL REPO,				PREMISES (Ea occurrence) \$  MED EXP (Any one person) \$	5,000.00
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO.				, , , ,	,000,000.00
С	X CYBER LIAB - \$2MILLION		DRIVE-AWAY,CARGO,					,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:		ON-HOOK - EACH \$1MIL	LIMIT				,000,000.00
	X POLICY PRO- LOC		EKI3537443 - CYBER	Liiviiii				.000.000.00
	AUTOMOBILE LIABILITY	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ERIOGOTATO OTBER				COMBINED SINGLE LIMIT (Ea accident) \$	,000,000.00
	ANN AUTO	Y					BODILY INJURY (Per person) \$	
	ANY AUTO ALL OWNED SCHEDULED AUTOS					-	` ' '	
	NON-OWNED					-	PROPERTY DAMAGE	
	HIRED AUTOS AUTOS						(Per accident) \$	
	UMBRELLA LIAB X OCCUP		0.7.4000000.04		00/04/0005	00/04/0000		.000,000.00
Α	/ OCCUR		GAT-1000000-01 SEE DESC. OF OPERATI	IONE	09/01/2025	09/01/2026	15.1	· · · —
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATI	IONS			7.00.1207.12	C. GEN AGG
	DED   RETENTION \$   WORKERS COMPENSATION						WC STATU- OTH-	
	AND EMPLOYERS' LIABILITY Y / N						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT \$	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$	
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
Α	EMPLOYEE DISHONESTY&COMP CRIME		GAT-1000000-01				LIMIT: \$1,000,000.00	
Α	GARAGEKEEPERS DIRECT PRIMARY		GAT-1000000-01				GKDP LIMIT: \$375,000.00	
В	GARAGEKEEPERS DIR PRIM EXC  RIPTION OF OPERATIONS / LOCATIONS / VEHIC	. = 0 (1)	B0507TR2518M002				GKDP EXCESS: \$625,000.	00
RSI ME CO LIA	G MEMBER SINCE 09/21/24-30 D MBER REQUEST & ADDITIONAL NTRACT. PRIMARY LIMITS PRO BILITY POLICY CATIONS: 623 FUSSELL RD. LEE	OAY CA INSURI VIDE G	NCELLATION NOTICE E ED STATUS & WAIVER O L/WRONGFUL REPO/E&	XCEPT F SUB	Γ IN CASES , APPLY TO	OF NON-PA	HOLDER AS REQ BY WRI	TTEN
	71510475 1101 252			0.4.1.1	)=    4= C:			
CEI	RTIFICATE HOLDER			CANC	CELLATION	N .		
	BURNS NATIONAL LLC 616-662-8140 / AGENTRI	ELATIO	NS@BNREPO.COM	THE ACC	EXPIRATION ORDANCE WI	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE Y PROVISIONS.	
	5132 37TH AVENUE			AUTHO	RIZED REPRESE	NTATIVE	1	
	HUDSONVILLE MI 49426				doan			



DATE (MM/DD/YYYY) 08/18/2025

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ce	rtificate	holder in lieu of s	such endors	emer	ıt(s).								
PROI	DUCER							CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS					
		IG., INC./RSIG	<b>:</b>					PHONE (A/C, No	Fxt): 703-36	5-0199//LH7	703.365.0362 FAX (A/C, No):	703-3	365-0636
		RECOVERY S		T IN:	SUR	ANCE	GROUP			CATES@RS			
		GATE ELEVENS					0.100.				DING COVERAGE		NAIC#
		PO BOX 395 GIDE	DINGS TX 789	942				INSURE		/ INSURANC			39993
INSU	RED									OF LONDON			15792
											NITY COMPANY		15580
		GRB TOWING I	INC				1704	INSURE		DALL INDLI	IIIII OOMI AIII		10000
		623 FUSSELL F	_										
		LEESBURG				GA	31763	INSURE					
CO	VERAG		CER	TIFIC	ΔTF		R: COL195	INSURE	K F:		REVISION NUMBER:	25.1	26Colony
_		_							ISSUED TO T		NAMED ABOVE FOR THE		
IN Ce	DICATEI ERTIFIC <i>A</i>	D. NOTWITHSTAND	DING ANY REC	QUIRE ERTA	MENT IN, T	T, TERM HE INSU	OR CONDITION RANCE AFFOR	N OF ANY ( RDED BY TH	CONTRACT O HE POLICIES	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO W	HICH THIS
NSR LTR		TYPE OF INSURANCE	CE	ADDL INSR	SUBR		POLICY NUMBER	R	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERA	AL LIABILITY				GAT-10	000000-01			09/01/2026	EACH OCCURRENCE	s 1	1,000,000.00
Α	X coi	MMERCIAL GENERAL LI	IABILITY				S & OMISSIO		55,51,2020	33,31,2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00
		CLAIMS-MADE X	OCCUR			WRONG	GFUL REPO,				MED EXP (Any one person)	\$	5,000.00
_	X CYI	BLIAB \$2MIL POLICYAGG	i				SESSED AUTO	*			PERSONAL & ADV INJURY	\$ 1	1,000,000.00
С	X CY	/BER LIAB - \$2MILI	LION				AWAY,CARGC	,			GENERAL AGGREGATE		5,000,000.00
	GEN'L AC	GGREGATE LIMIT APPL	IES PER:				OK - EACH \$1N				PRODUCTS - COMP/OP AGG		3,000,000.00
		LICY PRO- JECT	LOC			EKI353	7443 - CYBE	R			REPO-TRANSIT/ DRIVEAWAY	\$ 1	1,000,000.00
	AUTOMO	OBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$	
	AN	Y AUTO									BODILY INJURY (Per person)	\$	
	ALL	TOS AÚ	CHEDULED UTOS								BODILY INJURY (Per accident)	\$	
	HIR	RED AUTOS AL	ON-OWNED JTOS								PROPERTY DAMAGE (Per accident)	\$	
												\$	
Α	UME	BRELLA LIAB X	OCCUR			-	000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE	\$ 2	2,000,000.00
	X EXC	CESS LIAB	CLAIMS-MADE			SEE DE	SC. OF OPER	ATIONS			AGGREGATE	\$ IN	IC. GEN AGG
	DE											\$	
		RS COMPENSATION PLOYERS' LIABILITY	Y / N								WC STATU- OTH- TORY LIMITS ER		
	ANY PRO	PRIETOR/PARTNER/EX	(ECUTIVE	N/A							E.L. EACH ACCIDENT	\$	
	(Mandato	R/MEMBER EXCLUDED? ory in NH)									E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIF	scribe under PTION OF OPERATIONS	below									\$	
Α		YEE DISHONESTY&C					000000-01				LIMIT: \$1,000,000.00		
Α		EKEEPERS DIRECT F					000000-01				GKDP LIMIT: \$375,00		
В		EKEEPERS DIR PRIM					TR2518M002				GKDP EXCESS: \$625	5,000	.00
		OF OPERATIONS / LOCA		•		,			•	• ,	AV/A/ENIT OR OANIOE!		ON DV
											AYMENT OR CANCEL HOLDER AS REQ BY		
									,		AGG IN LIEU OF SEP		
		POLICY		عال:	<b>∪</b> ∟/ V		JE IVEI 0/1	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	v.    VV	, QOIVIIL	, OI OLI	, u v 1	
		NS: 623 FUSSEL	L RD. LEES	SBU	₹G, (	GA 3176	63						
CEF	RTIFIC	ATE HOLDER						CANO	ELLATION	1			
		C&F FINANCE ALWRIGHT@0	CFFINANCE		M			THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE C REOF, NOTICE WILL E Y PROVISIONS.		
		5500 AUDUBO	N DRIVE					AUTHORIZED REPRESENTATIVE					
		HENRICO				VA	23231			Dana	doan		



DATE (MM/DD/YYYY) 08/18/2025

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ce	rtificate holder in lieu of such endors	emer	ıt(s).						g
PROI	DUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS				
	IG., INC./RSIG							703.365.0362 FAX (A/C, No): 703-36	
	RECOVERY SPECIALIS	T IN	SUR	ANCE GROUP	E-MAIL ADDRES	ss: CERTIFI	CATES@RS	SIG.COM	
	GATE ELEVEN SOLUTIONS		•					DING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS TX 78	942			INSURE		Y INSURANC		39993
INSU	RED						OF LONDON		15792
								NITY COMPANY	15580
	GRB TOWING INC			1704	INSURE				
	623 FUSSELL RD				INSURE				
	LEESBURG			GA 31763	INSURE				
CO	VERAGES CER	TIFIC	ATE	NUMBER: COL15822	INSUKL	IXT.		REVISION NUMBER: 25-20	Colony
TH	IIS IS TO CERTIFY THAT THE POLICIES				BEEN	ISSUED TO T			
	DICATED. NOTWITHSTANDING ANY RE								
	ERTIFICATE MAY BE ISSUED OR MAY P CCLUSIONS AND CONDITIONS OF SUCH P								: TERMS,
INSR LTR			SUBR WVD		, ., .			LIMITS	
LIK	TYPE OF INSURANCE  GENERAL LIABILITY								000,000.00
Α	X COMMERCIAL GENERAL LIABILITY	Υ	Υ	GAT-1000000-01 ERRORS & OMISSIONS		09/01/2025	09/01/2026	DAMAGE TO RENTED	100,000.00
А				WRONGFUL REPO,				, , ,	
	CLAIMS-MADE X OCCUR X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO.				MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1.	5,000.00 000,000.00
С	X CYBER LIAB - \$2MILLION			DRIVE-AWAY,CARGO,					000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL	IIMIT				000,000.00
	V PRO-			EKI3537443 - CYBER	v			,	000,000.00
	AUTOMOBILE LIABILITY			ERIOSOT 440 - OTBER				COMBINED SINGLE LIMIT	000,000.00
		Υ						(Ea accident) \$ BODILY INJURY (Per person) \$	
	ANY AUTO ALL OWNED SCHEDULED AUTOS							` ' '	
	NON-OWNED							PROPERTY DAMAGE	
	HIRED AUTOS AUTOS							(Per accident) \$	
^	UMBRELLA LIAB Y OCCUP	\ \	\ <u>\</u>	CAT 4000000 04		00/04/0005	00/04/0000		000,000.000
Α	A OCCUR	Υ	Υ	GAT-1000000-01 SEE DESC. OF OPERATION		09/01/2025	09/01/2026	UNIA P	C. GEN AGG
	X CEAIWO-WABE			OLL BLOO. OF OF LIVATE	ONO			7.00.120.112	J. GLIVAGG
	DED   RETENTION \$ WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY Y / N								
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	
^	DÉSCRIPTION OF OPERATIONS below  EMPLOYEE DISHONESTY&COMP CRIME			CAT 1000000 01		00/04/2025	00/04/2026	E.L. DISEASE - POLICY LIMIT   \$	
A	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-01 GAT-1000000-01				LIMIT: \$1,000,000.00 GKDP LIMIT: \$375,000.00	
A B	GARAGEKEEPERS DIR PRIM EXC			B0507TR2518M002				GKDP EXCESS: \$625,000.00	nn
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A1	tach A					GRB1 EXCEGG: \$023,000.0	
	G MEMBER SINCE 09/21/24- 30 D	•				•	. ,	AYMENT OR CANCELLATIO	N BY
	MBER REQUEST & ADDITIONAL I								
CO	NTRACT. PRIMARY LIMITS PRO\	/IDE	GL/\	VRONGFUL REPO/E&0	C \$3MI	L LIMIT WI	TH A \$5MIL	AGG IN LIEU OF SEPARAT	E EXCESS
	BILITY POLICY								
LO	CATIONS: 623 FUSSELL RD. LEE	SBUI	≺G, (	GA 31763					
CEI	RTIFICATE HOLDER				CANG	CELLATION	<b>.</b>		
OEI	TILIONIE HOLDER				CANC	PELLATION	1		
					SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CANCEL	LED BEFORE
	CAPITAL ONE SERVICES	: 110						REOF, NOTICE WILL BE DE	LIVERED IN
	RPMTEAM@CAPITALON	,			ACCORDANCE WITH THE POLICY PROVISIONS.				
	ATTN: CORPORATE INS			00	AUTHORIZED REPRESENTATIVE				
	1500 CAPITAL ONE DR				AUTHORIZED REPRESENTATIVE				
	RICHMOND			VA 23238	Danadoan				



DATE (MM/DD/YYYY) 08/18/2025

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се	rtificate holder in lieu of such endorse	ement	(s).						J	
PROI	DUCER				CONTAC	CT IG., INC./	RSIG - LIGI	HTHOUSE INSURANCE SV	'CS	
	IG., INC./RSIG							703.365.0362 FAX (A/C, No): 703-3		
	RECOVERY SPECIALIST	T INS	SUR	ANCE GROUP			CATES@RS			
	GATE ELEVEN SOLUTIONS							DING COVERAGE	NAIC#	
	PO BOX 395 GIDDINGS TX 789	942			INSURE		Y INSURANCI		39993	
INSU	RED						OF LONDON		15792	
								MNITY COMPANY	15580	
	GRB TOWING INC			1704	INSURE				1.0000	
	623 FUSSELL RD				INSURE					
	LEESBURG			GA 31763	INSURER F:					
CO	VERAGES CER	TIFICA	ATE	NUMBER: COL21104	INSURE	K.F.		REVISION NUMBER: 25-2	26Colony	
	HIS IS TO CERTIFY THAT THE POLICIES (				BEEN	ISSUED TO T				
	DICATED. NOTWITHSTANDING ANY REC									
	ERTIFICATE MAY BE ISSUED OR MAY PE (CLUSIONS AND CONDITIONS OF SUCH PO								IE IERMS,	
INSR LTR		ADDL S			11, (V L D			LIMITS		
LIK	TYPE OF INSURANCE GENERAL LIABILITY	INSK V		POLICY NUMBER					1,000,000.00	
٨	V			GAT-1000000-01		09/01/2025	09/01/2026	DAMAGE TO RENTED	100,000.00	
Α				ERRORS & OMISSIONS				PREMISES (Ea occurrence) \$		
	CLAIMS-MADE X OCCUR X CYBLIAB \$2MIL POLICYAGG			WRONGFUL REPO, REPOSSESSED AUTO,				MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$	5,000.00 1,000,000.00	
С	X CYBER LIAB - \$2MILLION			DRIVE-AWAY.CARGO.					5,000,000.00	
	<del></del>			ON-HOOK - EACH \$1MIL	LIMIT				3,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC			EKI3537443 - CYBER	LIIVIII				1.000.000.00	
	X POLICY   JECT   LOC AUTOMOBILE LIABILITY			LINIOUS 1440 - CTDLIN				COMBINED SINGLE LIMIT	1,000,000.00	
							-	,		
	ANY AUTO ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per person) \$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE		
	HIRED AUTOS NON-OWNED AUTOS							(Per accident) \$		
	IMPRELLATION DE							\$	2 000 000 00	
Α	UMBRELLA LIAB X OCCUR			GAT-1000000-01		09/01/2025	09/01/2026		2,000,000.00	
	X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATI	ON5			AGGREGATE \$ II	NC. GEN AGG	
	DED RETENTION \$							WC STATU- OTH-		
	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) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
Α	EMPLOYEE DISHONESTY&COMP CRIME			GAT-1000000-01				LIMIT: \$1,000,000.00		
A	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-01			l I	GKDP LIMIT: \$375,000.00		
В	GARAGEKEEPERS DIR PRIM EXC			B0507TR2518M002				GKDP EXCESS: \$625,000	.00	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	•			,	•	• ,	AVAMENT OF CANOELLATI	ON DV	
	IG MEMBER SINCE 09/21/24- 30 DA MBER REQUEST & ADDITIONAL IN									
	NTRACT. PRIMARY LIMITS PROV					,				
	BILITY POLICY	IDL (	JL/ V \	THORSE OF THE OFFICE	J WOIVII	L LIIVIII VVI	ΤΙΤΑ ΦΟΙΝΙΙΕ	7.00 11 2120 01 021 71101	TE EXOLOG	
LO	CATIONS: 623 FUSSELL RD. LEES	SBUR	G, G	SA 31763						
			•							
CEI	RTIFICATE HOLDER				CANO	CELLATION	1			
								ESCRIBED POLICIES BE CANCE EREOF. NOTICE WILL BE D		
	COLONY BANK SBSL DEF				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED II ACCORDANCE WITH THE POLICY PROVISIONS.					
	SBA@COLONYBANK.COM									
	10115 CROWN RIDGE DR	(			AUTHORIZED REPRESENTATIVE					
	STE 103			04 00044			7	down		
	COVINGTON			GA 30014	L)ana Cloan					



DATE (MM/DD/YYYY) 08/18/2025

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	ertificate holder in lieu of such endors	•					TOTALIST GOOD HOL COME	.5.110 10 1110
PROI	DUCER			CONTA NAME			HTHOUSE INSURANCE SV	
	IG., INC./RSIG			PHONE (A/C, No	o, Ext): 703-36	5-0199//LH7	703.365.0362 FAX (A/C, No): 703-3	65-0636
	RECOVERY SPECIALIS	T INS	URANCE GROUP	È-MAIL ADDRE	ss: CERTIFI	CATES@RS	SIG.COM	
	GATE ELEVEN SOLUTIONS				INS	SURER(S) AFFOR	DING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS TX 78	942		INSURE	RA: COLON	Y INSURANCI	E COMPANY	39993
INSU	RED			INSURE	RB: LLOYDS	OF LONDON	N .	15792
				INSURE	R C: SCOTTS	DALE INDEM	MNITY COMPANY	15580
	GRB TOWING INC		1704	INSURE				
	623 FUSSELL RD			INSURE	R E:			
	LEESBURG		GA 31763	INSURE				
CO	VERAGES CEF	RTIFICA	ATE NUMBER: COL18775				REVISION NUMBER: 25-2	6Colony
IN CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH F	QUIREN ERTAIN	MENT, TERM OR CONDITION OF I, THE INSURANCE AFFORDER	F ANY ( D BY TI	CONTRACT O HE POLICIES	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT TO WH HEREIN IS SUBJECT TO ALL TH	HICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S	UBR VVD POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	
-111	GENERAL LIABILITY	Y	GAT-1000000-01			09/01/2026		,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY	'	ERRORS & OMISSIONS		03/01/2023	03/01/2020	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,				, , , ,	,000,000.00
С	X CYBER LIAB - \$2MILLION		DRIVE-AWAY,CARGO,					,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:		ON-HOOK - EACH \$1MIL	LIMIT				,000,000.00
	X POLICY PRO- JECT LOC		EKI3537443 - CYBER					,000,000.00
	AUTOMOBILE LIABILITY	Υ					COMBINED SINGLE LIMIT (Ea accident) \$	,
	ANY AUTO						BODILY INJURY (Per person) \$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$	
	70.00						\$	
Α	UMBRELLA LIAB X OCCUR		GAT-1000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE \$ 2	,000,000.00
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATI		00/01/2020	00/01/2020		C. GEN AGG
	DED RETENTION \$						\$	
	WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY  Y / N  ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT \$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
Α	EMPLOYEE DISHONESTY&COMP CRIME		GAT-1000000-01		09/01/2025	09/01/2026	LIMIT: \$1,000,000.00	
Α	GARAGEKEEPERS DIRECT PRIMARY		GAT-1000000-01				GKDP LIMIT: \$375,000.00	
В	GARAGEKEEPERS DIR PRIM EXC		B0507TR2518M002		09/01/2025	09/01/2026	GKDP EXCESS: \$625,000.	00
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC				-			
ΜE	IG MEMBER SINCE 09/21/24- 30 E MBER REQUEST & ADDITIONAL	INSUR	ED STATUS & WAIVER O	F SUB	, APPLY TO	THE CERT	HOLDER AS REQ BY WRI	TTEN
	NTRACT. PRIMARY LIMITS PRO' BILITY POLICY	AIDE (	DL/VVROINGFUL KEPU/E&(	J ÞSIVII	IL LIIVII I VVI	TIINICÉ Y LI	AGG IN LIEU OF SEPAKAI	E EVCE99
	CATIONS: 623 FUSSELL RD. LEE	SBUR	G. GA 31763					
-			,					
CFI	RTIFICATE HOLDER			CANO	CELLATION	J		
	CREDIT ACCEPTANCE C 844-487-3499	ORP		SHO THE	ULD ANY OF	THE ABOVE DI	ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE Y PROVISIONS.	
	REPOCONTRACTORNETWO	ORK@0	CREDITACCEPTANCE.COM	AUTHO	RIZED REPRESE	NTATIVE		
	25505 WEST TWELVE M	_				7		
	SOUTHFIELD		MI 48034			L)ana	Olpan	



