

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/30/2023

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).

Certificate	e noider in ned of such endorsement(s).					
PRODUCER		CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS				
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636			
RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942			É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM			
			INSURER(S) AFFORDING COVERAGE	NAIC#		
			INSURER A: GUIDEONE NATIONAL INSURANCE COMPANY	14167		
INSURED			INSURER B: LLOYDS OF LONDON	15792		
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	FSR SERVICES, INC.	1661	INSURER D: GUIDEONE INSURANCE COMPANY	15032		
	PO BOX 2091		INSURER E:			
	FT OGLETHORPE	GA 30742	INSURER F:			

COVERAGES CERTIFICATE NUMBER: G1-57330 REVISION NUMBER: 22-23GuideOne
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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL SUBFINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	GENERAL LIABILITY		570000002-00	09/01/2022	09/01/2023	EACH OCCURRENCE	\$ 1,000,000.00	
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00	
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,			MED EXP (Any one person)	\$ 5,000.00	
С	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY	\$ 1,000,000.00	
	X CYBER LIAB - \$100,000		DRIVE-AWAY,CARGO,			GENERAL AGGREGATE	\$ 5,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:		ON-HOOK - EACH \$1MIL LIMIT			PRODUCTS - COMP/OP AGG	\$ 3,000,000.00	
	X POLICY PRO- JECT LOC		EKI3442250- CYBER			REPO IN TRANSIT	\$ 1,000,000.00	
D	AUTOMOBILE LIABILITY		570000283-02	06/01/2023	06/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00	
	ANY AUTO		\$3,000 COMP/COLL DED			BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS					` ' '	\$	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR		570000002-00	09/01/2022	09/01/2023	EACH OCCURRENCE	\$ 2,000,000.00	
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIONS			AGGREGATE	\$ INC. GEN AGG	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000002-00	09/01/2022	09/01/2023	LIMIT: \$1,000,000.00		
Α	A GARAGEKEEPERS DIRECT PRIMARY		570000002-00	09/01/2022	09/01/2023	GKDP LIMIT: \$375,000.00		
В	GARAGEKEEPERS DIR PRIM EXC		B1136TR221716	09/01/2022	09/01/2023	GKDP EXCESS: \$625	5,000.00	

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

RSIG MEMBER SINCE 06/01/2021 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 LOCATION: 116 HERRON ST, FT OGLETHORPE, GA 30742

SCHEDULED AUTOS: 22 FORD #5819

CERTIFICATE HOLDER	CANCELLATION
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ALLIED FINANCE ADJUSTERS CONFERENCE, INC 888-949-8520

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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