



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/30/2024

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 <b>IG., INC./RSIG</b> <b>RECOVERY SPECIALIST INSURANCE GROUP</b> GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME <b>IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS</b>	
	PHONE (A/C, No, Ext): <b>703-365-0199//LH703.365.0362</b> FAX (A/C, No): <b>703-365-0636</b> E-MAIL ADDRESS: <b>CERTIFICATES@RSIG.COM</b>	
INSURED  <b>BAYOU RECOVERY SERVICE LLC</b> <b>1713</b> <b>5475 PARKVIEW CHURCH RD</b> <b>BATON ROUGE</b> <b>LA</b> <b>70816</b>	INSURER(S) AFFORDING COVERAGE <b>INSURER A: COLONY INSURANCE COMPANY</b>	NAIC # <b>39993</b>
	<b>INSURER B: LLOYDS OF LONDON</b>	<b>15792</b>
	<b>INSURER C: SCOTTSDALE INDEMNITY COMPANY</b>	<b>15580</b>
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**    **CERTIFICATE NUMBER: COL12979**    **REVISION NUMBER: 24-25Colony**

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>			<b>GAT-1000000-00</b> ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY, CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3537443 - CYBER	09/01/2024	09/01/2025	EACH OCCURRENCE \$ <b>1,000,000.00</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000.00</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ <b>5,000.00</b>
	<input checked="" type="checkbox"/> CYBLIAB \$2MIL POLICYAGG						PERSONAL & ADV INJURY \$ <b>1,000,000.00</b>
C	<input checked="" type="checkbox"/> <b>CYBER LIAB - \$100,000</b>						GENERAL AGGREGATE \$ <b>5,000,000.00</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ <b>3,000,000.00</b>
A	<b>AUTOMOBILE LIABILITY</b>			<b>MC8728243</b> COMP/COLL DED: \$2,500	01/01/2025	01/01/2026	REPO IN TRANSIT \$ <b>1,000,000.00</b>
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000.00</b>
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR			<b>GAT-1000000-00</b> SEE DESC. OF OPERATIONS	09/01/2024	09/01/2025	PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ <b>2,000,000.00</b>
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						AGGREGATE \$ <b>INC. GEN AGG</b>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY 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 checked="" type="checkbox"/> N/A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	EMPLOYEE DISHONESTY&COMP CRIME			<b>GAT-1000000-00</b>	09/01/2024	09/01/2025	LIMIT: \$1,000,000.00
A	GARAGEKEEPERS DIRECT PRIMARY			<b>GAT-1000000-00</b>	09/01/2024	09/01/2025	GKDP LIMIT: \$375,000.00
B	GARAGEKEEPERS DIR PRIM EXC			<b>B0507TR2418M001</b>	09/01/2024	09/01/2025	GKDP EXCESS: \$625,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
RSIG MEMBER SINCE: 01/01/2025 30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY MEMBER REQUEST & ADDITIONAL INSURED STATUS, APPLIES TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACT PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY STORAGE LOCATIONS: 4190 BOWDEN RD, GEISMAR, LA 70734 // LEASED LOCATION AT: 1621 SO AVE, MONROE, LA 71201 // LEASED SPACE AT: 5228 GREENWOOD RD., SHREVEPORT, LA 71109 // 900 BIRDSONG RD, LAFAYETTE, LA 70507 // ENCLSD LEASED STG AT 76 1ST STREET, GRETNA, LA 70053, 25936 LA 43, SPRINGFIELD, LA 70462 // SCHEDULED VEHICLES: 07 FORD #0965; 12 FORD #0163; 15 FORD #7067; 22 FORD #3981; 18 RAM #9177; 22 FORD #33442; 07 FORD #1453; 14 FORD #2487

<b>CERTIFICATE HOLDER</b>  ALLIED FINANCE ADJUSTERS CONFERENCE, INC 888-949-8520 HOMEOFFICE@ALLIEDFINANCEADJUSTERS.COM PO BOX 3853 MIDLAND TX 79702	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  