DATE (MM/DD/YYYY) 08/18/2025

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ce	rtificate holder in lieu of such endorse	ement(s	s).					3		
PROI	DUCER			CONTA	CT IG., INC.	RSIG - LIGI	HTHOUSE INSURANCE SV	CS		
	IG., INC./RSIG						703.365.0362 FAX (A/C, No): 703-3			
	RECOVERY SPECIALIS	T INSL	JRANCE GROUP			CATES@RS				
	GATE ELEVEN SOLUTIONS		<del>-</del> -				DING COVERAGE	NAIC#		
	PO BOX 395 GIDDINGS TX 789	942		INSURE		Y INSURANC		39993		
INSU	RED			INSURE	RB: LLOYDS	OF LONDON	l .	15792		
							NITY COMPANY	15580		
	GRB TOWING INC		1704	INSURE						
	623 FUSSELL RD			INSURE						
	LEESBURG		GA 31763							
CO	VERAGES CER	TIFICAT	TE NUMBER: COL21395	INSURER F:						
TH	IS IS TO CERTIFY THAT THE POLICIES			E BEEN	ISSUED TO T	HE INSURED				
CE	DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PE (CLUSIONS AND CONDITIONS OF SUCH PE	ERTAIN,	THE INSURANCE AFFORDE	D BY TI	HE POLICIES	DESCRIBED H	HEREIN IS SUBJECT TO ALL TH			
INSR LTR		ADDL SU	POLICY EFF (MM/DD/YYYY)		LIMITS					
LTR	TYPE OF INSURANCE GENERAL LIABILITY	INSR W						,000,000.00		
٨	V		GAT-1000000-01		09/01/2025	09/01/2026	DAMAGE TO RENTED	· ·		
Α			ERRORS & OMISSIONS				PREMISES (Ea occurrence) \$	100,000.00		
	CLAIMS-MADE X OCCUR X CYBLIAB \$2MIL POLICYAGG		WRONGFUL REPO, REPOSSESSED AUTO,				MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1	5,000.00		
С	X CYBER LIAB - \$2MILLION		DRIVE-AWAY.CARGO.					,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:		ON-HOOK - EACH \$1MIL	LIMIT				,000,000.00		
	X POLICY PRO- LOC		EKI3537443 - CYBER					.000.000.00		
	AUTOMOBILE LIABILITY		ERROGOT THO OTBER				COMBINED SINGLE LIMIT (Ea accident) \$	,000,000.00		
	ANN ALITO						BODILY INJURY (Per person) \$			
	ANY AUTO ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$			
	HIRED AUTOS AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE			
	AUTOS AUTOS						(Per accident) \$			
Λ	UMBRELLA LIAB X OCCUR		CAT 1000000 01		00/04/2025	00/04/2026		,000,000.00		
Α	X OCCUR  X EXCESS LIAB  CLAIMS-MADE		GAT-1000000-01 SEE DESC. OF OPERAT		09/01/2025	09/01/2026		C. GEN AGG		
	X CEAIWIO-WADE		022 02001 01 01 21 011				7.001.1207.112	0. 02.117.00		
	DED   RETENTION \$ WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR (PARTAER) (EVECUTIVE									
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT \$  E.L. DISEASE - EA EMPLOYEE \$			
	If yes, describe under									
Α	DESCRIPTION OF OPERATIONS below  EMPLOYEE DISHONESTY&COMP CRIME		GAT-1000000-01		09/01/2025	N9/N1/2026	E.L. DISEASE - POLICY LIMIT   \$ LIMIT: \$1,000,000.00			
A	GARAGEKEEPERS DIRECT PRIMARY		GAT-1000000-01				GKDP LIMIT: \$375,000.00			
В	GARAGEKEEPERS DIR PRIM EXC		B0507TR2518M002			l .	GKDP EXCESS: \$625,000.	00		
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attac					<u> </u>	-		
RSI	G MEMBER SINCE 09/21/24- 30 D	AY CAI	NCELLATION NOTICE E	XCEP	Γ IN CASES	OF NON-P	AYMENT OR CANCELLATION	ON BY		
ME	MBER REQUEST & ADDITIONAL II	NSURE	D STATUS & WAIVER C	F SUB	, APPLY TO	THE CERT	HOLDER AS REQ BY WR	TTEN		
	NTRACT. PRIMARY LIMITS PROV	IDE GI	_/WRONGFUL REPO/E&	O \$3M	IL LIMIT WI	TH A \$5MIL	AGG IN LIEU OF SEPARA	TE EXCESS		
	BILITY POLICY	201100	0.04700							
LU	CATIONS: 623 FUSSELL RD. LEES	PROK	o, GA 31/03							
CEF	RTIFICATE HOLDER			CANO	CELLATION	N				
						-				
							ESCRIBED POLICIES BE CANCEI			
	DEDICATED FINANCIAL (	-	0014				Y PROVISIONS.			
	JCASTELLO@DEDICATE	DGBC.	COM							
	4000 LEXINGTON AVE N			AUTHORIZED REPRESENTATIVE						
	SUITE 125		MNI	Day of an						
	SHOREVIEW		MN 55126	()ana Coan						



DATE (MM/DD/YYYY) 08/18/2025

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ce	rtific	cate holder in lie	u of s	such endors	emer	ıt(s).								
PROI	UCE	R							CONTAC NAME			HTHOUSE INSURANC		
		IG., INC./F	RSIG	ì					PHONE (A/C, No	, Ext): 703-36	5-0199//LH7		703-3	65-0636
		RECOVER			T IN	SUR	ANCE	GROUP	E-MAIL ADDRES	ss: CERTIFI	CATES@RS	SIG.COM		
		GATE ELEV	'EN S	OLUTIONS						INS	SURER(S) AFFOR	DING COVERAGE		NAIC#
		PO BOX 395	GIDE	DINGS TX 78	942				INSURE	RA: COLONY	/ INSURANC	E COMPANY		39993
INSU	RED								INSURE	RB: LLOYDS	OF LONDON	<b>I</b>		15792
									INSURE	RC: SCOTTS	DALE INDEN	INITY COMPANY		15580
		GRB TOWI	NG I	INC				1704	INSURE	R D:				
		623 FUSSE		RD					INSURE	R E:				
		LEESBURG	3				GA	31763	INSURE	R F:				
		AGES						R: COL204				REVISION NUMBER:		6Colony
IN CE EX	DICA ERTII	ATED. NOTWITHS	TANE SSUE	DING ANY REOD OR MAY P	QUIRE ERTA OLICI	EMEN <sup>-</sup> IN, T ES. LI	T, TERM HE INSU	OR CONDITION RANCE AFFOR	N OF ANY ( RDED BY TH	CONTRACT OF HE POLICIES EEN REDUCE	R OTHER DOO DESCRIBED H D BY PAID CLA	NAMED ABOVE FOR THE CUMENT WITH RESPECT HEREIN IS SUBJECT TO A NIMS.	TO WE	HICH THIS
NSR LTR		TYPE OF INS	URAN	CE	ADDL INSR	SUBR WVD		POLICY NUMBE	:R	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GEN	NERAL LIABILITY					GAT-10	00000-01			09/01/2026	EACH OCCURRENCE	\$ 1	,000,000.00
Α	Χ	COMMERCIAL GENE	RAL LI	ABILITY			ERROR	S & OMISSIO	NS			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00
		CLAIMS-MADE	X	OCCUR			WRONG	FUL REPO,				MED EXP (Any one person)	\$	5,000.00
_	Χ	CYBLIAB \$2MIL POLIC	CYAGG	<u> </u>			REPOSS	SESSED AUT	Ο,			PERSONAL & ADV INJURY		,000,000.00
С	Χ	CYBER LIAB - \$	2MILI	LION			DRIVE-A	AWAY,CARGO	O,			GENERAL AGGREGATE	\$ 5	,000,000.00
	GEN	I'L AGGREGATE LIMIT	APPL	IES PER:				OK - EACH \$11				PRODUCTS - COMP/OP AGG	\$ 3	,000,000.00
	Χ	POLICY PRO- JECT		LOC			EKI353	7443 - CYBE	ER .			REPO-TRANSIT/ DRIVEAWAY	\$ 1	,000,000.00
	AUT	FOMOBILE LIABILITY										COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO ALL OWNED		CHEDULED								BODILY INJURY (Per person)	\$	
		AUTOS	AU	JTOS								BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
		HIRED AUTOS	AU	ON-OWNED JTOS								(Per accident)	\$	
			Д.,										\$	
Α		UMBRELLA LIAB	X	OCCUR			-	000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE	Ψ	,000,000.00
	Χ	EXCESS LIAB		CLAIMS-MADE			SEE DE	SC. OF OPER	RATIONS			AGGREGATE	\$ IN	C. GEN AGG
		DED RETENTI										WC STATU- OTH-	\$	
		RKERS COMPENSATION EMPLOYERS' LIABIL		Y/N								WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PARTNICER/MEMBER EXCLU	IER/EX	ECUTIVE [	N/A							E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH) s. describe under	DLD:									E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	CRIPTION OF OPERA										E.L. DISEASE - POLICY LIMIT	\$	
Α		PLOYEE DISHONES						000000-01				LIMIT: \$1,000,000.00		
Α		RAGEKEEPERS DIR						000000-01				GKDP LIMIT: \$375,00		00
В		RAGEKEEPERS DIR			EC /A	tooh A		TR2518M002				GKDP EXCESS: \$625	5,000.	00
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Ref RSIG MEMBER SINCE 09/21/24- 30 DAY CANCELLATION NOTION MEMBER REQUEST & ADDITIONAL INSURED STATUS & WAIV CONTRACT. PRIMARY LIMITS PROVIDE GL/WRONGFUL REPOLICATIONS: 623 FUSSELL RD. LEESBURG, GA 31763							ELLATI STATU VRONG	ION NOTICE S & WAIVER FUL REPO/	E EXCEPT R OF SUB	IN CASES , APPLY TO	OF NON-PA THE CERT	HOLDER AS REQ BY	′ WRI	TTEN
CEF	RTIF	FICATE HOLD	ER						CANC	ELLATION	J			
			SUL	FLEET CON TING GROU EET.COM					ACC	EXPIRATION	I DATE THE TH THE POLIC	ESCRIBED POLICIES BE C REOF, NOTICE WILL I Y PROVISIONS.		
		PO BOX 7									T	1		
		SMITHS S	TAT	ION			AL	36877			L)ana	Down		



DATE (MM/DD/YYYY) 08/18/2025

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	ertificate holder in lieu of such endor	•						ingines to the
PRO	DUCER			CONTA NAME	CT IG., INC.	RSIG - LIGH	HTHOUSE INSURANCE SV	/CS
	IG., INC./RSIG						703.365.0362 FAX (A/C, No): 703-	
	RECOVERY SPECIALIS	ST INSL	JRANCE GROUP			CATES@RS		
	GATE ELEVEN SOLUTIONS						DING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS TX 78	3942		INSURE		Y INSURANCI		39993
INSU	RED			INSURE	R B: LLOYDS	OF LONDON	J	15792
				INSURE	R C: SCOTTS	DALE INDEM	MNITY COMPANY	15580
	GRB TOWING INC		1704	INSURE				
	623 FUSSELL RD			INSURE	R E:			
	LEESBURG		GA 31763	INSURE				
СО	VERAGES CE	RTIFICAT	E NUMBER: COL18924				REVISION NUMBER: 25-	26Colony
IN Cl	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN,	ENT, TERM OR CONDITION OF THE INSURANCE AFFORDER	F ANY (	CONTRACT O HE POLICIES EEN REDUCE	R OTHER DOO DESCRIBED H D BY PAID CLA	CUMENT WITH RESPECT TO W HEREIN IS SUBJECT TO ALL TH	HICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL SUI	BR POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY		GAT-1000000-01			09/01/2026		1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS		00/01/2020	00/01/2020	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 - \$2MILLION		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		EKI3537443 - CYBER					1,000,000.00
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO						BODILY INJURY (Per person) \$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$	
							\$	
Α	UMBRELLA LIAB X OCCUR		GAT-1000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE \$	2,000,000.00
	X EXCESS LIAB CLAIMS-MADI		SEE DESC. OF OPERATI	ONS			AGGREGATE \$ II	NC. GEN AGG
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT \$	
	(Mandatory in NH)  If yes, describe under	1					E.L. DISEASE - EA EMPLOYEE \$	
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
Α	EMPLOYEE DISHONESTY&COMP CRIME		GAT-1000000-01				LIMIT: \$1,000,000.00	
Α	GARAGEKEEPERS DIRECT PRIMARY		GAT-1000000-01				GKDP LIMIT: \$375,000.00	
В	GARAGEKEEPERS DIR PRIM EXC	21 50 (44	B0507TR2518M002	-141-			GKDP EXCESS: \$625,000	0.00
RS ME CO LIA	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL  IG MEMBER SINCE 09/21/24-30 I  MBER REQUEST & ADDITIONAL  NTRACT. PRIMARY LIMITS PRO  BILITY POLICY  CATIONS: 623 FUSSELL RD. LEE	DAY CAI INSURE VIDE GI	NCELLATION NOTICE E ED STATUS & WAIVER O L/WRONGFUL REPO/E&G	XCEP <sup>-</sup> F SUB	T IN CASES , APPLY TO	OF NON-PA	HOLDER AS REQ BY WR	RITTEN
CE	RTIFICATE HOLDER			CAN	CELLATION	J		
<u> </u>	EXPRESS CAPITAL SER			SHO THE	ULD ANY OF	THE ABOVE DI	ESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE D Y PROVISIONS.	
	VENDORS@EXPRESSC	APITAL	SERVICES.COM					
	14665 MIDWAY RD.			AUTHO	RIZED REPRESE	NTATIVE	1	
	STE 210		TV 75004			Dan	down	
	ADDISON		TX 75001			A XXIIA	war.	



DATE (MM/DD/YYYY) 08/18/2025

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се	rtificate holder in lieu of such endorse	ement(	s).	,						
PROI	DUCER				CONTAC NAME	CT IG., INC./	RSIG - LIGI	HTHOUSE INSURANCE	SVC	S
	IG., INC./RSIG							703.365.0362 FAX (A/C, No): 70		
	RECOVERY SPECIALIS	T INSI	JRANCE	GROUP			CATES@RS			
	GATE ELEVEN SOLUTIONS							DING COVERAGE		NAIC#
	PO BOX 395 GIDDINGS TX 789	942			INSURE		Y INSURANCI			39993
INSU	RED						OF LONDON			15792
								NITY COMPANY		15580
	GRB TOWING INC			1704	INSURE					
	623 FUSSELL RD				INSURE					
	LEESBURG		GA	31763	INSURE					
CO	VERAGES CER	TIFICA	TE NUMBE	R: COL19010	INSURE	K.F.		REVISION NUMBER:	25-26	Colony
	HIS IS TO CERTIFY THAT THE POLICIES (				BEEN	ISSUED TO T				
	DICATED. NOTWITHSTANDING ANY REC									
	ERTIFICATE MAY BE ISSUED OR MAY PE (CLUSIONS AND CONDITIONS OF SUCH PO								LIHE	TERMS,
INSR LTR		ADDL SU			, .,			LIMITS		
LIK	TYPE OF INSURANCE GENERAL LIABILITY	INSK W		POLICY NUMBER					. 10	00,000,000
٨	- V			000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		100,000.00
Α				S & OMISSIONS						
	CLAIMS-MADE X OCCUR X CYBLIAB \$2MIL POLICYAGG			SFUL REPO, SESSED AUTO,				MED EXP (Any one person) \$		5,000.00 000,000.00
С	X CYBER LIAB - \$2MILLION			AWAY.CARGO.				PERSONAL & ADV INJURY \$		000,000.00
				OK - EACH \$1MIL	IIMIT			GENERAL AGGREGATE \$		000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:    X   POLICY   PRO-   LOC			7443 - CYBER	LIIVIII			PRODUCTS - COMP/OP AGG \$  REPO-TRANSIT/ DRIVEAWAY 6		000,000.00
	X POLICY   JECT   LOC AUTOMOBILE LIABILITY		LINIOUS	7443 - OTBLIC				COMBINED SINGLE LIMIT	,	000,000.00
							-	, ,		
	ANY AUTO ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per person) \$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE		
	HIRED AUTOS NON-OWNED AUTOS							(Per accident) \$		
	LIMPRELLA LIAR							\$	'	200 000 00
Α	UMBRELLA LIAB X OCCUR			000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE \$	, ,	000,000.00
	X EXCESS LIAB CLAIMS-MADE		SEE DE	SC. OF OPERATI	ON5			AGGREGATE \$	INC	. GEN AGG
	DED RETENTION \$							WC STATU- OTH-	5	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N							WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT \$	5	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	5	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	\$	
Α	EMPLOYEE DISHONESTY&COMP CRIME			000000-01				LIMIT: \$1,000,000.00		
A	GARAGEKEEPERS DIRECT PRIMARY			000000-01			l I	GKDP LIMIT: \$375,000		_
В	GARAGEKEEPERS DIR PRIM EXC			FR2518M002				GKDP EXCESS: \$625,0	0.000	0
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL					•		AVMENT OD OANOELL	A T.O.	NI DV
	IG MEMBER SINCE 09/21/24- 30 DA MBER REQUEST & ADDITIONAL II									
	NTRACT. PRIMARY LIMITS PROV					,				
	BILITY POLICY	IDE O	L/ WITCHIO	or of the oreas	ο φοινιί	L LIIVIII VVI	TTT / C WOINIL	AGG IN EILG OF GLI A		LAGEGG
	CATIONS: 623 FUSSELL RD. LEES	SBURG	G. GA 3176	63						
CEI	RTIFICATE HOLDER				CANO	CELLATION	1			
					ESCRIBED POLICIES BE CAI EREOF, NOTICE WILL BE					
	GEORGIA ASSOCIATION OF	LICENS	SED REPOS	SSESSORS				Y PROVISIONS.	. DEL	
	GALR									
	MEMBERS@GALR.ORG				AUTHOR	RIZED REPRESE	NTATIVE			
	PO BOX 1922		_				7	~ -		
	VILLA RICA		GA	30180			L)ana	croan		



