



CERTIFICATE OF LIABILITY INSURANCE

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

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

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

PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362</td> <td>FAX (A/C, No): 703-365-0636</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: CERTIFICATES@RSIG.COM</td> </tr> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: GUIDEONE INSURANCE COMPANY</td> <td>15032</td> </tr> <tr> <td>INSURER B: LLOYDS OF LONDON</td> <td>15792</td> </tr> <tr> <td>INSURER C: SCOTTSDALE INDEMNITY COMPANY</td> <td>15580</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	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		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: GUIDEONE INSURANCE COMPANY	15032	INSURER B: LLOYDS OF LONDON	15792	INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580	INSURER D:		INSURER E:		INSURER F:	
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INSURED BAYOU RECOVERY SERVICE LLC 1257 5475 PARKVIEW CHURCH RD BATON ROUGE LA 70816																					

COVERAGES CERTIFICATE NUMBER: G1-47690 REVISION NUMBER: 21-22GuideOne

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A C	GENERAL LIABILITY			570000001-03 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY, CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3392513- CYBER	09/01/2021	09/01/2022	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	
	<input checked="" type="checkbox"/>	CYBER LIAB - \$100,000					GENERAL AGGREGATE \$ 5,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$ 3,000,000.00
<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC	REPO IN TRANSIT \$ 1,000,000.00			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00	
A	AUTOMOBILE LIABILITY			570000275-01 COMP/COLL DED: \$1000	08/08/2021	08/08/2022	BODILY INJURY (Per person) \$	
	<input type="checkbox"/>	ANY AUTO	<input checked="" type="checkbox"/>				SCHEDULED AUTOS	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/>	ALL OWNED AUTOS	<input checked="" type="checkbox"/>				NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/>	HIRED AUTOS						
A	<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	570000001-03 SEE DESC. OF OPERATIONS	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 2,000,000.00
	<input checked="" type="checkbox"/>	EXCESS LIAB		CLAIMS-MADE				AGGREGATE \$ INC. GEN AGG
	<input type="checkbox"/>	DED		RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N <input 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			570000001-03	09/01/2021	09/01/2022	LIMIT: \$1,000,000.00	
A	GARAGEKEEPERS DIRECT PRIMARY			570000001-03	09/01/2021	09/01/2022	GKDP LIMIT: \$375,000.00	
B	GARAGEKEEPERS DIR PRIM EXC			B1136TR215943	09/01/2021	09/01/2022	GKDP EXCESS: \$625,000.00	

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

RSIG MEMBER SINCE: 12/22/04 - 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 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 // 8435 HWY 165, POLLOCK, LA 71467 // 3628 E NEPOLEON ST, SULPHUR, LA 70663

CERTIFICATE HOLDER ALLIED FINANCE ADJUSTERS CONFERENCE, INC 888-949-8520 HOMEOFFICE@ALLIEDFINANCEADJUSTERS.COM PO BOX 3853 MIDLAND TX 79702	CANCELLATION 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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