



# CERTIFICATE OF LIABILITY INSURANCE

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.

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

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL20330 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER	CANCELLATION
A1 NATIONWIDE LLC 302-327-4302 / VENDORS@A1NATIONWIDE.COM PO BOX 1411  GREER SC 29652	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL20988 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

ACERTUS RECOVERY ("ACERTUS") JULIE.GODDARD@ACERTUSDELIVERS.COM 11090 WHITE ROCK RD. SUITE 175 RANCHO CORDOVA CA 95670	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL20353 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

CERTIFICATE HOLDER CANCELLATION

ALLIED FINANCE ADJUSTERS HOMEOFFICE@ALLIEDFINANCEADJUSTERS.COM PO BOX 3853 MIDLAND TX 79702	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL19731 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MED EXP (Any one person) \$ 5,000.00				
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C	<input checked="" type="checkbox"/> CYBER LIAB - \$2MILLION						GENERAL AGGREGATE \$ 5,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						REPO-TRANSIT/ DRIVEAWAY \$ 1,000,000.00
							COMBINED SINGLE LIMIT (Ea accident) \$
A	AUTOMOBILE LIABILITY			GAT-1000000-01 SEE DESC. OF OPERATIONS	09/01/2025	09/01/2026	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ANY AUTO		SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS		NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			GAT-1000000-01 SEE DESC. OF OPERATIONS	09/01/2025	09/01/2026	EACH OCCURRENCE \$ 2,000,000.00
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ INC. GEN AGG
	DED \$	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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LOCATIONS: 623 FUSSELL RD. LEESBURG, GA 31763

CERTIFICATE HOLDER CANCELLATION

ARA/AMERICAN RECOVERY ASSOCIATION CUSTOMER-SUPPORT@AMERICANRECOVERYASSN.ORG 1400 CORPORATE DRIVE STE 175 IRVING TX 75038	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL17487 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

BELL & WILLIAMS ASSOCIATES INC 603-965-2240 // DHASTIE@BELLANDWILLIAMS.COM PO BOX 238  WINDHAM NH 03087	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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.

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

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL18001 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

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

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# CERTIFICATE OF LIABILITY INSURANCE

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.

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

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL16943 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

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

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# CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL19548 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER	CANCELLATION
C&F FINANCE COMPANY ALWRIGHT@CFFINANCE.COM 5500 AUDUBON DRIVE  HENRICO VA 23231	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL15822 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
CAPITAL ONE SERVICES, LLC RPMTEAM@CAPITALONE.COM ATTN: CORPORATE INS 12073-0400 1500 CAPITAL ONE DR RICHMOND VA 23238	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

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).

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL21104 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

COLONY BANK SBSL DEPT SBA@COLONYBANK.COM 10115 CROWN RIDGE DR STE 103 COVINGTON GA 30014	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

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.

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

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL18775 REVISION NUMBER: 25-26Colony

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
CREDIT ACCEPTANCE CORP 844-487-3499 REPOCONTRACTORNETWORK@CREDITACCEPTANCE.COM 25505 WEST TWELVE MILE RD, STE #3000 SOUTHFIELD MI 48034	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL21395 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER	CANCELLATION
DEDICATED FINANCIAL GBC JCASTELLO@DEDICATEDGBC.COM 4000 LEXINGTON AVE N SUITE 125 SHOREVIEW MN 55126	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL20465 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER	CANCELLATION
DIVERSIFIED FLEET CONSULTANTS INC. DRS CONSULTING GROUP INC AND AFFILIATES RUDY@DIVFLEET.COM PO BOX 745 SMITHS STATION AL 36877	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

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.

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

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL18924 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

EXPRESS CAPITAL SERVICES VENDORS@EXPRESSCAPITALSERVICES.COM 14665 MIDWAY RD. STE 210 ADDISON TX 75001	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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.

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199/LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL19010 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

GEORGIA ASSOCIATION OF LICENSED REPOSSESSORS GALR MEMBERS@GALR.ORG PO BOX 1922 VILLA RICA GA 30180	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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.

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL20994 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER	CANCELLATION
GATEWAY FINANCIAL SOLUTIONS JENNAL@GATEWAYFINANCIAL.ORG PO BOX 3257  SAGINAW MI 48605	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL19271 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

HOPKINS MANAGEMENT GROUP LLC EMILY@HOPKINS-RENTALS.COM PO BOX 1115  UNION CITY TN 38260	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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.

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

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY NAIC # 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL19383 REVISION NUMBER: 25-26Colony


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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

LENDERS RECOVERY SOLUTIONS, LLC 203-483-6016 340 9TH ST. N (US 41) SUITE 290 NAPLES FL 34102	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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.

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199/LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL15820 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

LOCATION SERVICES LLC 916-235-5772/VENDORSERVICES@LOCATION-SERVICES.COM 9190 PRIORITY WEST WAY SUITE 300 INDIANAPOLIS IN 46240	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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.

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

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL18421 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

LOSS PREVENTION SERVICES (MS), LP 601-510-2970 // LPSVENDORS@LP-SERVICES.NET 321 FRANKLIN ST.  NATCHEZ MS 39120	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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).