DATE (MM/DD/YYYY) 08/18/2025

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ce	rtifica	ate holder in lieu of suc	ch endorse	men	t(s).							
PROI	DUCER						CONTAC NAME	$^{CT}$ IG., INC./	RSIG - LIGH	HTHOUSE INSURANC	E SV	CS
		IG., INC./RSIG					PHONE (A/C: No	Fxt): 703-36	5-0199//LH7	'03.365.0362 FAX (A/C, No):	703-3	65-0636
		RECOVERY SPE	ECIALIST	'IN	SUR	ANCE GROUP			CATES@RS			
		GATE ELEVEN SOL								DING COVERAGE		NAIC#
		PO BOX 395 GIDDIN	IGS TX 789	42			INSURF		/ INSURANCI			39993
INSU	RED								OF LONDON			15792
										NITY COMPANY		15580
		GRB TOWING INC	?			1704	INSURE		DALL INDLIV	IIIII OOMI AIII		10000
		623 FUSSELL RD										
		LEESBURG				GA 31763	INSURE					
CO	VERA		CERT	TIFIC	ΔTF	NUMBER: COL20994	INSURE	K F:		REVISION NUMBER:	25.2	26Colony
_						NCE LISTED BELOW HAVE	BEEN	ISSUED TO T				
IN CI	DICAT ERTIFI	ED. NOTWITHSTANDING CATE MAY BE ISSUED (	G ANY REQ OR MAY PE	UIRE RTAI	MENT	T, TERM OR CONDITION OF THE INSURANCE AFFORDED MITS SHOWN SHOWN MAY	ANY CO	CONTRACT OF HE POLICIES	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT TO A	TO WE	HICH THIS
NSR LTR		TYPE OF INSURANCE	P.	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENE	RAL LIABILITY	<u>'</u>			GAT-1000000-01			09/01/2026			,000,000.00
Α	X	COMMERCIAL GENERAL LIABII				ERRORS & OMISSIONS		55/0 1/2025	33/3/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00
		CLAIMS-MADE X OC	CCUR			WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00
С	X	CYBLIAB \$2MIL POLICYAGG				REPOSSESSED AUTO,				PERSONAL & ADV INJURY		,000,000.00
C	X	CYBER LIAB - \$2MILLIO	DN			DRIVE-AWAY,CARGO,				GENERAL AGGREGATE		,000,000.00
	-	. AGGREGATE LIMIT APPLIES	PER:			ON-HOOK - EACH \$1MIL	LIMIT			PRODUCTS - COMP/OP AGG		,000,000.00
	_	- I OLOI	LOC			EKI3537443 - CYBER				REPO-TRANSIT/ DRIVEAWAY	\$ 1	,000,000.00
	AUTO	MOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO	DULED							BODILY INJURY (Per person)	\$	
	~	AUTÓS AŬTO	S							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	H	HIRED AUTOS AUTO	OWNED S							(Per accident)	\$	
											\$	
Α	U	JMBRELLA LIAB X OC	CCUR			GAT-1000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE	Ψ	,000,000.00
	ΧE	EXCESS LIAB CL	AIMS-MADE			SEE DESC. OF OPERATION	ONS			AGGREGATE	\$ IN	C. GEN AGG
		DED RETENTION \$								I MO OTATU	\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY	Y / N							WC STATU- OTH- TORY LIMITS ER		
	ANY P	PROPRIETOR/PARTNER/EXECU		N/A						E.L. EACH ACCIDENT	\$	
	(Mand	ER/MEMBER EXCLUDED?								E.L. DISEASE - EA EMPLOYEE	\$	
	DESC	describe under RIPTION OF OPERATIONS belo	low								\$	
Α		LOYEE DISHONESTY&COM				GAT-1000000-01				LIMIT: \$1,000,000.00		
Α		AGEKEEPERS DIRECT PRIN				GAT-1000000-01				GKDP LIMIT: \$375,00		
В		AGEKEEPERS DIR PRIM EX				B0507TR2518M002				GKDP EXCESS: \$625	,000.	00
				•		CORD 101, Additional Remarks So CELLATION NOTICE EX		•	. ,	AVMENT OD OANOEL		ON DV
						STATUS & WAIVER O						
						VRONGFUL REPO/E&(						
		Y POLICY			, •		- <b>401111</b>	***	QOIVIIL			00
LO	CATIO	ONS: 623 FUSSELL	RD. LEES	BUF	₹G, (	GA 31763						
CEI	TIFI	ICATE HOLDER					CANC	ELLATION	J			
<u></u> 1		IOMIE HOLDEN					JANC	LELATION	•			
										ESCRIBED POLICIES BE CA		
		GATEWAY FINAN								REOF, NOTICE WILL E Y PROVISIONS.	oc DE	ELIVERED IN
		JENNAL@GATE\	WAYFINA	NCI	AL.O	RG				-		
		PO BOX 3257					AUTHOR	RIZED REPRESEI	NTATIVE			
		CACINIANA/				MI 40605			Dans	down		
		SAGINAW				MI 48605			1 XUIA	- Lun		



DATE (MM/DD/YYYY) 08/18/2025

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ce	rtificate holder in lieu of such endors	emer	nt(s).		,						
PROI	DUCER					CONTAC	CT IG., INC./	RSIG - LIGI	HTHOUSE INSURANC	E SVC	s
	IG., INC./RSIG					PHONE (A/C, No	, Ext): 703-36	5-0199//LH7	703.365.0362 FAX (A/C, No):		
	RECOVERY SPECIALIS	T IN	SUR	ANCE	GROUP	É-MAIL ADDRES	ss: CERTIFI	CATES@RS	SIG.COM		
	GATE ELEVEN SOLUTIONS				<del>-</del>				DING COVERAGE		NAIC#
	PO BOX 395 GIDDINGS TX 78	942				INSURE		Y INSURANC			39993
INSU	RED							OF LONDON			15792
									NITY COMPANY		15580
	GRB TOWING INC				1704	INSURE					
	623 FUSSELL RD					INSURE					
	LEESBURG			GA	31763	INSURE					
CO	VERAGES CER	TIFIC	ATE	NUMBE	<b>ER</b> : COL19271	INSURE	K.F.		REVISION NUMBER:	25-26	Colony
_	IIS IS TO CERTIFY THAT THE POLICIES					BEEN	ISSUED TO T				
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY P CCLUSIONS AND CONDITIONS OF SUCH F									LL THE	TERMS,
NSR LTR			SUBR WVD	WILL O OLL		IIAVED			LIMIT.		
LIR	TYPE OF INSURANCE GENERAL LIABILITY	INSR	WVD	0.47 1	POLICY NUMBER						000,000.00
٨	V			_	000000-01		09/01/2025	09/01/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	· ·	
Α					RS & OMISSIONS						100,000.00
	CLAIMS-MADE X OCCUR  Y CYBLIAB \$2MIL POLICYAGG				GFUL REPO, SESSED AUTO.				MED EXP (Any one person)	\$	5,000.00
С	<u> </u>				AWAY.CARGO.				PERSONAL & ADV INJURY		000,000.00
					OK - EACH \$1MIL	LIMIT			GENERAL AGGREGATE		000,000.00
	X POLICY PRO- LOC				37443 - CYBER	LIIVIII			PRODUCTS - COMP/OP AGG REPO-TRANSIT/ DRIVEAWAY		000,000.00 000.000.00
	X POLICY JECT LOC  AUTOMOBILE LIABILITY			EKISSS	77443 - CTBEN				COMBINED SINGLE LIMIT (Ea accident)	,	000,000.00
										\$	
	ANY AUTO  ALL OWNED SCHEDULED								BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS NON-OWNED								BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS NON-OWNED AUTOS								(Per accident)	\$	
										\$	000 000 00
Α	UMBRELLA LIAB X OCCUR			_	000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE	,	000,000.00
	X EXCESS LIAB CLAIMS-MADE			SEE DE	SC. OF OPERATI	ONS			AGGREGATE	\$ INC	C. GEN AGG
	DED RETENTION \$								WC CTATH OTH	\$	
	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				000000-01				LIMIT: \$1,000,000.00		
Α	GARAGEKEEPERS DIRECT PRIMARY				000000-01				GKDP LIMIT: \$375,00		
В	GARAGEKEEPERS DIR PRIM EXC				TR2518M002				GKDP EXCESS: \$625	5,000.0	00
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	•					•				
	G MEMBER SINCE 09/21/24- 30 D										
	MBER REQUEST & ADDITIONAL I NTRACT. PRIMARY LIMITS PROV										
	NTRACT. PRIMART LIMITS PROV BILITY POLICY	/10=	GL/V	VKONC	SFUL REPU/EX	) asivii	L LIIVII I VVI	III A JOIVIL	AGG IN LIEU OF SEP	ARAII	E EXCESS
	CATIONS: 623 FUSSELL RD. LEE	SBU	RG. (	GA 317	63						
\		-20	,								
CEF	RTIFICATE HOLDER					CANO	ELLATION	N			
									ESCRIBED POLICIES BE C		
	HOPKINS MANAGEMENT	_		_					EREOF, NOTICE WILL I Y PROVISIONS.	JE DEI	LIVENED IN
	EMILY@HOPKINS-RENT	ALS.	COM								
	PO BOX 1115					AUTHOR	RIZED REPRESE	NTATIVE			
								1	2-		
	UNION CITY			TN	38260	Danaclean					



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CE	ertificate holder in lieu of such endorsement(s).							
PRO	DUCER		CONTAC NAME	$^{CT}$ IG., INC./	RSIG - LIGH	HTHOUSE INSURANCE	E SVC	S
	IG., INC./RSIG		PHONE (A/C: No	Fxt): 703-36	5-0199//LH7	703.365.0362 FAX (A/C, No): 7	703-36	55-0636
	RECOVERY SPECIALIST INSURA	NCE GROUP			CATES@RS			
	GATE ELEVEN SOLUTIONS					DING COVERAGE		NAIC#
	PO BOX 395 GIDDINGS TX 78942		INSURF		/ INSURANCI			39993
INSL	JRED				OF LONDON			15792
						INITY COMPANY		15580
	GRB TOWING INC	1704	INSURE		ON LEE II VEELV	IIII OOMI 7011		10000
	623 FUSSELL RD							
		GA 31763	INSURE					
CO		NUMBER: COL19383	INSURE	K F:		REVISION NUMBER:	25.26	Colony
	HIS IS TO CERTIFY THAT THE POLICIES OF INSURAN		BFFN	ISSUED TO T				
IN C	IDICATED. NOTWITHSTANDING ANY REQUIREMENT, ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, TH XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIM	TERM OR CONDITION OF IE INSURANCE AFFORDED	ANY (	CONTRACT OF	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT T HEREIN IS SUBJECT TO AL	O WHI	ICH THIS
INSR LTR	TYPE OF INSURANCE ADDL SUBR INSR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
	05115041 114011151	GAT-1000000-01			09/01/2026	EACH OCCURRENCE	s 1,0	00.000,000
Α	X COMMERCIAL GENERAL LIABILITY	ERRORS & OMISSIONS		03/01/2020	03/01/2020	DAMAGE TO RENTED	. ,	100,000.00
		WRONGFUL REPO,				\ , , , ,	\$	5,000.00
С		REPOSSESSED AUTO, DRIVE-AWAY,CARGO,						000,000.00
	7( )	ON-HOOK - EACH \$1MIL I	IMIT		-			000,000.00
		EKI3537443 - CYBER				DEDO TRANSITI DEN ENVIAN		000,000.00
	AUTOMOBILE LIABILITY	LINIOUS TIO OTBLIN				COMBINED SINGLE LIMIT	\$	000,000.00
					-		\$	
	ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS				-	` ' '	\$	
	NON-OWNED				-	PROPERTY DAMAGE		
	HIRED AUTOS AUTOS				-	(i di dobidoni)	\$ \$	
^	UMBRELLA LIAB X OCCUR	CAT 4000000 04		00/04/2025	00/04/2020		2 /	000,000.00
Α	A OCCUR	GAT-1000000-01 SEE DESC. OF OPERATION		09/01/2025	09/01/2026	EACH OCCURRENCE	<u>γ</u> ,	C. GEN AGG
	X GEATIVIO-IVIABLE	522 B200. 01 01 210 (11)	3110				<u> </u>	J. OLIVACO
	DED   RETENTION \$   WORKERS COMPENSATION					WC STATU- OTH-	\$	
	AND EMPLOYERS' LIABILITY  Y/N					TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				-		\$	
	If yes, describe under				-	E.L. DISEASE - EA EMPLOYEE	-	
^	DÉSCRIPTION OF OPERATIONS below  EMPLOYEE DISHONESTY&COMP CRIME	GAT-1000000-01		00/04/2025	00/01/2026	E.L. DISEASE - POLICY LIMIT LIMIT: \$1,000,000.00	\$	
A A		GAT-1000000-01				GKDP LIMIT: \$375,000	0.00	
В		B0507TR2518M002				GKDP EXCESS: \$625		10
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach AC					ONDI EXCEGO. \$020	,000.0	
	IG MEMBER SINCE 09/21/24- 30 DAY CANCE			•		AYMENT OR CANCELL	ATIO	N BY
	MBER REQUEST & ADDITIONAL INSURED S							
CO	NTRACT. PRIMARY LIMITS PROVIDE GL/W	RONGFUL REPO/E&C	\$3MI	L LIMIT WI	TH A \$5MIL	AGG IN LIEU OF SEPA	ARATI	E EXCESS
	ABILITY POLICY							
LO	CATIONS: 623 FUSSELL RD. LEESBURG, G	A 31763						
CE	DITIEICATE HOLDED		CANC	TELL ATION				
CE	RTIFICATE HOLDER		CANC	ELLATION	1			
	LENDERS RECOVERY SOLUTIONS 203-483-6016	s, LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	340 9TH ST. N (US 41)		AUTHOR	RIZED REPRESE	NTATIVE			
	SUITE 290				7			
		FL 34102			L Jana	Down		



DATE (MM/DD/YYYY) 08/18/2025

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се	rtificate holder in lieu of such endors	emen	t(s).		CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS					
PROI	DUCER				CONTAC	CT IG., INC./	RSIG - LIGI	HTHOUSE INSURANCE	SVC	S
	IG., INC./RSIG							703.365.0362 FAX (A/C, No): 7		
	RECOVERY SPECIALIS	T INS	SURANCE	GROUP			CATES@RS			
	GATE ELEVEN SOLUTIONS							DING COVERAGE		NAIC#
	PO BOX 395 GIDDINGS TX 789	942			INSURE		Y INSURANC			39993
INSU	RED						OF LONDON			15792
								NITY COMPANY		15580
	GRB TOWING INC			1704	INSURE					
	623 FUSSELL RD				INSURE					
	LEESBURG		GA	31763	INSURE					
CO	VERAGES CER	TIFIC	ATE NUMBE	R: COL15820	INSURE	Kr.		REVISION NUMBER:	25-26	Colony
	IIS IS TO CERTIFY THAT THE POLICIES				BEEN	ISSUED TO T				
	DICATED. NOTWITHSTANDING ANY REC									
	ERTIFICATE MAY BE ISSUED OR MAY PI (CLUSIONS AND CONDITIONS OF SUCH P								L THE	TERMS,
INSR LTR		ADDL SINSR			TIAVED			LIMITS		
LIR	TYPE OF INSURANCE GENERAL LIABILITY			POLICY NUMBER						00.000.000
٨	V	Υ	-	000000-01		09/01/2025	U9/U1/2026 	DAMAGE TO RENTED	· ·	
Α				S & OMISSIONS				PREMISES (Ea occurrence)	·	100,000.00
	CLAIMS-MADE X OCCUR  Y CYBLIAB \$2MIL POLICYAGG			SFUL REPO, SESSED AUTO,				` , ' ' /	\$ 1 (	5,000.00
С	X			AWAY,CARGO,						000,000.00
	X CYBER LIAB - \$2MILLION			OK - EACH \$1MIL	LIMIT					000,000.00
	X POLICY PRO- JECT LOC			7443 - CYBER	LIIVIII			DEDO TRANSITI DON EAMAN		000,000.00
	X POLICY PRO- AUTOMOBILE LIABILITY		EKISSS	7443 - CTBEN				COMBINED SINGLE LIMIT	,	000,000.00
		Υ						,	\$	
	ANY AUTO  ALL OWNED SCHEDULED							` ' '	\$	
	ALL OWNED SCHEDULED AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	HIRED AUTOS NON-OWNED AUTOS							(Per accident)	\$	
									\$	200 000 00
Α	UMBRELLA LIAB X OCCUR			000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE	<u>,</u>	000,000.00
	X EXCESS LIAB CLAIMS-MADE		SEE DE	SC. OF OPERATI	ONS			AGGREGATE	\$ INC	C. 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) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below								\$	
Α	EMPLOYEE DISHONESTY&COMP CRIME			00000-01				LIMIT: \$1,000,000.00		
Α	GARAGEKEEPERS DIRECT PRIMARY			00000-01				GKDP LIMIT: \$375,000		
В	GARAGEKEEPERS DIR PRIM EXC			R2518M002				GKDP EXCESS: \$625	0.000,	0
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	•				•		AVAIENT OD OANOELI	4 T.O	NI DV
	G MEMBER SINCE 09/21/24- 30 D									
	MBER REQUEST & ADDITIONAL II NTRACT.  PRIMARY LIMITS PROV					,				
	BILITY POLICY	י שטו	3L/WKONG	FUL KEFU/EX	J GOIVII	IL LIIVII I VVI	III A ¢SIVIIL	AGG IN LIEU OF SEF	AITVA I E	EACESS
	CATIONS: 623 FUSSELL RD. LEES	SBUF	RG. GA 3176	3						
-	· · · · · · · · · · · · · · · · · · ·		,							
CEI	RTIFICATE HOLDER				CANO	CELLATION	1			
								ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B		
	LOCATION SERVICES LL	-						Y PROVISIONS.	_	
	916-235-5772/VENDORSERVIC		OCATION-SER	VICES.COM						
	9190 PRIORITY WEST W	AY			AUTHOR	RIZED REPRESE	NTATIVE			
	SUITE 300						1	~ - ·		
	INDIANAPOLIS		IN	46240			L Jana	croan		



