



# 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<br>RECOVERY SPECIALIST INSURANCE GROUP<br>GATE ELEVEN SOLUTIONS<br>PO BOX 395 GIDDINGS TX 78942 | CONTACT NAME<br>IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS<br>PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362<br>FAX (A/C, No): 703-365-0636<br>E-MAIL ADDRESS: CERTIFICATES@RSIG.COM  |
| INSURED  | RECOVERY NETWORK OF NEVADA INC 1714<br>284C E LAKE MEAD, #317<br>HENDERSON NV 89015                            | INSURER(S) AFFORDING COVERAGE<br>INSURER A: COLONY INSURANCE COMPANY 39993<br>INSURER B: LLOYDS OF LONDON 15792<br>INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580<br>INSURER D: ARGONAUT-MIDWEST INSURANCE COMPANY 19828<br>INSURER E:<br>INSURER F: |

COVERAGES CERTIFICATE NUMBER: COL20569 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><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> CYBLIAB \$2MIL POLICYAGG<br><input checked="" type="checkbox"/> CYBER LIAB - \$2MILLION<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          | GAT-1000000-01<br>ERRORS & OMISSIONS<br>WRONGFUL REPO,<br>REPOSSESSED AUTO,<br>DRIVE-AWAY,CARGO,<br>ON-HOOK - EACH \$1MIL LIMIT<br>EKI3537443 - CYBER | 09/01/2025              | 09/01/2026              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00<br>MED EXP (Any one person) \$ 5,000.00<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 5,000,000.00<br>PRODUCTS - COMP/OP AGG \$ 3,000,000.00<br>REPO-TRANSIT/ DRIVEAWAY \$ 1,000,000.00 |
| D        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS  |           |          | MC8729902<br>COMP/COLL DED: \$5,000   | 01/09/2025              | 01/09/2026              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |           |          | GAT-1000000-01<br>SEE DESC. OF OPERATIONS   | 09/01/2025              | 09/01/2026              | EACH OCCURRENCE \$ 2,000,000.00<br>AGGREGATE \$ INC. GEN AGG<br>\$<br>WC STATU- TORY LIMITS OTH- ER   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | N / A     |          |   |                         |                         | E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>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: 01/07/2025 30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY MEMBER REQUEST & ADDITIONAL INSURED CANCELLATION 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 LOCATION: 24 W MAYFLOWER AVE., N LAS VEGAS, NV 89030 / 151 W BROOKS AVE., N LAS VEGAS NV 89030 / 4600 E TAZARV ST., TUCSON AZ 85706.

SCHEDULED AUTO: 16 RAM #9555; 17 RAM #1747; 23 RAM #2632; 23 RAM #2634; 23 RAM #2631; 23 RAM #2633; 24 RAM #3801; 16 RAM #5422; 16 RAM #7841; 24 RAM #7979

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|---|---|
| CERTIFICATE HOLDER  | CANCELLATION  |
| ALLIED FINANCE ADJUSTERS CONFERENCE INC<br>HOMEOFFICE@ALLIEDFINANCEADJUSTERS.COM<br>PO BOX 3853<br>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.<br>AUTHORIZED REPRESENTATIVE<br> |

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