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199/LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL19387 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER	CANCELLATION
MILLENNIUM CAPITAL AND RECOVERY CORP ADDITIONAL INSURED 330-342-4959 / VENDORMGMT@MCRC.BIZ 388 S MAIN ST., STE 320 AKRON OH 44311	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

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.

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

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL21138 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

PRIMERITUS FINANCIAL SERVICES INC. VENDOR.PERFORMANCE@PRIMERITUS.COM 100 CENTERVIEW DR. STE 325 NASHVILLE TN 37214	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL18276 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
PRO FOUND RECOVERY SOLUTIONS, INC & ITS CLIENTS 916-485-5577 / ADMIN@PROFOUNDERS.COM 11618 FAIR OAKS BLVD. STE 101 FAIR OAKS CA 95628	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

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08/18/2025

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL15819 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER	CANCELLATION
PROOF OF INSURANCE GRB TOWING INC 229-432-7221 623 FUSSELL RD LEESBURG GA 31701	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL19289 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

REDSHIFT INVESTIGATION INC REDSHIFTVM@REDSHIFTGO.COM 3941 PARK DRIVE #20-613 EL DORADO HILLS CA 95762	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL19487 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

RESOLUTION MANAGEMENT GROUP, LLC COI@RMGRECOVERY.COM 201 E. MAIN STREET STE 400 MURFREESBORO TN 37130	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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.

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

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL15823 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER	CANCELLATION
RISC LLC 813-423-6618 / RENEWAL@RISCUS.COM 6302 E. DR MARTIN LUTHER KING JR. BLVD SUITE #450 TAMPA FL 33619	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY NAIC # 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL15824 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

SECURE COLLATERAL MANAGEMENT LLC ITS PARENT COMPANY, OFFICERS, CLIENTS, VENDORMANAGEMENTTEAM@SECURECOLLATERAL.COM 9330 LYNDON B JOHNSON FWY, STE 700 DALLAS TX 75243	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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.

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

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL19569 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

SERVICING SOLUTIONS LLC VENDOR.MANAGEMENT@SERVICINGSOLUTIONS.COM 3660 REGENT BLVD STE 200 IRVING TX 75063	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL19825 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER	CANCELLATION
SOUTH BAY REMARKETING SERVICES INC VENDOR@SOUTHBAYREMARKETINGSERVICES.COM 13210 S NORMANDIE AVE GARDENA CA 90249	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

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.

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

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY NAIC # 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL20116 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER	CANCELLATION
STRIKE ACCEPTANCE, INC NGONZALEZ@STRIKEACCEPTANCE.COM 23272 MILL CREEK DRIVE STE 350 LAGUNA HILLS CA 92653	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

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).

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL20796 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

SUMMS SKIP AND COLLECTION SERVICES, INC DBA SUMMS SKIP COLLATERAL SOLUTIONS COMPLIANCE@SUMMS-SKIP.COM 2616 QUALITY COURT VIRGINIA BEACH VA 23454	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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.

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL21079 REVISION NUMBER: 25-26Colony

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

TMX FINANCE CORP SVCS, INC & ITS AFFILIATES 866-591-4638 / RECOVERY.VENDORS@TITLEMAX.COM 15 BULL ST SUITE #200 SAVANNAH GA 31401	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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).

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL20307 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

TRANSACTION SOLUTIONS, LLC DBA TRYNITY FINANCIAL SERVICES INSURANCE@TRYNITYFS.COM / KRISTEN@TRYNITYFS.COM 2241 FOOTHILL BLVD #741 GENOA NV 89411	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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.

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

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL16844 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

UNITED REC & REMARKETING LLC & ALL CONTROLLED SUBSIDIARIES 901-365-5880 // UAR-COMPLIANCE@UNITEDR2.COM 311 MOORE LN COLLIERVILLE TN 38017	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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.

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

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY NAIC # 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL19367 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

UNIVERSAL INVESTIGATION GROUP, INC. UIG, INC. SOLUTIONS@UIGPI.COM / ED.GALVAN@UIGPI.COM 130 E MONTECITO AVE., STE 130 SIERRA MADRE CA 91024	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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.

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

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL21011 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

US AUTO CREDIT JANE.MERCER@USAUTOCREDITCORP.COM PO BOX 57545 JACKSONVILLE FL 32241	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL20980 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

USAA FEDERAL SAVINGS BANK, USAA REDSHIFTVM@REDSHIFTGO.COM 9800 FREDERICKSBURG ROAD  SAN ANTONIO TX 78288	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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.

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

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL21279 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

VEROS CREDIT DMORALES2@VEROSCREDIT.COM 2333 N BROADWAY SUITE 400 SANTA ANA CA 92706	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL19135 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER	CANCELLATION
VICTORY RECOVERY SERVICES ASTEVEN@VRS-CORP.COM / VENDORMGMT@VRS-CORP.COM PO BOX 1025 BUFORD GA 30515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL20332 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
WAYFINDER BK LLC HAYLEY@WAYFINDERBK.COM PO BOX 64417 TUCSON AZ 85728	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

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).

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	GRB TOWING INC 1704 623 FUSSELL RD LEESBURG GA 31763	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COL15821 REVISION NUMBER: 25-26Colony

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

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

CERTIFICATE HOLDER CANCELLATION

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