DATE (MM/DD/YYYY) 08/18/2025

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CE	ertificate holder in lieu of such endorsement(	s).						
PRO	DUCER		CONTAC NAME			HTHOUSE INSURANCE		
	IG., INC./RSIG		PHONE (A/C, No	, Ext): 703-36	5-0199//LH7	'03.365.0362   FAX (A/C, No): 7	03-36	5-0636
	RECOVERY SPECIALIST INS	URANCE GROUP			CATES@RS			
	GATE ELEVEN SOLUTIONS					DING COVERAGE		NAIC#
	PO BOX 395 GIDDINGS TX 78942		INSURE		Y INSURANCI			39993
INSU					OF LONDON			15792
						NITY COMPANY		15580
	GRB TOWING INC	1704			DALL INDLIV	IIII OOMI AIII		10000
	623 FUSSELL RD	1704	INSURE					
	LEESBURG	GA 31763	INSURE					
<u></u>		TE NUMBER: COL18421	INSURE	RF:		REVISION NUMBER:	25 26	Colony
_	HIS IS TO CERTIFY THAT THE POLICIES OF INSI		REEN	ISSUED TO T				
IN CI	IDICATED. NOTWITHSTANDING ANY REQUIREM ERTIFICATE MAY BE ISSUED OR MAY PERTAIN XCLUSIONS AND CONDITIONS OF SUCH POLICIES	ENT, TERM OR CONDITION OF THE INSURANCE AFFORDER	F ANY ( D BY TH	CONTRACT O HE POLICIES	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT TO HEREIN IS SUBJECT TO AL	IHW C	CH THIS
INSR LTR	TYPE OF INSURANCE ADDL SUINSR W	JBR VD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
_111	GENERAL LIABILITY	GAT-1000000-01			09/01/2026	EACH OCCURRENCE S	1.0	00.000.00
Α	X COMMERCIAL GENERAL LIABILITY	ERRORS & OMISSIONS		03/01/2020	03/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)		100,000.00
	CLAIMS-MADE X OCCUR  Y CYBLIAB \$2MIL POLICYAGG	WRONGFUL REPO,				MED EXP (Any one person)		5,000.00
С	X	REPOSSESSED AUTO, DRIVE-AWAY,CARGO,						000,000.00
	X CYBER LIAB - \$2MILLION  GEN'L AGGREGATE LIMIT APPLIES PER:	ON-HOOK - EACH \$1MIL	LIMIT		-	PRODUCTS - COMP/OP AGG	· ,	000,000.00
	T PPO	EKI3537443 - CYBER	LIIVIII		-	DEDO TRANSIT/ DRIVE AVAILAN		000,000.00
	X POLICY JECT LOC  AUTOMOBILE LIABILITY	ENISSS/445 - CTBEIX				COMBINED SINGLE LIMIT		300,000.00
					-		5	
	ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per person)		
	NON-OWNED				-	BODILY INJURY (Per accident) S PROPERTY DAMAGE	-	
	HIRED AUTOS AUTOS					(Per accident)	5	
	I I I I I I I I I I I I I I I I I I I							200 000 00
Α	UMBRELLA LIAB X OCCUR	GAT-1000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE 5	12.10	000,000.00
	X EXCESS LIAB CLAIMS-MADE	SEE DESC. OF OPERATION	ONS			AGGREGATE	INC	C. GEN AGG
	DED RETENTION \$					WC STATU- OTH-	5	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N					TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	5	
	OFFICER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOYEE	5	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	5	
Α	EMPLOYEE DISHONESTY&COMP CRIME	GAT-1000000-01		09/01/2025	09/01/2026	LIMIT: \$1,000,000.00		
Α	GARAGEKEEPERS DIRECT PRIMARY	GAT-1000000-01		09/01/2025	09/01/2026	GKDP LIMIT: \$375,000	.00	
В	GARAGEKEEPERS DIR PRIM EXC	B0507TR2518M002		09/01/2025	09/01/2026	GKDP EXCESS: \$625,	0.000	0
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attack			•				
	IG MEMBER SINCE 09/21/24- 30 DAY CA							
	MBER REQUEST & ADDITIONAL INSUR							
	NTRACT. PRIMARY LIMITS PROVIDE G	L/WRONGFUL REPO/E&C	) \$3MI	L LIMIT WI	IH A \$5MIL	AGG IN LIEU OF SEPA	RAIL	EXCESS
	.BILITY POLICY CATIONS:  623 FUSSELL RD. LEESBUR(	CA 31763						
LU	OATIONS. 0201 003ELL ND. LEESBURG	J, UA 31103						
CEI	RTIFICATE HOLDER		CANO	ELLATION	1			
						ESCRIBED POLICIES BE CA		
	LOSS PREVENTION SERVICES	(MS). LP				REOF, NOTICE WILL BE Y PROVISIONS.	DEL	IVERED IN
	601-510-2970 // LPSVENDORS@		ACC	ORDANCE WI	IN INE PULIC	I FRUVISIUNS.		
	321 FRANKLIN ST.	<u></u>	AUTHOR	RIZED REPRESE	NTATIVE			
					7			
	NATCHEZ	MS 39120			()ana	Olean		



DATE (MM/DD/YYYY) 08/18/2025

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се	rtificate holder in lieu of such endors	emer	nt(s).							
PROI	DUCER				CONTAC NAME	CT IG., INC./	RSIG - LIGI	HTHOUSE INSURANC	E SVC	s
	IG., INC./RSIG				PHONE (A/C, No	<sub>o, Ext):</sub> 703-36	5-0199//LH7	703.365.0362 FAX (A/C, No):		
	RECOVERY SPECIALIS	T IN	SUR	ANCE GROUP	E-MAIL ADDRES	ss: CERTIFI	CATES@RS	SIG.COM		
	GATE ELEVEN SOLUTIONS	•						DING COVERAGE		NAIC#
	PO BOX 395 GIDDINGS TX 78	942			INSURE		Y INSURANC			39993
INSU	RED						OF LONDON			15792
								NITY COMPANY		15580
	GRB TOWING INC			1704	INSURE					
	623 FUSSELL RD				INSURE					
	LEESBURG			GA 31763	INSURE					
CO	VERAGES CEF	TIFIC	ATE	NUMBER: COL19387	INSURE	Kr.		REVISION NUMBER:	25-26	Colony
_	IIS IS TO CERTIFY THAT THE POLICIES				BEEN	ISSUED TO T				
	DICATED. NOTWITHSTANDING ANY RE									
	ERTIFICATE MAY BE ISSUED OR MAY F CLUSIONS AND CONDITIONS OF SUCH F								LL THE	TERMS,
NSR LTR			SUBR WVD					LIMIT	e	
LIR	TYPE OF INSURANCE  GENERAL LIABILITY		WVD	POLICY NUMBER						000,000.00
۸	V	Y		GAT-1000000-01		09/01/2025	U9/U1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)		
Α				ERRORS & OMISSIONS					•	100,000.00
	CLAIMS-MADE X OCCUR  Y CYBLIAB \$2MIL POLICYAGG			WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00
С	<u> </u>			REPOSSESSED AUTO, DRIVE-AWAY.CARGO.				PERSONAL & ADV INJURY		000,000.00
_	X CYBER LIAB - \$2MILLION			ON-HOOK - EACH \$1MIL	LIMIT			GENERAL AGGREGATE		000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:			EKI3537443 - CYBER	LIIVIII			PRODUCTS - COMP/OP AGG REPO-TRANSIT/ DRIVEAWAY		000,000.00 000.000.00
	X POLICY PRO- JECT LOC			EN13337443 - CTBEN				COMBINED SINGLE LIMIT (Ea accident)	. ,	000,000.00
									\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS NON-OWNED AUTOS							(Per accident)	\$	
									\$	000 000 00
Α	UMBRELLA LIAB X OCCUR			GAT-1000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE	,	000,000.00
	X EXCESS LIAB CLAIMS-MADE	1		SEE DESC. OF OPERATION	ONS			AGGREGATE	\$ INC	C. GEN AGG
	DED RETENTION \$							WC CTATU OTU	\$	
	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			GAT-1000000-01				LIMIT: \$1,000,000.00		
Α	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-01				GKDP LIMIT: \$375,00		
В	GARAGEKEEPERS DIR PRIM EXC			B0507TR2518M002				GKDP EXCESS: \$625	5,000.0	0
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC					•				
	G MEMBER SINCE 09/21/24- 30 D									
	MBER REQUEST & ADDITIONAL NTRACT. PRIMARY LIMITS PRO'									
	BILITY POLICY	/IDE	GL/V	WRONGFUL REPU/E&C	J ØSIVII	IL LIIVII I VVI	III A JOIVIL	AGG IN LIEU OF SEP	ARAII	E EXCESS
	CATIONS: 623 FUSSELL RD. LEE	SBU	RG. (	GA 31763						
\			,	-: - • • • • •						
CEF	RTIFICATE HOLDER				CANC	CELLATION	1			
								ESCRIBED POLICIES BE CA		
	MILLENNIUM CAPITAL A	ND F	ECC	VERY CORP				EREOF, NOTICE WILL E Y PROVISIONS.	,	LIVENED IN
	ADDITIONAL INSURED									
	330-342-4959 / VENDORI		T@N	ICRC.BIZ	AUTHOR	RIZED REPRESE	NTATIVE			
	388 S MAIN ST,, STE 320						1	A -		
	AKRON			OH 44311			L Jana	Ligan		



DATE (MM/DD/YYYY) 08/18/2025

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	ertificate holder in lieu of such endor	•								90 10 1116
PRO	DUCER	•			CONTA NAME	CT IG., INC.	RSIG - LIGH	THOUSE INSURANCE	SVC	s
	IG., INC./RSIG							703.365.0362 FAX (A/C, No): 7		
	RECOVERY SPECIALIS	T INS	URANC	F GROUP			CATES@RS			
	GATE ELEVEN SOLUTIONS		0.0	_ 0.1.00.				DING COVERAGE		NAIC#
	PO BOX 395 GIDDINGS TX 78	3942			INSURE		Y INSURANCI			39993
INSU	RED						OF LONDON			15792
					_			NITY COMPANY		15580
	GRB TOWING INC			1704	INSURE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE TOTAL PROPERTY.		
	623 FUSSELL RD				INSURE					
	LEESBURG		GA	31763	INSURE					
CO	VERAGES CE	RTIFICA	TE NUM	BER: COL21138	INSUKL	IXI.		REVISION NUMBER:	25-26	Colony
	HIS IS TO CERTIFY THAT THE POLICIES				BEEN	ISSUED TO T				
	DICATED. NOTWITHSTANDING ANY RE									
	ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH								L THE	TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL SU		POLICY NUMBER	.,,,,,,		POLICY EXP (MM/DD/YYYY)	LIMITS		
LIK	GENERAL LIABILITY	INSK W								00.000.00
Α	X COMMERCIAL GENERAL LIABILITY		_	-1000000-01 DRS & OMISSIONS		09/01/2025	09/01/2026	DAMAGE TO RENTED		100.000.00
^	CLAIMS-MADE X OCCUR			NGFUL REPO,					\$ \$	5,000.00
	X CYBLIAB \$2MIL POLICYAGG			SSESSED AUTO,				. , , ,		000,000.00
С	X CYBER LIAB - \$2MILLION	-		E-AWAY,CARGO,						000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:	-		OOK - EACH \$1MIL	LIMIT					000,000.00
	X POLICY PRO-		-	537443 - CYBER				DEDO TRANSITI DENVEANAN		000,000.00
	AUTOMOBILE LIABILITY			000				COMBINED SINGLE LIMIT	\$ 1,\ \$	300,000.00
	ANY AUTO								\$ \$	
	ALL OWNED SCHEDULED AUTOS							` ' '	\$ \$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE	\$ \$	
	HIRED AUTOS AUTOS						-	(i oi dooldonii)	\$ \$	
^	UMBRELLA LIAB X OCCUR		САТ	-1000000-01		00/01/2025	00/01/2026	EACH OCCURRENCE		00.000.00
Α	X EXCESS LIAB X OCCUR  CLAIMS-MADI	_		DESC. OF OPERATI	ONS	09/01/2025	09/01/2020		,	C. GEN AGG
	X ODATWO-WADI	-		2200.0. 0. 2	0.10				\$ <b>.</b>	
	DED   RETENTION \$   WORKERS COMPENSATION							WC STATU- OTH-	Φ	
	AND EMPLOYERS' LIABILITY	.							•	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE	\$ •	
	If yes, describe under								\$ \$	
Α	DÉSCRIPTION OF OPERATIONS below  EMPLOYEE DISHONESTY&COMP CRIME		GAT	-1000000-01		00/01/2025	00/01/2026	LIMIT: \$1,000,000.00	\$	
A	GARAGEKEEPERS DIRECT PRIMARY			-1000000-01				GKDP LIMIT: \$375,000	00	
В	GARAGEKEEPERS DIR PRIM EXC			7TR2518M002				GKDP EXCESS: \$625.		ın İ
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attac			chedule.			ONDI EXOLOG. WOZO,	000.0	
	G MEMBER SINCE 09/21/24- 30 [					-		AYMENT OR CANCELL	ATIO	N BY
ME	MBER REQUEST & ADDITIONAL	INSURI	ED STAT	TUS & WAIVER O	F SUB	, APPLY TO	THE CERT	HOLDER AS REQ BY	WRIT	TEN
	NTRACT. PRIMARY LIMITS PRO	VIDE G	L/WRO	NGFUL REPO/E&	X \$3M	IL LIMIT WI	TH A \$5MIL	AGG IN LIEU OF SEPA	RATE	EXCESS
	BILITY POLICY									
LO	CATIONS: 623 FUSSELL RD. LEE	SBURG	ن, GA 31	763						
CE	RTIFICATE HOLDER				CANO	CELLATION	J			
JEI	THIORIC HOLDER					CLLAIIO	•			1
					SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCELL	ED BEFORE
	PRIMERITUS FINANCIAI	SFR\/	ICES IN	Ο.				REOF, NOTICE WILL BI	E DEI	LIVERED IN
	VENDOR.PERFORMANO				ACC	OKDANCE WI	IN THE POLIC	Y PROVISIONS.		
	100 CENTERVIEW DR.				AUTHO	RIZED REPRESE	NTATIVE			
	STE 325						7			
	NASHVILLE		TN	37214	Danacoan					



DATE (MM/DD/YYYY) 08/18/2025

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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).

Ce	rtificate	holder in lieu of	such endors	emer	ıt(s).							
PRO	DUCER						CONTAC	$^{CT}$ IG., INC./	RSIG - LIGH	HTHOUSE INSURANC	E SV	CS
		IG., INC./RSIG	<b>-</b>									65-0636
				TIN	SHR	ANCE GROUP			CATES@RS			
		GATE ELEVENS	_		COIN	ANOL GROOT	ADDITE			DING COVERAGE		NAIC#
		PO BOX 395 GID		942			INICLIDE		Y INSURANCI			39993
INSU	RED		2						OF LONDON			15792
	INED									NITY COMPANY		15580
		GRB TOWING	INC			1704			DALE INDEN	INTT CONFANT		13300
		623 FUSSELL F	_			1704	INSURE					
		LEESBURG	\D			GA 31763	INSURE					
<u></u>	VERAGI		CED	TIEIC	ATE	NUMBER: COL18276	INSURE	R F:		REVISION NUMBER:	25.2	26Colony
		_ ~				NCE LISTED BELOW HAVE	BEEN	ISSUED TO T				Colony
IN CI	DICATED ERTIFICA	D. NOTWITHSTANI ATE MAY BE ISSUE	DING ANY REC	QUIRE ERTA	EMENT IN, T	T, TERM OR CONDITION OF THE INSURANCE AFFORDER MITS SHOWN SHOWN MAY	F ANY ( D BY TH	CONTRACT OF HE POLICIES	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT TO A	TO WE	HICH THIS
NSR LTR		TYPE OF INSURAN	CE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERA	L LIABILITY		Υ		GAT-1000000-01			09/01/2026	EACH OCCURRENCE	s 1	,000,000.00
Α	X cor	MMERCIAL GENERAL L	IABILITY			ERRORS & OMISSIONS		55,51,2020	33,31,2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00
		CLAIMS-MADE X	OCCUR			WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00
_	X CYE	BLIAB \$2MIL POLICYAGO				REPOSSESSED AUTO,				PERSONAL & ADV INJURY	\$ 1	,000,000.00
С	X CY	BER LIAB - \$2MIL	LION			DRIVE-AWAY,CARGO,				GENERAL AGGREGATE	\$ 5	,000,000.00
	GEN'L AC	GGREGATE LIMIT APPI	LIES PER:			ON-HOOK - EACH \$1MIL	LIMIT			PRODUCTS - COMP/OP AGG	\$ 3	,000,000.00
	X POL	LICY PRO- JECT	LOC			EKI3537443 - CYBER				REPO-TRANSIT/ DRIVEAWAY	\$ 1	,000,000.00
	AUTOMO	OBILE LIABILITY		Υ						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY	Y AUTO								BODILY INJURY (Per person)	\$	
	ALL AUT	TOS A	CHEDULED UTOS							BODILY INJURY (Per accident)	\$	
	HIR	ED AUTOS N	ON-OWNED UTOS							PROPERTY DAMAGE (Per accident)	\$	
											\$	
Α	UME	BRELLA LIAB X	OCCUR			GAT-1000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE	\$ 2	,000,000.00
	X EXC	ESS LIAB	CLAIMS-MADE			SEE DESC. OF OPERATION	ONS			AGGREGATE	\$ IN	C. GEN AGG
	DE										\$	
		RS COMPENSATION PLOYERS' LIABILITY								WC STATU- OTH- TORY LIMITS ER		
	ANY PRO	PRIETOR/PARTNER/EX	XECUTIVE // N	N/A						E.L. EACH ACCIDENT	\$	
	(Mandato	R/MEMBER EXCLUDED?	<b>'</b> Ш							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIF	scribe under PTION OF OPERATIONS	S below							E.L. DISEASE - POLICY LIMIT	\$	
Α	EMPLO'	YEE DISHONESTY&C	COMP CRIME			GAT-1000000-01				LIMIT: \$1,000,000.00		
Α		EKEEPERS DIRECT				GAT-1000000-01				GKDP LIMIT: \$375,00		
В		EKEEPERS DIR PRIN				B0507TR2518M002				GKDP EXCESS: \$625	5,000.	00
						CORD 101, Additional Remarks S				AV/MENT OF OANOE!		2N DV
						CELLATION NOTICE EX STATUS & WAIVER O						
						VRONGFUL REPO/E&(		,				
		POLICY			J_/ V		- ψΟΙΝΙΙ	v.    VV	, QOIVIIL	, too it lied of our		
		NS: 623 FUSSE	LL RD. LEES	SBU	RG, (	GA 31763						
CEI	RTIFIC	ATE HOLDER					CANCELLATION					
			COVEDV SO	1 1 ITI	ANG.	INC & ITS CLIENTS	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA		
		916-485-5577	/ ADMIN@P			INC & ITS CLIENTS IDRS.COM				Y PROVISIONS.		
		11618 FAIR O	AV2 RTAD.				AUTHOR	RIZED REPRESEI	NTATIVE	1		
		FAIR OAKS				CA 95628			Dans	don		
		I VIII OVIVO				OA 30020			N KUU	~ Fra o		

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DATE (MM/DD/YYYY) 08/18/2025

