



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/07/2026

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).

<b>PRODUCER</b>  <b>IG., INC./RSIG</b> <b>RECOVERY SPECIALIST INSURANCE GROUP</b> 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																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>COLONY INSURANCE COMPANY</td> <td>39993</td> </tr> <tr> <td>INSURER B:</td> <td>LLOYDS OF LONDON</td> <td>15792</td> </tr> <tr> <td>INSURER C:</td> <td>SCOTTSDALE INDEMNITY COMPANY</td> <td>15580</td> </tr> <tr> <td>INSURER D:</td> <td>ARGONAUT-MIDWEST INSURANCE COMPANY</td> <td>19828</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	COLONY INSURANCE COMPANY	39993	INSURER B:	LLOYDS OF LONDON	15792	INSURER C:	SCOTTSDALE INDEMNITY COMPANY	15580	INSURER D:	ARGONAUT-MIDWEST INSURANCE COMPANY	19828	INSURER E:			INSURER F:	
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<b>INSURED</b>  RECOVERY NETWORK OF NEVADA INC 1714 284C E LAKE MEAD, #317 HENDERSON NV 89015																					

**COVERAGES**      **CERTIFICATE NUMBER: COL20569**      **REVISION NUMBER: 25-26ColonyR**

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	<input checked="" type="checkbox"/> 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			MG8805448 COMP/COLL DED: \$5,000	01/09/2026	01/09/2027	GENERAL AGGREGATE \$ 3,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						REPO-TRANSIT/ DRIVEAWAY \$ 1,000,000.00
D	<input type="checkbox"/> ANY AUTO			MG8805448 COMP/COLL DED: \$5,000	01/09/2026	01/09/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<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) \$
							PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	<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 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			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 STATUS & WAIVER OF SUB, APPLY TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACT. 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: 17 RAM #1747; 23 RAM #2632; 23 RAM #2634; 23 RAM #2631; 23 RAM #2633; 24 RAM #3801; 16 RAM #5422; 24 RAM #7979

<b>CERTIFICATE HOLDER</b>  ALLIED FINANCE ADJUSTERS CONFERENCE INC 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  
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