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CE	rtificate holder in lieu of such endorse	ement	(s).		,						
PRO	DUCER					CONTAC NAME	CT IG., INC./	RSIG - LIGI	HTHOUSE INSURANCE	SVC	S
	IG., INC./RSIG								703.365.0362 FAX (A/C, No): 70		
	RECOVERY SPECIALIS	T INS	SUR	ANCE	GROUP			CATES@RS			
	GATE ELEVEN SOLUTIONS								DING COVERAGE		NAIC#
	PO BOX 395 GIDDINGS TX 789	942				INSURE		Y INSURANCI			39993
INSU	RED							OF LONDON			15792
									NITY COMPANY		15580
	GRB TOWING INC				1704	INSURE					
	623 FUSSELL RD					INSURE					
	LEESBURG			GA	31763	INSURE					
CO	VERAGES CER	TIFICA	ATE	NUMBE	R: COL15819	INSURE	K.F.		REVISION NUMBER:	25-26	Colony
_	HIS IS TO CERTIFY THAT THE POLICIES (					BEEN	ISSUED TO T				
	DICATED. NOTWITHSTANDING ANY REC										
	ERTIFICATE MAY BE ISSUED OR MAY PE (CLUSIONS AND CONDITIONS OF SUCH PO									_ THE	TERMS,
INSR LTR		ADDL S		WII 10 01 10		IIAVED			LIMITS		
LIR	TYPE OF INSURANCE GENERAL LIABILITY	INSR V		OAT 41	POLICY NUMBER					. 11	00.000.000
٨	- V				000000-01		09/01/2025	U9/U1/2026	EACH OCCURRENCE \$ DAMAGE TO RENTED		
Α					S & OMISSIONS				PREMISES (Ea occurrence) \$		100,000.00
	CLAIMS-MADE X OCCUR  Y CYBLIAB \$2MIL POLICYAGG				GFUL REPO,				MED EXP (Any one person) \$		5,000.00
С	<del>                                    </del>				SESSED AUTO, AWAY.CARGO.				PERSONAL & ADV INJURY \$		000,000.00
	X CYBER LIAB - \$2MILLION				OK - EACH \$1MIL	LIMIT		-	GENERAL AGGREGATE \$		000,000.00
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	X POLICY PRO- JECT LOC			EKISSS	7443 - CTBEN				COMBINED SINGLE LIMIT		000,000.00
									,		
	ANY AUTO ALL OWNED SCHEDULED								BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED AUTOS NON-OWNED								BODILY INJURY (Per accident) \$ PROPERTY DAMAGE		
	HIRED AUTOS NON-OWNED AUTOS								(Per accident) \$		
									\$		200 000 00
Α	UMBRELLA LIAB X OCCUR			-	000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE \$	<u>, , , </u>	000,000.00
	X EXCESS LIAB CLAIMS-MADE			SEE DE	SC. OF OPERATI	ONS			AGGREGATE \$	INC	C. GEN AGG
	DED RETENTION \$								\$ NO STATU	5	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N								WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A							E.L. EACH ACCIDENT \$	5	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE \$	5	
	DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT \$	3	
Α	EMPLOYEE DISHONESTY&COMP CRIME				000000-01				LIMIT: \$1,000,000.00		
Α	GARAGEKEEPERS DIRECT PRIMARY				000000-01			l I	GKDP LIMIT: \$375,000		
В	GARAGEKEEPERS DIR PRIM EXC				TR2518M002				GKDP EXCESS: \$625,0	0.00	0
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	•					•		AVMENT OD OANOELL	A T.O.	NI DV
	IG MEMBER SINCE 09/21/24- 30 DA MBER REQUEST & ADDITIONAL II										
	NTRACT. PRIMARY LIMITS PROV						,				
	BILITY POLICY	IDL (	JL/ V \	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or of the oreas	ο φοινιί	L LIIVIII VVI	TTT / C WOINIL	AGG IN EILG OF GEFA		LAGEGG
LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763											
			,								
CEI	RTIFICATE HOLDER					CANO	ELLATION	1			
									ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE		
	PROOF OF INSURANCE								Y PROVISIONS.		
	GRB TOWING INC										
	229-432-7221					AUTHOR	RIZED REPRESE	NTATIVE			
	623 FUSSELL RD				0.470.4			T.	A com		
	LEESBURG			GA	31701	L)ana Coan					



DATE (MM/DD/YYYY) 08/18/2025

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

	rtificate holder in lieu of such endors	•						giilo lo lile
PRO	DUCER		, ,	CONTA NAME	CT IG., INC.	RSIG - LIGH	HTHOUSE INSURANCE S'	vcs
	IG., INC./RSIG						703.365.0362 FAX (A/C, No): 703-	
	RECOVERY SPECIALIS	TINS	URANCE GROUP			CATES@RS		
	GATE ELEVEN SOLUTIONS						DING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS TX 78	942		INSURE		Y INSURANCI		39993
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	GRB TOWING INC		1704	INSURE		, , , , , , , , , , , , , , , , , , ,		10000
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	LEESBURG		GA 31763	INSURE				
CO	VERAGES CER	RTIFICA	TE NUMBER: COL19289		Kr.		REVISION NUMBER: 25	-26Colony
	IIS IS TO CERTIFY THAT THE POLICIES				ISSUED TO T			
	DICATED. NOTWITHSTANDING ANY RE							
	ERTIFICATE MAY BE ISSUED OR MAY F (CLUSIONS AND CONDITIONS OF SUCH F							HE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL S				POLICY EXP (MM/DD/YYYY)	LIMITS	
LIK	GENERAL LIABILITY	INSK V						1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		GAT-1000000-01 ERRORS & OMISSION	2	09/01/2023	09/01/2026	DAMAGE TO RENTED	100.000.00
^	CLAIMS-MADE X OCCUR		WRONGFUL REPO,	,			PREMISES (Ea occurrence) \$  MED EXP (Any one person) \$	5,000.00
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,				, , , ,	1,000,000.00
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	X POLICY PRO-		EKI3537443 - CYBER				REPO-TRANSIT/ DRIVEAWAY \$	1.000.000.00
	AUTOMOBILE LIABILITY		ENGOGN TIO GIBER				COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000.00
	ANY AUTO						BODILY INJURY (Per person) \$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE	
	AUTOS AUTOS						(Per accident) \$	
^	UMBRELLA LIAB X OCCUR		GAT-1000000-01		00/01/2025	00/01/2026		2,000,000.00
Α	X EXCESS LIAB X OCCUR  CLAIMS-MADE		SEE DESC. OF OPERA	TIONS	09/01/2023	09/01/2020		NC. GEN AGG
	X CEAINIO-INIABE	-	522 2230: 0: 0: 2: 0:				AGGREGATE \$	110. 02117100
	DED RETENTION \$ WORKERS COMPENSATION						WC STATU- OTH-	
	AND EMPLOYERS' LIABILITY  AND EMPLOYERS' LIABILITY  Y / N							
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT \$  E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under							
Α	DÉSCRIPTION OF OPERATIONS below EMPLOYEE DISHONESTY&COMP CRIME		GAT-1000000-01		00/01/2025	00/01/2026	E.L. DISEASE - POLICY LIMIT \$ LIMIT: \$1,000,000.00	
Α	GARAGEKEEPERS DIRECT PRIMARY		GAT-1000000-01			l	GKDP LIMIT: \$375,000.00	,
В	GARAGEKEEPERS DIR PRIM EXC		B0507TR2518M002			l	GKDP EXCESS: \$625.000	
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Atta		Schedule,			CRD1	3.00
	G MEMBER SINCE 09/21/24- 30 [	•			-		AYMENT OR CANCELLAT	ION BY
	MBER REQUEST & ADDITIONAL							
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	BILITY POLICY	OD. 10	0.04.04700					
LU	CATIONS: 623 FUSSELL RD. LEE	PROK	G, GA 31/63					
CFI	RTIFICATE HOLDER			CAN	CELLATION	J		
<u> </u>						•		
							ESCRIBED POLICIES BE CANC	
	REDSHIFT INVESTIGATI	ON IN	C				REOF, NOTICE WILL BE IN PROVISIONS.	DELIVERED IN
	REDSHIFTVM@REDSHI	-		ACC	OKDANCE WI	IN INE PULIC	I FROVISIONS.	
	3941 PARK DRIVE			AUTHO	RIZED REPRESE	NTATIVE		
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	EL DORADO HILLS		CA 95762			L)ana	Olpan	



DATE (MM/DD/YYYY) 08/18/2025

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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).

IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 398 GIDDINGS TX 78942  SINGUED  GRB TOWING INC GRB TOWING IN	ce	rtificate	holder in lieu of	such endors	emer	t(s).							
RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942  MINUREA. COLONY INSURANCE COMPANY SUBJECT STORMS AND ST	PROD	DUCER						CONTAC	$^{CT}$ IG., INC./	RSIG - LIGH	HTHOUSE INSURANC	E SV	CS
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INSURER   LIOYDS OF LONDON   15792   INSURER   LIOYDS OF LONDON   15880   INSURER   LIOYDS OF LIOYDS OF LONDON   15880   INSURER   LIOYDS OF LONDON   15880   INSURER   LIOYDS OF LONDON   15880   INSURER   LIOYDS OF LONDON   15880   INSURER   LIOYDS OF LONDON   15880   INSURER   LIOYDS OF LONDON   15880   LIOY					942			INIGLIDE		. ,			
GRB TOWING INC 623 FUSSELL RD LEESBURG GA 31763  ROUBER E. ROUBER	INSIII	RED		2									
GRE TOWNING INC 623 FUSSELL RD LEESBURG GA 31763  SUBJECT E SUBJECT FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN SOLED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD CERTIFICATE MAY BE SOLED OR MAY PERTAIN. THE INSURANCE LISTED BELOW HAVE BEEN SOLED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD CERTIFICATE MAY BE SOLED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES OF SCHRED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SULP POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAD CLAIMS.  TYPE OF INSURANCE ADD SOLED POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAD CLAIMS.  TYPE OF INSURANCE ADD SOLED POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAD CLAIMS.  TYPE OF INSURANCE ADD SOLED POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAD CLAIMS.  TYPE OF INSURANCE ADD SOLED POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAD CLAIMS.  TYPE OF INSURANCE ADD SOLED POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAD CLAIMS.  TYPE OF INSURANCE ADD SOLED POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAD CLAIMS.  TYPE OF INSURANCE ADD SOLED POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAD CLAIMS.  TYPE OF INSURANCE ADD SOLED POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES OF SOLED POLICIES. LIMITS SHOWN SHOWN MAY BEEN REDUCED BY THE POLICIES OF SOLED BY THE POLICY BY TH		KLD											
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LEESBURG GA 31763  INSURERY NUMBER: COL19497  THE STO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURER NAMED AGOVE FOR THE POLICY FOR TH				_			1704						
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STE 400			COI@RMGRE	COVERY.C		GRO	DUP, LLC	THE	EXPIRATION	I DATE THE	REOF, NOTICE WILL E		
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				ORO			TN 37130			Dana	doan		

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DATE (MM/DD/YYYY) 08/18/2025

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

	ertificate holder in lieu of such endor	•	•					giito to tile
PRO	DUCER			CONTA	CT IG., INC./	RSIG - LIGI	HTHOUSE INSURANCE S	vcs
	IG., INC./RSIG						703.365.0362 FAX (A/C, No): 703	
	RECOVERY SPECIALIS	ST INSUE	RANCE GROUP			CATES@RS		
	GATE ELEVEN SOLUTIONS						DING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS TX 78	3942		INSURE		Y INSURANCI		39993
INSU	RED			INSURE	R B: LLOYDS	OF LONDON	1	15792
				INSURE	R C SCOTTS	SDALE INDEM	INITY COMPANY	15580
	GRB TOWING INC		1704	INSURE				
	623 FUSSELL RD			INSURE	R F·			
	LEESBURG		GA 31763	INSURE				
CO	VERAGES CE	RTIFICATE	NUMBER: COL15823				REVISION NUMBER: 25	-26Colony
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NSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	
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Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS		00/01/2020	00/01/2020	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 - \$2MILLION		DRIVE-AWAY,CARGO,				GENERAL AGGREGATE \$	5,000,000.00
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	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO						BODILY INJURY (Per person) \$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$	
							\$	
Α	UMBRELLA LIAB X OCCUR		GAT-1000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE \$	2,000,000.00
	X EXCESS LIAB CLAIMS-MADE	<u> </u>	SEE DESC. OF OPERATION	ONS			AGGREGATE \$	INC. GEN AGG
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
		N/A					E.L. EACH ACCIDENT \$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					ĺ	E.L. DISEASE - POLICY LIMIT \$	
Α	EMPLOYEE DISHONESTY&COMP CRIME		GAT-1000000-01		09/01/2025	09/01/2026	LIMIT: \$1,000,000.00	
Α	GARAGEKEEPERS DIRECT PRIMARY		GAT-1000000-01		09/01/2025	09/01/2026	GKDP LIMIT: \$375,000.00	0
В	GARAGEKEEPERS DIR PRIM EXC		B0507TR2518M002		09/01/2025	09/01/2026	GKDP EXCESS: \$625,00	0.00
RS ME CO LIA	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL IG MEMBER SINCE 09/21/24-30 I MBER REQUEST & ADDITIONAL NTRACT. PRIMARY LIMITS PRO BILITY POLICY CATIONS: 623 FUSSELL RD. LEE	DAY CANO INSURED VIDE GL/	CELLATION NOTICE EX STATUS & WAIVER O WRONGFUL REPO/E&C	XCEPT F SUB	T IN CASES , APPLY TO	OF NON-PA	HOLDER AS REQ BY WI	RITTEN
CE	RTIFICATE HOLDER			CANO	CELLATION	J		
<u> </u>	RISC LLC 813-423-6618 / RENEWA 6302 E. DR MARTIN LUT	_		SHO THE ACC	ULD ANY OF TEXPIRATION	THE ABOVE DI N DATE THE TH THE POLIC	ESCRIBED POLICIES BE CANC REOF, NOTICE WILL BE Y PROVISIONS.	
	SUITE #450		EI 00046			7	down	l
	TAMPA		FL 33619			L Jana	coan	



DATE (MM/DD/YYYY) 08/18/2025

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

CE	rtificate holder in lieu of such endorse	ement(s	).					J	
PRO	DUCER			CONTA	CT IG., INC.	RSIG - LIGI	HTHOUSE INSURANCE SV	cs	
	IG., INC./RSIG						703.365.0362 FAX (A/C, No): 703-3		
	RECOVERY SPECIALIS	T INSU	RANCE GROUP			CATES@RS			
	GATE ELEVEN SOLUTIONS						DING COVERAGE	NAIC#	
	PO BOX 395 GIDDINGS TX 789	942		INSURE		Y INSURANC		39993	
INSU	RED					OF LONDON		15792	
							NITY COMPANY	15580	
	GRB TOWING INC		1704	INSURE				10000	
	623 FUSSELL RD			INSURE					
	LEESBURG		GA 31763	INSURE					
CO	VERAGES CER	TIFICAT	E NUMBER: COL15824	INSURE	KF.		REVISION NUMBER: 25-2	6Colony	
_	HIS IS TO CERTIFY THAT THE POLICIES (			BEEN	ISSUED TO T				
	DICATED. NOTWITHSTANDING ANY REC								
	ERTIFICATE MAY BE ISSUED OR MAY PE (CLUSIONS AND CONDITIONS OF SUCH PO							= IERMS,	
INSR LTR		ADDL SUE		.,,,,,,,	POLICY EFF (MM/DD/YYYY)		LIMITS		
LIK	TYPE OF INSURANCE GENERAL LIABILITY	INSK WV						.000,000.00	
٨	- V		GAT-1000000-01		09/01/2025	09/01/2026	DAMAGE TO RENTED	100,000.00	
Α			ERRORS & OMISSIONS				PREMISES (Ea occurrence) \$		
	CLAIMS-MADE X OCCUR X CYBLIAB \$2MIL POLICYAGG		WRONGFUL REPO, REPOSSESSED AUTO,				MED EXP (Any one person) \$	5,000.00	
С	X CYBER LIAB - \$2MILLION		DRIVE-AWAY.CARGO.					,000,000.00	
			ON-HOOK - EACH \$1MIL	LIMIT				,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:    X   POLICY   PRO-   LOC		EKI3537443 - CYBER	LIIVIII				.000.000.00	
	X POLICY   JECT   LOC AUTOMOBILE LIABILITY		LINIOSOT 443 - OTBLIN				COMBINED SINGLE LIMIT	,000,000.00	
							,		
	ANY AUTO ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per person) \$		
	AUTOS AUTOS NON-OWNED						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE		
	HIRED AUTOS NON-OWNED AUTOS						(Per accident) \$		
	LIMPRELLA LIAR						\$	000 000 00	
Α	UMBRELLA LIAB X OCCUR		GAT-1000000-01		09/01/2025	09/01/2026	15.1	,000,000,000	
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATI	ON5			AGGREGATE \$ IN	C. GEN AGG	
	DED RETENTION \$						WC STATU- OTH-		
	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) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$		
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$		
Α	EMPLOYEE DISHONESTY&COMP CRIME		GAT-1000000-01				LIMIT: \$1,000,000.00		
A	GARAGEKEEPERS DIRECT PRIMARY		GAT-1000000-01				GKDP LIMIT: \$375,000.00		
В	GARAGEKEEPERS DIR PRIM EXC		B0507TR2518M002				GKDP EXCESS: \$625,000.	00	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	•		,	•	• ,	AVAMENT OF CANOELL ATIO	NI DV	
	IG MEMBER SINCE 09/21/24- 30 DA MBER REQUEST & ADDITIONAL II								
	NTRACT. PRIMARY LIMITS PROV				,				
	BILITY POLICY	IDL OL	, WINONOI OL INLI O/LAN	Ο ΦΟΙΝΙΙ	IL LIIVII I VVI	ΤΙΤΙ Α ΦΟΙΝΙΙΕ	7.00 114 2120 01 021 711011	L LAOLOO	
	CATIONS: 623 FUSSELL RD. LEES	SBURG	, GA 31763						
CEI	RTIFICATE HOLDER			CAN	CELLATION	1			
							ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE		
	SECURE COLLATERAL M						Y PROVISIONS.		
	ITS PARENT COMPANY, (								
	VENDORMANAGEMENTTEAN	_		AUTHO	RIZED REPRESE	NTATIVE	1		
	9330 LYNDON B JOHNSO	N FWY	•			D	A ser		
	DALLAS		TX 75243	Danadoan					



DATE (MM/DD/YYYY) 08/18/2025

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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).

ce	rtificate	e holder in lieu of s	such endors	emer	ıt(s).								
PROI	DUCER							CONTAC NAME	$^{CT}$ IG., INC./	RSIG - LIGH	HTHOUSE INSURANC	E SV	CS
		IG., INC./RSIG	<b>:</b>					PHONE (A/C: No	Fxt): 703-36	5-0199//LH7	'03.365.0362 FAX (A/C, No):	703-3	65-0636
		RECOVERY S		T IN:	SUR	ANCE GROU	JP			CATES@RS			
		GATE ELEVENS					<b>.</b>				DING COVERAGE		NAIC#
		PO BOX 395 GIDE	DINGS TX 789	942				INSURF		Y INSURANCI			39993
INSU	RED									OF LONDON			15792
											NITY COMPANY		15580
		GRB TOWING I	INC			1704	ı	INSURE		DOTTEE HADEN	THE CONTRACT		10000
		623 FUSSELL F	_										
		LEESBURG				GA 31763	3	INSURE					
CO	VERAG		CER	TIFIC	ΔTF	NUMBER: CO		INSURE	K F:		REVISION NUMBER:	25.2	26Colony
		_						BEEN	ISSUED TO T		NAMED ABOVE FOR THE		
IN CI	DICATE! ERTIFIC	D. NOTWITHSTAND	DING ANY REC D OR MAY P	QUIRE ERTA	MENT IN, T	T, TERM OR CO THE INSURANCE	NDITION OF AFFORDED	ANY (	CONTRACT OF	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WI	HICH THIS
NSR LTR		TYPE OF INSURANCE	CE	ADDL INSR	SUBR	POLICY	/ NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERA	AL LIABILITY				GAT-1000000				09/01/2026			,000,000.00
Α	X co	MMERCIAL GENERAL LI	ABILITY			ERRORS & ON			00/01/2020	00/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00
			OCCUR			WRONGFUL R	EPO,				MED EXP (Any one person)	\$	5,000.00
С	X CY	BLIAB \$2MIL POLICYAGG	i			REPOSSESSE	,				PERSONAL & ADV INJURY		,000,000.00
C	X C,	YBER LIAB - \$2MILI	LION			DRIVE-AWAY,	,				GENERAL AGGREGATE		,000,000.00
		GGREGATE LIMIT APPL	IES PER:			ON-HOOK - EA		LIMIT			PRODUCTS - COMP/OP AGG		,000,000.00
	_	LICY PRO- JECT	LOC			EKI3537443 -	CYBER				REPO-TRANSIT/ DRIVEAWAY	\$ 1	,000,000.00
	AUTOM	OBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$	
	AN	Y AUTO	CHEDULED								BODILY INJURY (Per person)	\$	
	AŬ	TOS AU	JTOS								BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIF	RED AUTOS AL	ON-OWNED JTOS								(Per accident)	\$	
												\$	
Α	UM	BRELLA LIAB X	OCCUR			GAT-1000000			09/01/2025	09/01/2026	EACH OCCURRENCE	Ψ	,000,000.00
	X EX	CESS LIAB	CLAIMS-MADE			SEE DESC. OF	OPERATION	ONS			AGGREGATE	\$ IN	C. GEN AGG
	DE										I MO OTATU   LOTU	\$	
		RS COMPENSATION PLOYERS' LIABILITY	Y / N								WC STATU- OTH- TORY LIMITS ER		
	ANY PRO	OPRIETOR/PARTNER/EX	ECUTIVE -	N/A							E.L. EACH ACCIDENT	\$	
	(Mandate	R/MEMBER EXCLUDED? ory in NH) escribe under									E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRI	PTION OF OPERATIONS										\$	
Α		YEE DISHONESTY&C				GAT-1000000					LIMIT: \$1,000,000.00		
Α		EKEEPERS DIRECT F				GAT-1000000					GKDP LIMIT: \$375,00		
В		EKEEPERS DIR PRIM				B0507TR251					GKDP EXCESS: \$625	,000.	00
		OF OPERATIONS / LOCA		•		,			•	. ,	AYMENT OR CANCEL	1 ATI	ON DV
											HOLDER AS REQ BY		
									,		AGG IN LIEU OF SEP		
		POLICY					,	, ,					
LO	CATIO	NS: 623 FUSSEL	L RD. LEE	SBU	₹G, (	GA 31763							
CFI	RTIFIC	ATE HOLDER						CANC	ELLATION	J			
										-			
											ESCRIBED POLICIES BE C		
		SERVICING SO	OLUTIONS	LLC							REOF, NOTICE WILL E Y PROVISIONS.	BE DE	ELIVERED IN
		VENDOR.MANA			CING	SOLUTIONS.CO	OM	ACC	CIVDANCE WI	III INE PULIU	I FROVISIONS.		
		3660 REGENT	_					AUTHOR	RIZED REPRESE	NTATIVE			
		STE 200								7			
		IRVING				TX 7506	3			L)ana	Olean		

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DATE (MM/DD/YYYY) 08/18/2025

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ce	rtificat	e holder in lieu of s	such endors	emer	ıt(s).							
PROI	DUCER						CONTAC NAME	$^{CT}$ IG., INC./	RSIG - LIGH	HTHOUSE INSURANC	E SV	CS
		IG., INC./RSIG	i				PHONE (A/C, No	Fxt): 703-36	5-0199//LH7	'03.365.0362 FAX (A/C, No):	703-3	65-0636
				T IN:	SUR	ANCE GROUP			CATES@RS			
		GATE ELEVEN S								DING COVERAGE		NAIC#
		PO BOX 395 GIDE	INGS TX 789	942			INSURE		/ INSURANCI			39993
INSU	RED								OF LONDON			15792
										NITY COMPANY		15580
		GRB TOWING I	NC			1704	INSURE		DALL INDLIV	IIII OOMI AIII		10000
		623 FUSSELL R	_									
		LEESBURG				GA 31763	INSURE					
CO	VERAG		CER	TIFIC	ΔTF	NUMBER: COL19825	INSURE	K F:		REVISION NUMBER:	25.2	26Colony
						ANCE LISTED BELOW HAVE	BEEN	ISSUED TO T				
IN CI	DICATE ERTIFICA	D. NOTWITHSTAND ATE MAY BE ISSUEI	ING ANY REO D OR MAY PI	QUIRE ERTA	MENT IN, T	T, TERM OR CONDITION OF THE INSURANCE AFFORDE MITS SHOWN SHOWN MAY	F ANY ( D BY TI	CONTRACT OF	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WE	HICH THIS
NSR LTR		TYPE OF INSURANC	DE .	ADDL INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENER	AL LIABILITY				GAT-1000000-01			09/01/2026			,000,000.00
Α	X co	MMERCIAL GENERAL LI	ABILITY			ERRORS & OMISSIONS		00/01/2020	33/3/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00
			OCCUR			WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00
С	<del>  ^  </del> -	BLIAB \$2MIL POLICYAGG				REPOSSESSED AUTO,				PERSONAL & ADV INJURY		,000,000.00
0		YBER LIAB - \$2MILL				DRIVE-AWAY,CARGO,	LIMIT			GENERAL AGGREGATE		,000,000.00
	1	GGREGATE LIMIT APPLI	IES PER:			ON-HOOK - EACH \$1MIL	LIMIT			PRODUCTS - COMP/OP AGG		,000,000.00
	_	DLICY PRO- JECT PRO- JECT PRO-	LOC			EKI3537443 - CYBER				REPO-TRANSIT/ DRIVEAWAY  COMBINED SINGLE LIMIT		,000,000.00
										(Ea accident)	\$	
	AN AI	IY AUTO	HEDULED							BODILY INJURY (Per person)	\$	
	AU	ITOS AŬ	TOS ON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIF	RED AUTOS Aŭ	itos							(Per accident)	\$	
											\$	000 000 00
Α		IBRELLA LIAB X	OCCUR			GAT-1000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE	Ψ	,000,000.00
	X EX	CESS LIAB	CLAIMS-MADE			SEE DESC. OF OPERATI	ONS			AGGREGATE	\$ IIN	C. GEN AGG
	DE	RETENTION \$ RS COMPENSATION								WC STATU- OTH-	\$	
		PLOYERS' LIABILITY	Y/N							WC STATU- OTH- TORY LIMITS ER		
	ANY PRO	OPRIETOR/PARTNER/EXI R/MEMBER EXCLUDED? ory in NH)	ECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mandate   If ves. de	ory in NH) escribe under								E.L. DISEASE - EA EMPLOYEE	-	
	DESCRI	PTION OF OPERATIONS				OAT 4000000 04		00/04/000=	00/04/0000		\$	
A		YEE DISHONESTY&C				GAT-1000000-01				LIMIT: \$1,000,000.00	0.00	
A		GEKEEPERS DIRECT P GEKEEPERS DIR PRIM				GAT-1000000-01				GKDP LIMIT: \$375,00		00
B				ES (A	tach ^	B0507TR2518M002 CORD 101, Additional Remarks S				GKDP EXCESS: \$625	,uuu.	UU
RSI ME	G MEN MBER	MBER SINCE 09/2 REQUEST & ADI	21/24- 30 D DITIONAL II	AY C NSU	ANC RED	CELLATION NOTICE E STATUS & WAIVER O	XCEPT F SUB	IN CASES , APPLY TO	OF NON-PA THE CERT	HOLDER AS REQ BY	WRI	TTEN
			MITS PROV	/IDE	GL/V	VRONGFUL REPO/E&	S \$3MI	L LIMIT WI	IH A \$5MIL	AGG IN LIEU OF SEP	ARAT	E EXCESS
		′ POLICY NS:  623 FUSSEL	IBDIEE	SBLI	3C (	<b>3Δ 31763</b>						
LO		NO. 0231 033LL	L ND. LLL	3001	νο, ν	JA 31703						
CEI	RTIFIC	ATE HOLDER					CANO	ELLATION	J			
		SOUTH BAY R VENDOR@SOUT	THBAYREMA	RKE		-	SHO THE	ULD ANY OF T	THE ABOVE DI	ESCRIBED POLICIES BE C REOF, NOTICE WILL E Y PROVISIONS.		
		13210 S NORM	MANDIE AV	E			AUTHOR	RIZED REPRESE	NTATIVE	1		
		GARDENA				CA 90249			Dana	doan		



DATE (MM/DD/YYYY) 08/18/2025

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CE	rtificate holder in lieu of such endorse	ment(s	3).					
PRO	DUCER			CONTA NAME	<sup>CT</sup> IG., INC./	RSIG - LIGI	HTHOUSE INSURANCE SV	'CS
	IG., INC./RSIG			PHONE (A/C. No	o. Ext): 703-36	5-0199//LH7	703.365.0362 FAX (A/C, No): 703-3	365-0636
	RECOVERY SPECIALIST	INSI	IRANCE GROUP	E-MAIL ADDRE	ss: CERTIFI	CATES@RS	SIG.COM	
	GATE ELEVEN SOLUTIONS						DING COVERAGE	NAIC#
	PO BOX 395 GIDDINGS TX 789	42		INSURE		Y INSURANC		39993
INSU	RED					OF LONDON		15792
				_			MNITY COMPANY	15580
	GRB TOWING INC		1704			DALL INDLI	MINITI COMI AINT	10000
	623 FUSSELL RD		1704	INSURE				
	LEESBURG		GA 31763	INSURE				
~		TIEIC AT	E NUMBER: COL20116	INSURE	R F:		DEVISION NUMBER. OF	2000-1
	VERAGES CERT HIS IS TO CERTIFY THAT THE POLICIES O			DEEN	ISSUED TO T			26Colony
IN Cl	DICATED. NOTWITHSTANDING ANY RESERVENCES OF STREET MAY BE ISSUED OR MAY PEKCLUSIONS AND CONDITIONS OF SUCH PO	UIREME RTAIN,	ENT, TERM OR CONDITION OF THE INSURANCE AFFORDER	F ANY (	CONTRACT O	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT TO WHEREIN IS SUBJECT TO ALL TH	HICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUI	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY		GAT-1000000-01			09/01/2026	EACH OCCURRENCE \$	1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS		09/01/2023	09/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000.00
٠,	CLAIMS-MADE X OCCUR		WRONGFUL REPO,				MED EXP (Any one person) \$	5,000.00
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,				, , , , ,	1,000,000.00
С	X CYBER LIAB - \$2MILLION		DRIVE-AWAY,CARGO,					5,000,000.00
			ON-HOOK - EACH \$1MIL	IIMIT				3,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC		EKI3537443 - CYBER					1,000,000.00
	X POLICY   JECT   LOC  AUTOMOBILE LIABILITY		EN3337443 - CTBEN				COMBINED SINGLE LIMIT	1,000,000.00
							,	
	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person) \$	
	ALL OWNED SCHEDULED AUTOS NON-OWNED						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE	
	HIRED AUTOS AUTOS						(Per accident) \$	
							\$	
Α	UMBRELLA LIAB X OCCUR		GAT-1000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE \$ 2	2,000,000.00
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATION	ONS			AGGREGATE \$ I	NC. 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 \$	
	(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		GAT-1000000-01		09/01/2025	09/01/2026	LIMIT: \$1,000,000.00	
Α	GARAGEKEEPERS DIRECT PRIMARY		GAT-1000000-01		09/01/2025	09/01/2026	GKDP LIMIT: \$375,000.00	
В	GARAGEKEEPERS DIR PRIM EXC		B0507TR2518M002		09/01/2025	09/01/2026	GKDP EXCESS: \$625,000	.00
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (Attacl	n ACORD 101, Additional Remarks Se	chedule,	if more space is	required)		
RS	IG MEMBER SINCE 09/21/24- 30 DA	AY CAI	NCELLATION NOTICE EX	XCEP	Γ IN CASES	OF NON-P	AYMENT OR CANCELLATI	ON BY
	MBER REQUEST & ADDITIONAL IN							
	NTRACT. PRIMARY LIMITS PROVI	IDE GL	_/WRONGFUL REPO/E&0	) \$3M	IL LIMIT WI	TH A \$5MIL	AGG IN LIEU OF SEPARA	TE EXCESS
	BILITY POLICY		0.0.04700					
LU	CATIONS: 623 FUSSELL RD. LEES	BUKG	, GA 31/03					
CF	RTIFICATE HOLDER			CANO	CELLATION	J		
CL	KIII IOATE HOEBER			CAN	BLLLATION	•		1
				<b>SHO</b>	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CANCE	LLED BEFORE
	STRIKE ACCEPTANCE, IN	IC:		THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL BE D	
	NGONZALEZ@STRIKEAC		VICE COM	ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.	
	23272 MILL CREEK DRIVE		AINOL.OOM	ALITUR	DIZED DESSE	NIT A TIVE		
	STE 350	-		AUTHO	RIZED REPRESE	NIAIIVE	1	
	LAGLINA HILLS		CA 92653			DAMA	down.	



DATE (MM/DD/YYYY) 08/18/2025

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

се	rtificate holder in lieu of such endorse	ement(s	s).	,						
PROI	DUCER				CONTAC NAME	CT IG., INC./	RSIG - LIGI	HTHOUSE INSURANCE	svc	S
	IG., INC./RSIG							703.365.0362 FAX (A/C, No): 70		
	RECOVERY SPECIALIST	T INSL	JRANCE	GROUP			CATES@RS			
	GATE ELEVEN SOLUTIONS							DING COVERAGE		NAIC#
	PO BOX 395 GIDDINGS TX 789	942			INSURE		Y INSURANCI			39993
INSU	RED						OF LONDON			15792
								NITY COMPANY		15580
	GRB TOWING INC			1704	INSURE					
	623 FUSSELL RD				INSURE					
	LEESBURG		GA	31763	INSURE					
CO	VERAGES CER	TIFICAT	TE NUMBE	R: COL20796	INSURE	K.F.		REVISION NUMBER: 2	5-26	Colony
	HIS IS TO CERTIFY THAT THE POLICIES (				BEEN	ISSUED TO T				
	DICATED. NOTWITHSTANDING ANY REC									
	ERTIFICATE MAY BE ISSUED OR MAY PE (CLUSIONS AND CONDITIONS OF SUCH PO								IHE	TERMS,
INSR LTR		ADDL SUI			, .,			LIMITS		
LIK	TYPE OF INSURANCE GENERAL LIABILITY	INSK W		POLICY NUMBER					1 (	00,000,000
٨	V			000000-01		09/01/2025	09/01/2026	DAMAGE TO RENTED		100,000.00
Α				S & OMISSIONS						
	CLAIMS-MADE X OCCUR X CYBLIAB \$2MIL POLICYAGG			SFUL REPO, SESSED AUTO,				MED EXP (Any one person) \$	1 (	5,000.00 000,000.00
С	X CYBER LIAB - \$2MILLION			AWAY.CARGO.				PERSONAL & ADV INJURY \$		000,000.00
	<del></del>			OK - EACH \$1MIL	IIMIT			GENERAL AGGREGATE \$		000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC			7443 - CYBER	LIIVIII			PRODUCTS - COMP/OP AGG \$  REPO-TRANSIT/ DRIVEAWAY 6		000,000.00
	X POLICY   JECT   LOC AUTOMOBILE LIABILITY		LINIOUS	77443 - OTBER				COMBINED SINGLE LIMIT	1,0	000,000.00
							-	· · · · · · · · · · · · · · · · · · ·		
	ANY AUTO ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per person) \$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE		
	HIRED AUTOS NON-OWNED AUTOS							(Per accident) \$		
	IMPRELLATION DE							\$		200 000 00
Α	UMBRELLA LIAB X OCCUR			000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE \$		000,000.00
	X EXCESS LIAB CLAIMS-MADE		SEE DE	SC. OF OPERATI	ON5			AGGREGATE \$	INC	. GEN AGG
	DED RETENTION \$							WC STATU- OTH-		
	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) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
Α	EMPLOYEE DISHONESTY&COMP CRIME			000000-01				LIMIT: \$1,000,000.00		
A	GARAGEKEEPERS DIRECT PRIMARY			000000-01			l I	GKDP LIMIT: \$375,000.0		_
В	GARAGEKEEPERS DIR PRIM EXC			TR2518M002				GKDP EXCESS: \$625,0	00.0	0
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	•			,	•	• ,	AVAIENT OD OANOELLA	TIO	NI DV
	IG MEMBER SINCE 09/21/24- 30 DA MBER REQUEST & ADDITIONAL IN									
	NTRACT. PRIMARY LIMITS PROV					,				
	BILITY POLICY	IDE O		or of the oreas	ο φοινιί	L LIIVIII VVI	TTT / C WOINIL	7100 114 E1E0 01 0E1 711	VIIL	LAGEGG
	CATIONS: 623 FUSSELL RD. LEES	SBURG	G. GA 3176	63						
CERTIFICATE HOLDER						ELLATION	1			
CHANG CIVID AND COLLECTION CEDVICES INC								ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE		
SUMMS SKIP AND COLLECTION SERVICES, INC								Y PROVISIONS.		
DBA SUMMS SKIP COLLATERAL SOLUTIONS										
	COMPLIANCE@SUMMS-S	SKIP.C	OM		AUTHORIZED REPRESENTATIVE					
	2616 QUALITY COURT			00.454			D	down		
	VIRGINIA BEACH		VA	23454	Danadoan					



DATE (MM/DD/YYYY) 08/18/2025

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CE	rtificate holder in lieu of such endors	emer	it(s).							•
PRO	DUCER				CONTAC NAME	CT IG., INC./	RSIG - LIGI	HTHOUSE INSURANCE	SVC	s
	IG., INC./RSIG							703.365.0362 FAX (A/C, No): 7		
	RECOVERY SPECIALIS	T IN	SHE	ANCE GROUP	E-MAIL	ss. CFRTIFI	CATES@RS	SIG COM		
	GATE ELEVEN SOLUTIONS		001	ANOE CITOGO	ADDITE			DING COVERAGE		NAIC#
	PO BOX 395 GIDDINGS TX 78	942			INICLIDE		Y INSURANC			39993
INSU		0.2					OF LONDON			15792
11400	NED .									15580
	GRB TOWING INC			1704			DALE INDEN	MNITY COMPANY		10000
	623 FUSSELL RD			1704	INSURE					
	LEESBURG			GA 31763	INSURE					
		TIEIC	ATE	NUMBER: COL21079	INSURE	R F:		DEVICION NUMBER.	25 20	Coloni
	VERAGES CEF HIS IS TO CERTIFY THAT THE POLICIES				DEEN	ISSUED TO T				SColony
IN CI	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F (CLUSIONS AND CONDITIONS OF SUCH F	QUIRE ERTA	EMEN <sup>®</sup> IN, T	T, TERM OR CONDITION OF THE INSURANCE AFFORDED	ANY (	CONTRACT O	R OTHER DOO DESCRIBED H D BY PAID CLA	CUMENT WITH RESPECT TO HEREIN IS SUBJECT TO AL	HW C	ICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY	Y		GAT-1000000-01			09/01/2026	EACH OCCURRENCE S	1,	000,000.00
Α	X COMMERCIAL GENERAL LIABILITY	'		ERRORS & OMISSIONS		- 5, 5 ., 2020	30,0.,2020	DAMAGE TO RENTED	 B	100,000.00
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,					<u> </u>	5,000.00
	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,				` , ' , '		000,000.00
С	X CYBER LIAB - \$2MILLION			DRIVE-AWAY,CARGO,				GENERAL AGGREGATE	5,	000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL I	LIMIT			PRODUCTS - COMP/OP AGG	3,	00.000,000
	X POLICY PRO- JECT LOC			EKI3537443 - CYBER				REPO-TRANSIT/ DRIVEAWAY	1,	000,000.00
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	<b></b>	
	ANY AUTO								5	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	<b>B</b>	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	5	
								,	\$	
Α	UMBRELLA LIAB X OCCUR			GAT-1000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE 5	2,	000,000.00
	X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATION		00,01,2020	00/01/2020		INC	C. GEN AGG
	DED RETENTION \$	1							<u> </u>	
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE								<u> </u>	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE S		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	<u> </u>	
Α	EMPLOYEE DISHONESTY&COMP CRIME	1		GAT-1000000-01		09/01/2025	09/01/2026	LIMIT: \$1,000,000.00		
Α	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-01				GKDP LIMIT: \$375,000	.00	
В	GARAGEKEEPERS DIR PRIM EXC			B0507TR2518M002				GKDP EXCESS: \$625,		00
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	tach A	CORD 101, Additional Remarks Sc				,		
	G MEMBER SINCE 09/21/24- 30 E									
	MBER REQUEST & ADDITIONAL									
	NTRACT. PRIMARY LIMITS PRO	/IDE	GL/\	WRONGFUL REPO/E&C	) \$3MI	IL LIMIT WI	TH A \$5MIL	AGG IN LIEU OF SEPA	RAT	E EXCESS
	BILITY POLICY CATIONS:  623 FUSSELL RD. LEE	CDI II	oc 1	CA 21762						
	DATIONO. 020 I USSELL ND. LEE	3501	٠٠, ١	OA 31103						
CEI	RTIFICATE HOLDER				CANO	CELLATION	N .			
								ESCRIBED POLICIES BE CA		
	TMX FINANCE CORP SV							REOF, NOTICE WILL BE Y PROVISIONS.	. טבו	LIVERED IN
	866-591-4638 / RECOVERY.\	/END	ORS(	@TITLEMAX.COM				<del>-</del> -		
	15 BULL ST				AUTHOR	RIZED REPRESE	NTATIVE			
	SUITE #200						1	~ J _		
	SAVANNAH			GA 31401			1 MAA	LACUA.		



DATE (MM/DD/YYYY) 08/18/2025

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CE	rtificate holder in lieu of such endorse	ement(	(s).						3	
PRO	DUCER				CONTAC NAME	CT IG., INC./	RSIG - LIGI	HTHOUSE INSURANCE SV	CS	
	IG., INC./RSIG							703.365.0362 FAX (A/C, No): 703-3		
	RECOVERY SPECIALIS	T INS	URAN	NCE GROUP			CATES@RS			
	GATE ELEVEN SOLUTIONS		J. W II					DING COVERAGE	NAIC#	
	PO BOX 395 GIDDINGS TX 789	942			INSURE		/ INSURANCI		39993	
INSU	RED						OF LONDON		15792	
								NITY COMPANY	15580	
	GRB TOWING INC			1704	INSURE					
	623 FUSSELL RD			-	INSURE					
	LEESBURG		G	A 31763	INSURE					
CO	VERAGES CER	TIFICA	TE NI	UMBER: COL20307	INSURE	K.F.		REVISION NUMBER: 25-2	26Colony	
_	HIS IS TO CERTIFY THAT THE POLICIES (				BEEN	ISSUED TO T				
	DICATED. NOTWITHSTANDING ANY REC									
	ERTIFICATE MAY BE ISSUED OR MAY PE (CLUSIONS AND CONDITIONS OF SUCH PO								E TERMS,	
INSR LTR		ADDL SI			., (V L D			LIMITS		
LIR	TYPE OF INSURANCE GENERAL LIABILITY	INSK M		POLICY NUMBER					,000,000.00	
٨	- V			AT-1000000-01		09/01/2025	09/01/2026	DAMAGE TO RENTED	100,000.00	
Α				RRORS & OMISSIONS			}			
	CLAIMS-MADE X OCCUR X CYBLIAB \$2MIL POLICYAGG			RONGFUL REPO, EPOSSESSED AUTO,			}	MED EXP (Any one person) \$	5,000.00	
С	X CYBER LIAB - \$2MILLION			RIVE-AWAY,CARGO,			}		,000,000.00	
				N-HOOK - EACH \$1MIL I	ІМІТ				,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:    X   POLICY   PRO-   LOC			KI3537443 - CYBER	_114111				.000.000.00	
	X POLICY   JECT   LOC AUTOMOBILE LIABILITY			INIOSOT 445 - OTBEIN				COMBINED SINGLE LIMIT	,000,000.00	
								·		
	ANY AUTO ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per person) \$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE		
	HIRED AUTOS NON-OWNED AUTOS							(Per accident) \$		
	LIMPRELLA LIAR							\$	000 000 00	
Α	UMBRELLA LIAB X OCCUR		_	AT-1000000-01		09/01/2025	09/01/2026	- 1	0,000,000.00	
	X EXCESS LIAB CLAIMS-MADE		55	EE DESC. OF OPERATION	JN2			AGGREGATE \$ IN	C. GEN AGG	
	DED RETENTION \$							WC STATU- OTH-		
	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) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
	DESCRIPTION OF OPERATIONS below		-					E.L. DISEASE - POLICY LIMIT \$		
Α	EMPLOYEE DISHONESTY&COMP CRIME			AT-1000000-01				LIMIT: \$1,000,000.00		
A	GARAGEKEEPERS DIRECT PRIMARY			AT-1000000-01				GKDP LIMIT: \$375,000.00		
В	GARAGEKEEPERS DIR PRIM EXC			0507TR2518M002				GKDP EXCESS: \$625,000	00	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	•			,	•		AVAMENT OD OANOELLATI	ON DV	
	IG MEMBER SINCE 09/21/24- 30 DA MBER REQUEST & ADDITIONAL II									
	NTRACT. PRIMARY LIMITS PROV					•				
	BILITY POLICY	IDL C	)L/ V V I V	CONOLOL MEL O/EGO	ν φοινιί	L LIIVIII VVI	TTT A QUINTE	7.00 114 2120 01 021 71101	IL LAOLOO	
LO	CATIONS: 623 FUSSELL RD. LEES	SBUR	G, GA	31763						
CEI	RTIFICATE HOLDER				CANC	ELLATION	l			
								ESCRIBED POLICIES BE CANCEI EREOF, NOTICE WILL BE DI		
	TRANSACTION SOLUTION	,		_				Y PROVISIONS.		
	DBA TRYNITY FINANCIAL		-							
	INSURANCE@TRYNITYFS.CO		RISTE	N@TRYNITYFS.COM	AUTHOR	RIZED REPRESE	NTATIVE	1		
	2241 FOOTHILL BLVD #74	<b>∔</b> 1	_	n., 004			T.	da		
	GENOA		N	NV 89411	Danacloan					



DATE (MM/DD/YYYY) 08/18/2025

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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).

ce	rtifica	ite holder in lieu of s	such endors	emer	ıt(s).							
PROI	DUCER						CONTAC NAME	$^{CT}$ IG., INC./	RSIG - LIGH	HTHOUSE INSURANC	E SV	CS
		IG., INC./RSIG					PHONE (A/C: No	Fxt): 703-36	5-0199//LH7	703.365.0362 FAX (A/C, No):	703-3	65-0636
				T IN	SUR	ANCE GROUP			CATES@RS			
		GATE ELEVEN SO								DING COVERAGE		NAIC#
		PO BOX 395 GIDD	INGS TX 789	942			INSURF		/ INSURANCI			39993
INSU	RED								OF LONDON			15792
										NITY COMPANY		15580
		GRB TOWING II	NC			1704	INSURE		, D, (LL II (D LI)			
		623 FUSSELL R	_				INSURE					
		LEESBURG	-			GA 31763						
CO	VERA		CFR	TIFIC	ΔTF	NUMBER: COL16844	INSURE	K F:		REVISION NUMBER:	25-2	26Colony
_						ANCE LISTED BELOW HAVE	BEEN	ISSUED TO T				
CI	ERTIFIC	CATE MAY BE ISSUED	D OR MAY P	ERTA	IN, T	T, TERM OR CONDITION OF THE INSURANCE AFFORDED MITS SHOWN SHOWN MAY I	BY TH	HE POLICIES	DESCRIBED H	HEREIN IS SUBJECT TO A		
NSR LTR		TYPE OF INSURANC	Œ	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENE	RAL LIABILITY				GAT-1000000-01			09/01/2026	EACH OCCURRENCE	s 1	,000,000.00
Α	X c	COMMERCIAL GENERAL LIA				ERRORS & OMISSIONS		33/3/1/2020	33/3/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00
			OCCUR			WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00
С		CYBLIAB \$2MIL POLICYAGG				REPOSSESSED AUTO,				PERSONAL & ADV INJURY		,000,000.00
•	<del></del>	CYBER LIAB - \$2MILL				DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL I	LIMIT			GENERAL AGGREGATE		5,000,000.00
		AGGREGATE LIMIT APPLI	_			EKI3537443 - CYBER	LIIVIII		-	PRODUCTS - COMP/OP AGG REPO-TRANSIT/ DRIVEAWAY		000,000.00
	-	POLICY PRO- JECT PRO- MOBILE LIABILITY	LOC			ENI333/443 - CTDER				COMBINED SINGLE LIMIT		,000,000.00
										(Ea accident)  BODILY INJURY (Per person)	\$	
	H A		HEDULED						-	, , ,		
		NO	ITOS N-OWNED						-	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	H	IIRED AUTOS AŬ	ITOS						-	(Per accident)	\$	
_	- 11	MBRELLA LIAB X				OAT 4000000 04		00/04/0005	00/04/0000	EAGU GOOLIDDENGE		2,000,000.00
Α		×25225	OCCUR			GAT-1000000-01 SEE DESC. OF OPERATION		09/01/2025	09/01/2026	EACH OCCURRENCE	Ψ	IC. GEN AGG
			CLAIMS-MADE				ONO		-	AGGREGATE		IC. GLIVAGG
		DED RETENTION \$ ERS COMPENSATION								WC STATU-   OTH- TORY LIMITS   ER	\$	
	AND E	MPLOYERS' LIABILITY	Y / N									
	OFFIC	ROPRIETOR/PARTNER/EXE ER/MEMBER EXCLUDED? atory in NH)	ECUTIVE	N/A					-	E.L. EACH ACCIDENT	\$	
	If yes, o	describe under							-	E.L. DISEASE - EA EMPLOYEE		
Α		RIPTION OF OPERATIONS OYEE DISHONESTY&CO				GAT-1000000-01		00/01/2025	00/01/2026	E.L. DISEASE - POLICY LIMIT LIMIT: \$1,000,000.00	\$	
A		GEKEEPERS DIRECT P				GAT-1000000-01				GKDP LIMIT: \$375,00	O 00	
В		GEKEEPERS DIR PRIM				B0507TR2518M002				GKDP EXCESS: \$625		00
				ES (At	tach A	CORD 101, Additional Remarks So				υυ. Εποέσο. ψολο	,000.	
RSI	G ME	EMBER SINCE 09/2	21/24- 30 D	AY C	ANC	CELLATION NOTICE EX	XCEPT	IN CASES	OF NON-PA	AYMENT OR CANCEL	LATIC	ON BY
ΜE	MBEF	R REQUEST & ADD	DITIONAL I	NSU	RED	STATUS & WAIVER OF	F SUB	, APPLY TO	THE CERT	HOLDER AS REQ BY	WRI	TTEN
			MITS PROV	/IDE	GL/V	WRONGFUL REPO/E&C	S \$3MI	L LIMIT WI	TH A \$5MIL	AGG IN LIEU OF SEP	ARAT	TE EXCESS
		Y POLICY		ייום	- ·	OA 24702						
LU	AIIC	DNS: 623 FUSSEL	L KD. LEE	SBOI	٦G, (	JA 31/03						
CEF	RTIFI	CATE HOLDER					CANC	ELLATION	·			
		, •										
										ESCRIBED POLICIES BE CA		
		UNITED REC 8			_	.C & ALL				Y PROVISIONS.	,_ 06	LLIVEIXED IIV
		CONTROLLED										
				1PLIA	ANCE	E@UNITEDR2.COM	AUTHOR	RIZED REPRESEI	NTATIVE			
		311 MOORE LN				TN 00047			D	down		
		COLLIERVILLE	=			TN 38017			1 Jana	Car.		

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DATE (MM/DD/YYYY) 08/18/2025

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CLAIMS-MADE   X   CCCUR   X   CYBLAB SZMIL POLICYAGG   C   X   CYBLAB SZMIL POLICYAGG   C   X   CYBLAB SZMIL POLICYAGG   C   REPOSSESSED AUTO, DRIVE-AWAY, CARGO, ON-HOOK - EACH STMIL LIMIT   PERSONAL & ADV INJURY   S 1,000,000.00	cer	<u>tificate holder in lieu of such endorsement(s</u>	s).						
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CERTIFICATE HOLDER CANCELLATION			,						
CERTIFICATE HOLDER CANCELLATION									
VERTIFICATE HOLDER VARIOUS AND LEAST ON	CER	TIFICATE HOLDER		CANC	ELLATION	١			
UNIVERSAL INVESTIGATION GROUP, INC.  UIG, INC.  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		UIG, INC.		THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL E		
SOLUTIONS@UIGPI.COM / ED.GALVAN@UIGPI.COM AUTHORIZED REPRESENTATIVE				AUTHOR	RIZED REPRESE	NTATIVE			
130 E MONTECITO AVE., STE 130 SIERRA MADRE CA 91024						Dana	down		



DATE (MM/DD/YYYY) 08/18/2025

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

CE	ertificate holder in lieu of such endorsement	:(s).									
PRO	DUCER		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 INS	SURANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM								
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE N								
	PO BOX 395 GIDDINGS TX 78942		INSURE	39993							
INSU					OF LONDON			15792			
						INITY COMPANY		15580			
	GRB TOWING INC	1704			DOALL INDLIV	IIII OOMI AIII		10000			
	623 FUSSELL RD	1701	INCORE								
	LEESBURG	GA 31763	INSURE								
<u></u>		ATE NUMBER: COL21011	INSURE	RF:		REVISION NUMBER:	25.26	Colony			
_			REEN	ISSUED TO T							
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	UBR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;				
_111	GENERAL LIABILITY	GAT-1000000-01			09/01/2026			00.000.00			
Α	X COMMERCIAL GENERAL LIABILITY	ERRORS & OMISSIONS		03/01/2023	03/01/2020	DAMAGE TO RENTED		100,000.00			
	CLAIMS-MADE X OCCUR	WRONGFUL REPO,			_	MED EXP (Any one person)	\$	5,000.00			
С	X CYBLIAB \$2MIL POLICYAGG	REPOSSESSED AUTO,						000,000.00			
U	X CYBER LIAB - \$2MILLION	DRIVE-AWAY,CARGO,			_	GENERAL AGGREGATE		000,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:	ON-HOOK - EACH \$1MIL	LIMIT					000,000.00			
	X POLICY PRO- JECT LOC	EKI3537443 - CYBER					\$ 1,0	000,000.00			
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$				
	ANY AUTO					BODILY INJURY (Per person)	\$				
	ALL OWNED SCHEDULED AUTOS						\$				
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$				
							\$				
Α	UMBRELLA LIAB X OCCUR	GAT-1000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE	\$ 2,0	000,000.00			
	X EXCESS LIAB CLAIMS-MADE	SEE DESC. OF OPERATION	ONS			AGGREGATE	\$ INC	C. GEN AGG			
	DED RETENTION \$						\$				
	WORKERS COMPENSATION					WC STATU- OTH- TORY LIMITS ER					
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE   N. / A						\$				
	OFFICE/MEMBER EXCLUDED?	1/A				E.L. DISEASE - EA EMPLOYEE					
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$				
Α	EMPLOYEE DISHONESTY&COMP CRIME	GAT-1000000-01		09/01/2025	09/01/2026	LIMIT: \$1,000,000.00	-				
Α	GARAGEKEEPERS DIRECT PRIMARY	GAT-1000000-01				GKDP LIMIT: \$375,000	0.00				
В	GARAGEKEEPERS DIR PRIM EXC	B0507TR2518M002				GKDP EXCESS: \$625,		0			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Atta	ach ACORD 101, Additional Remarks So									
RS	IG MEMBER SINCE 09/21/24- 30 DAY CA	ANCELLATION NOTICE EX	XCEP1	IN CASES	OF NON-PA	AYMENT OR CANCELL	ATIO	N BY			
ME	MBER REQUEST & ADDITIONAL INSUR	RED STATUS & WAIVER O	F SUB	, APPLY TO	THE CERT	HOLDER AS REQ BY	WRIT	TEN			
	NTRACT. PRIMARY LIMITS PROVIDE (	GL/WRONGFUL REPO/E&0	D \$3MI	L LIMIT WI	TH A \$5MIL	AGG IN LIEU OF SEPA	ARATI	E EXCESS			
	BILITY POLICY										
LO	CATIONS: 623 FUSSELL RD. LEESBUR	G, GA 31763									
<u> </u>	RTIFICATE HOLDER		CANC	TELL ATION							
CE	RTIFICATE HOLDER		CANC	ELLATION	<b>Y</b>						
			SHO	ULD ANY OF	THE ABOVE DE	ESCRIBED POLICIES BE CA	NCELL	ED BEFORE			
	US AUTO CREDIT		THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL BI					
	JANE.MERCER@USAUTOCRE		ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.					
	PO BOX 57545	DITOURF.CUIVI	A11=:::::	NZED DESSE:-	A   T A T     / F						
	FO BOX 37343		AUTHOR	RIZED REPRESE	NIAIIVE	1					
	JACKSONVILLE	FL 32241	Danadoan								



DATE (MM/DD/YYYY) 08/18/2025

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	rtificate holder in lieu of such endor		•		J. 361116	A state				giita to tile	
PROI	DUCER				CONTA NAME	CT IG., INC./	RSIG - LIGH	THOUSE INSURANC	E SVC	S	
	IG., INC./RSIG				PHORE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX: (A/C, No): 703-365-0636						
	RECOVERY SPECIALIS	ST IN	SUR	ANCE GROUP	E-MIL ADDRESS: CERTIFICATES@RSIG.COM						
	GATE ELEVEN SOLUTIONS	, <b>.</b>	001	JANOL ONGO	INSURER(S) AFFORDING COVERAGE NAIC #						
	PO BOX 395 GIDDINGS TX 7	8942			INSURE		Y INSURANCI			39993	
INSU	RED		INSURE	RB: LLOYDS	OF LONDON	J		15792			
			_			NITY COMPANY		15580			
	GRB TOWING INC			1704	INSURE						
	623 FUSSELL RD	- H			INSURER E:						
	LEESBURG			GA 31763	INSURER F:						
CO	VERAGES CE	RTIFIC	CATE	NUMBER: COL20980	INOUNL	IXI.		REVISION NUMBER:	25-26	Colony	
IN CE	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.										
NSR LTR	TYPE OF INSURANCE		SUBR WVD				POLICY EXP (MM/DD/YYYY)	LIMIT	s		
LIK	GENERAL LIABILITY	INSK	VVVD				09/01/2026	EACH OCCURRENCE		000,000.00	
Α	X COMMERCIAL GENERAL LIABILITY			GAT-1000000-01 ERRORS & OMISSIONS		09/01/2025	09/01/2026	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	_	000,000.00	
С	X CYBER LIAB - \$2MILLION	-		DRIVE-AWAY.CARGO.				GENERAL AGGREGATE		000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:	-		ON-HOOK - EACH \$1MIL	LIMIT			PRODUCTS - COMP/OP AGG		000,000.00	
	X POLICY PRO-			EKI3537443 - CYBER				REPO-TRANSIT/ DRIVEAWAY		000,000.00	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	000,000.00	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS							(Fer accident)	\$		
A	UMBRELLA LIAB X OCCUR			GAT-1000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE		000,000.00	
^	X EXCESS LIAB CLAIMS-MAD	=		SEE DESC. OF OPERATION		03/01/2023	03/01/2020	AGGREGATE	,	C. GEN AGG	
	DED RETENTION \$	_						710011E0711E	\$		
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE	n						E.L. EACH ACCIDENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	EMPLOYEE DISHONESTY&COMP CRIME			GAT-1000000-01		09/01/2025	09/01/2026	LIMIT: \$1,000,000.00			
Α	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-01			l I	GKDP LIMIT: \$375,00	0.00		
В	GARAGEKEEPERS DIR PRIM EXC			B0507TR2518M002				GKDP EXCESS: \$625		00	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (A	ttach A	CORD 101, Additional Remarks So	chedule,	if more space is	required)	·	-		
RSIG MEMBER SINCE 09/21/24- 30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY MEMBER REQUEST & ADDITIONAL INSURED STATUS & WAIVER OF SUB, APPLY TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACT. PRIMARY LIMITS PROVIDE GL/WRONGFUL REPO/E&O \$3MIL LIMIT WITH A \$5MIL AGG IN LIEU OF SEPARATE EXCESS LIABILITY POLICY LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763											
CE	PTIEICATE HOLDER				CANO	PELLATION	J				
CEI	RTIFICATE HOLDER			1	CANC	CELLATION	<b>N</b>				
	USAA FEDERAL SAVING REDSHIFTVM@REDSHI	FTGC	O.CO		THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.			
	9800 FREDERICKSBUR	،RO ن	AD		AUTHO	RIZED REPRESE	NTATIVE				
	SAN ANTONIO			TX 78288	Danadoan						



DATE (MM/DD/YYYY) 08/18/2025

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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).

ce	rtificate	holder in lieu of	such endors	emer	ıt(s).										
PRODUCER									CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS						
		IG., INC./RSIG	<b>:</b>					PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636							
		RECOVERY S		T IN:	SUR	ANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM							
		GATE ELEVEN S			•						DING COVERAGE		NAIC#		
		PO BOX 395 GIDE	DINGS TX 789	942				INSURE	39993						
INSU	RED							INSURE	15792						
											NITY COMPANY		15580		
		GRB TOWING I	INC			1704				DALL INDLIV	IIII OOMI AIII		10000		
		623 FUSSELL F	_	-				INSURER D:							
		LEESBURG		CA 31763			INSURER E:								
CO	VERAG		CER	TIFIC	ΔTF		R: COL21279	INSURE	RF:		REVISION NUMBER:	25.2	26Colony		
		_						F RFFN	ISSUED TO T		NAMED ABOVE FOR THE				
IN CI	DICATEI ERTIFIC <i>A</i>	D. NOTWITHSTAND	DING ANY REC	QUIRE ERTA	MENT IN, T	T, TERM ( THE INSUI	OR CONDITION ( RANCE AFFORDE	OF ANY ( ED BY TH	CONTRACT OF	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WI	HICH THIS		
NSR LTR		TYPE OF INSURANCE	CE	ADDL INSR	SUBR		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
\	GENERA	AL LIABILITY				GAT-10	00000-01			09/01/2026			,000,000.00		
Α	X coi	MMERCIAL GENERAL LI	1			-	S & OMISSIONS		09/01/2020	09/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00		
			OCCUR			WRONG	FUL REPO,				MED EXP (Any one person)	\$	5,000.00		
С	X CYI	BLIAB \$2MIL POLICYAGG	i				SESSED AUTO,				PERSONAL & ADV INJURY		,000,000.00		
C	X CY	BER LIAB - \$2MILI	LION			DRIVE-AWAY,CARGO,					GENERAL AGGREGATE		5,000,000.00		
		GGREGATE LIMIT APPL	JES PER:				OK - EACH \$1MIL	. LIMIT			PRODUCTS - COMP/OP AGG		3,000,000.00		
		LICY PRO- JECT	LOC			EKI353	7443 - CYBER				REPO-TRANSIT/ DRIVEAWAY	\$ 1	,000,000.00		
	AUTOMO	OBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$			
	AN	Y AUTO	CHEDULED								BODILY INJURY (Per person)	\$			
	AU	TÓS AL	JTOS								BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	HIR	RED AUTOS AL	ON-OWNED JTOS								(Per accident)	\$			
												\$			
Α	UME	BRELLA LIAB X	OCCUR			-	00000-01		09/01/2025	09/01/2026	EACH OCCURRENCE	Ψ	2,000,000.00		
	X Exc	CESS LIAB	CLAIMS-MADE			SEE DE	SC. OF OPERAT	IONS			AGGREGATE	\$ IN	IC. GEN AGG		
	DE										I MO OTATU   LOTU	\$			
		RS COMPENSATION PLOYERS' LIABILITY	Y / N								WC STATU- OTH- TORY LIMITS ER				
	ANY PRO	PRIETOR/PARTNER/EX	(ECUTIVE	N/A							E.L. EACH ACCIDENT	\$			
	(Mandato	R/MEMBER EXCLUDED?									E.L. DISEASE - EA EMPLOYEE	\$			
	DESCRIF	scribe under PTION OF OPERATIONS	below									\$			
Α		YEE DISHONESTY&C					00000-01				LIMIT: \$1,000,000.00				
Α		EKEEPERS DIRECT F					00000-01		09/01/2025 09/01/2026 GKDP LIMIT: \$375,000.00						
В		EKEEPERS DIR PRIM					R2518M002				GKDP EXCESS: \$625	,000.	.00		
RSI	G MEN		21/24- 30 D	AY C	CANC	ELLATI	ON NOTICE E	XCEPT	Γ IN CASES	OF NON-PA	AYMENT OR CANCEL HOLDER AS REQ BY				
			MITS PROV	/IDE	GL/V	VRONG	FUL REPO/E&	O \$3MI	L LIMIT WI	TH A \$5MIL	AGG IN LIEU OF SEP	ARA	TE EXCESS		
		POLICY		יי ים	- A	A 0470									
LU	JAHUľ	NS: 623 FUSSEL	L KD. LEE	SBOI	٦G, (	JA 37/6	3								
CEF	RTIFIC	ATE HOLDER						CANC	ELLATION	1					
VEROS CREDIT DMORALES2@VEROSCREDIT.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.							
		2333 N BROAD	DWAY					AUTHOR	RIZED REPRESE	NTATIVE					
		SUITE 400					00700			T.	A according to				
	SANTA ANA CA 92706								L)ana Coan						

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DATE (MM/DD/YYYY) 08/18/2025

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ce	rtific	ate holder in lieu of such ende	orseme	nt(s).									
PROI	DUCER	र				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS							
		IG., INC./RSIG				PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX, No): 703-365-0636							
		RECOVERY SPECIAL	IST IN	ISUF	RANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM							
		GATE ELEVEN SOLUTION				-							
		PO BOX 395 GIDDINGS TX	78942			INSURE	NAIC #						
INSU	RED							OF LONDON			15792		
									NITY COMPANY		15580		
		GRB TOWING INC			1704			DALL INDLIV	IIIII OOMI AIII		10000		
		623 FUSSELL RD		-			INSURER D:						
		LEESBURG			GA 31763	INSURER E:							
CO	/ED/		EDTIFI	CATE	NUMBER: COL19135	INSURE	RF:		REVISION NUMBER:	25.2	26Colony		
		TO CERTIFY THAT THE POLICE				REEN	ISSUED TO T						
IN CI	DICATERTIF	TED. NOTWITHSTANDING ANY FICATE MAY BE ISSUED OR MAY SIONS AND CONDITIONS OF SUC	REQUIF	REMEN AIN,	IT, TERM OR CONDITION OF THE INSURANCE AFFORDER	F ANY ( D BY TI	CONTRACT O HE POLICIES	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WI	HICH THIS		
NSR LTR		TYPE OF INSURANCE	ADD	L SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	GEN	ERAL LIABILITY	1/401		GAT-1000000-01			09/01/2026			,000,000.00		
Α	Χ	COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS		00/01/2020	09/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00		
		CLAIMS-MADE X OCCUR			WRONGFUL REPO,				MED EXP (Any one person)	\$	5,000.00		
_	Χ	CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO, DRIVE-AWAY,CARGO,				PERSONAL & ADV INJURY	\$ 1	,000,000.00		
С	Х	CYBER LIAB - \$2MILLION	_						GENERAL AGGREGATE		5,000,000.00		
	GEN'I	L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL	LIMIT			PRODUCTS - COMP/OP AGG	\$ 3	3,000,000.00		
	X	POLICY PRO- JECT LOC			EKI3537443 - CYBER				REPO-TRANSIT/ DRIVEAWAY	\$ 1	,000,000.00		
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
		ANY AUTO							BODILY INJURY (Per person)	\$			
		ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
		HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
										\$			
Α	1	UMBRELLA LIAB X OCCUR			GAT-1000000-01		09/01/2025	09/01/2026	EACH OCCURRENCE	<sub>\$</sub> 2	2,000,000.00		
	Х	EXCESS LIAB CLAIMS-MA	.DE		SEE DESC. OF OPERATI	ONS			AGGREGATE	\$ IN	IC. GEN AGG		
		DED RETENTION \$								\$			
		KERS COMPENSATION EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER				
	ANY F	PROPRIETOR/PARTNER/EXECUTIVE	/ N   N / A						E.L. EACH ACCIDENT	\$			
	OFFIC (Man	CER/MEMBER EXCLUDED? datory in NH)	_   <sup>N</sup> /*	`					E.L. DISEASE - EA EMPLOYEE	\$			
	If yes,	, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Α		LOYEE DISHONESTY&COMP CRIM	E		GAT-1000000-01		09/01/2025	09/01/2026	LIMIT: \$1,000,000.00				
Α	GAR	AGEKEEPERS DIRECT PRIMARY			GAT-1000000-01				GKDP LIMIT: \$375,00	0.00			
В	GAR	AGEKEEPERS DIR PRIM EXC			B0507TR2518M002			l .	GKDP EXCESS: \$625		.00		
		ON OF OPERATIONS / LOCATIONS / VE	•		•	chedule,	if more space is	required)	·				
		EMBER SINCE 09/21/24- 30											
		R REQUEST & ADDITIONA					,						
		ACT. PRIMARY LIMITS PR	OVIDE	E GL/\	WRONGFUL REPO/E&0	O \$3MI	IL LIMIT WI	TH A \$5MIL	AGG IN LIEU OF SEP	ARA	TE EXCESS		
		TY POLICY IONS:  623 FUSSELL RD. LI	ECDI	IDC	CA 21762								
LU	JAII	IONS. 023 FUSSELL RD. LI	_ESD(	iru,	GA 31703								
CEF	ERTIFICATE HOLDER CANCELLATION												
		· · ·											
									ESCRIBED POLICIES BE C				
		VICTORY RECOVERY	SERV	ICES					REOF, NOTICE WILL E Y PROVISIONS.	BE DI	ELIVERED IN		
		ASTEVENS@VRS-CORP.		-		400	OUDWINGE AN	III INE PULIU	I FIXOVISIONS.				
		PO BOX 1025				AUTHOR	RIZED REPRESE	NTATIVE					
								T	1				
		BUFORD			GA 30515	L)ana Cloan							



DATE (MM/DD/YYYY) 08/18/2025

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

Ce	ertificate holder in lieu of such endorsement(	s).									
PRO	DUCER		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 INS	URANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM								
	GATE ELEVEN SOLUTIONS					DING COVERAGE		NAIC#			
	PO BOX 395 GIDDINGS TX 78942		INSURE	39993							
INSU	JRED				15792						
	GRB TOWING INC	1704	INSURE		DALL INDLIV	INTERIOR AND		15580			
	623 FUSSELL RD	1704									
	LEESBURG	GA 31763	INSURE								
<u></u>		TE NUMBER: COL20332	INSURE	RF:		REVISION NUMBER:	25 26	Colony			
_			REEN	ISSUED TO T							
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 SUINSR W	JBR VD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
	GENERAL LIABILITY	GAT-1000000-01			09/01/2026	EACH OCCURRENCE S	1.0	00.000,000			
Α	X COMMERCIAL GENERAL LIABILITY	ERRORS & OMISSIONS		00/01/2020	55/5//2020	DAMAGE TO RENTED	. ,	100,000.00			
	CLAIMS-MADE X OCCUR  X CYBLIAB \$2MIL POLICYAGG	WRONGFUL REPO, REPOSSESSED AUTO,				MED EXP (Any one person) S PERSONAL & ADV INJURY		5,000.00 000,000.00			
С	X CYBER LIAB - \$2MILLION	DRIVE-AWAY,CARGO,						000,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:	ON-HOOK - EACH \$1MIL	LIMIT		-	PRODUCTS - COMP/OP AGG	. ,	000,000.00			
	DRO D	EKI3537443 - CYBER	LIIVIII			DEDO TRANSIT/ DRIVE AVAIAN		000,000.00			
	X POLICY   JECT   LOC	ERIOGOT 440 - OTBEIX				COMBINED SINGLE LIMIT		000,000.00			
					-		\$				
	ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS				-	` ' /					
	NON-OWNED				-	BODILY INJURY (Per accident) S PROPERTY DAMAGE	-				
	HIRED AUTOS AUTOS				-	(i di docidoni)	\$				
	UMBRELLA LIAB X OCCUP						2 /	000 000 00			
Α	/ OCCUR	GAT-1000000-01 SEE DESC. OF OPERATION		09/01/2025	09/01/2026	EACH OCCURRENCE S	13.10	000,000.00			
	X CEAINO-INABE	SEE DESC. OF OPERATION	ONS		-	AGGREGATE S	-	C. GEN AGG			
	DED   RETENTION \$   WORKERS COMPENSATION					WC STATU- OTH-	\$				
	AND EMPLOYERS' LIABILITY Y / N					TORY LIMITS   ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						\$				
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$				
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$				
Α	EMPLOYEE DISHONESTY&COMP CRIME	GAT-1000000-01				LIMIT: \$1,000,000.00					
Α	GARAGEKEEPERS DIRECT PRIMARY	GAT-1000000-01			l	GKDP LIMIT: \$375,000					
В	GARAGEKEEPERS DIR PRIM EXC	B0507TR2518M002			2025 09/01/2026 GKDP EXCESS: \$625,000.00						
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attac IG MEMBER SINCE 09/21/24- 30 DAY CA			•		AVMENT OD CANCELL	ΛTΙΩ	N DV			
	MBER REQUEST & ADDITIONAL INSUR										
	NTRACT. PRIMARY LIMITS PROVIDE G										
	BILITY POLICY	E/WIGHEL GENEL GIEGG	ο φοινιι	L LIIVIII VVI	TTT A QUINIL	7.00 117 2120 01 021 7		L LAGEGO			
LO	CATIONS: 623 FUSSELL RD. LEESBURG	G, GA 31763									
CEI	RTIFICATE HOLDER		CANC	ELLATION	1						
	WAYFINDER BK LLC HAYLEY@WAYFINDERBK.COM	1	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL BE Y PROVISIONS.					
	PO BOX 64417		AUTHOR	RIZED REPRESE	NTATIVE	-					
	TUCSON	AZ 85728	Danadoan								



DATE (MM/DD/YYYY) 08/18/2025

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

certificate holder in lieu of such endorsement(s).										
PROI	DUCER			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS						
	IG., INC./RSIG						703.365.0362 FAX (A/C, No): 703-36			
	RECOVERY SPECIALIST	LINSUE	RANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM						
	GATE ELEVEN SOLUTIONS		UNIOE ONOO!	INSURER(S) AFFORDING COVERAGE NAIC						
	PO BOX 395 GIDDINGS TX 789	142		INISLIRE		. ,		39993		
INSU				INSURER A: COLONY INSURANCE COMPANY 399 INSURER B: LLOYDS OF LONDON 157						
								15580		
	GRB TOWING INC		1704	INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D:						
	623 FUSSELL RD		1701							
	LEESBURG		GA 31763	INSURER E:						
<u></u>		TIEICATE	NUMBER: COL15821	INSURE	RF:		REVISION NUMBER: 25-26	L		
				BEEN	ISSUED TO T					
IN CE	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		GAT-1000000-01				EACH OCCURRENCE \$ 1,	00.000.00		
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS		00/01/2020	00/01/2020	DAMACE TO DENTED	100,000.00		
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,				MED EXP (Any one person) \$	5,000.00		
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,				· · · · · · · · · · · · · · · · · · ·	000,000.00		
С	X CYBER LIAB - \$2MILLION		DRIVE-AWAY,CARGO,					000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:		ON-HOOK - EACH \$1MIL	LIMIT			· ·	000,000.00		
	X POLICY PRO- JECT LOC		EKI3537443 - CYBER					000,000.00		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	,		
	ANY AUTO						BODILY INJURY (Per person) \$			
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$			
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE			
	AUTOS						(Per accident) \$			
Α	UMBRELLA LIAB X OCCUR		GAT-1000000-01		00/01/2025	00/01/2026		00.000.00		
^	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATION		09/01/2023	09/01/2020	,	C. GEN AGG		
	DED RETENTION \$						\$	0.02.17.00		
	WORKERS COMPENSATION						WC STATU- OTH-			
	AND EMPLOYERS' LIABILITY  AND EMPLOYERS' LIABILITY  Y/N									
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE \$			
	If yes, describe under									
	DESCRIPTION OF OPERATIONS below  EMPLOYEE DISHONESTY&COMP CRIME		CAT 1000000 01		00/04/2025	00/04/2026	E.L. DISEASE - POLICY LIMIT   \$			
A A	GARAGEKEEPERS DIRECT PRIMARY		GAT-1000000-01 GAT-1000000-01				LIMIT: \$1,000,000.00 GKDP LIMIT: \$375,000.00			
В	GARAGEKEEPERS DIR PRIM EXC		B0507TR2518M002			l .	GKDP EXCESS: \$625,000.0	20		
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attach					CRDI EXCESS. \$025,000.0			
	G MEMBER SINCE 09/21/24- 30 DA	•	,	,	•	. ,	AYMENT OR CANCELLATIO	N BY		
	MBER REQUEST & ADDITIONAL IN									
CO	NTRACT. PRIMARY LIMITS PROV	IDE GL/	WRONGFUL REPO/E&0	S \$3MI	ÍL LIMIT WI	TH A \$5MIL	AGG IN LIEU OF SEPARAT	E EXCESS		
	BILITY POLICY									
LO	CATIONS: 623 FUSSELL RD. LEES	BURG,	GA 31763							
<u> </u>	TIFICATE HOLDED			0.4.11	NEL L A TION					
CEI	RTIFICATE HOLDER			CANC	CELLATION	N .				
							ESCRIBED POLICIES BE CANCEL			
	WESTLAKE FINANCIAL S	ERVICE	S				REOF, NOTICE WILL BE DE Y PROVISIONS.	FIVEKED IN		
	323-692-8976 // EBANUELO	_								
	REPOVENDORMANAGEMEN	_		AUTHOR	RIZED REPRESE	NTATIVE				
	4751 WILSHIRE BLVD, SU	JITE #10				T	d -			
	LOS ANGELES		CA 90010	L)ana Ocan						