

DATE (MM/DD/YYYY) 08/12/2019

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			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636
	RECOVERY SPECIALIST INSURA	ANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN TX 7	78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:	
	PO BOX 100287		INSURER E:	
	SAN ANTONIO	TX 78201	INSURER F:	
COVEDAG	EQ CEDTIFICATE	NUMBED: C4 25042	PEVISION NUMBER: 40.200	SuidoOno

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 SI	UBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY			57000001-01	09/01/2019	09/01/2020	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 100,000.00
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,			MED EXP (Any one person) \$ 5,000.00
	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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			EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY			570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO			COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
Α	UMBRELLA LIAB X OCCUR			57000001-01	09/01/2019	09/01/2020	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			57000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY			57000001-01	09/01/2019	09/01/2020	GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC			B1136P0406719	09/01/2019	09/01/2020	GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

1 800 LOAN MART 818-235-0137			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
15400 SHERMAN WAY			AUTHORIZED REPRESENTATIVE
SUITE #170			N 1
VAN NUYS	CA	91406	Wara Coan



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PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636
	RECOVERY SPECIALIST INSU	RANCE	GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN T	X 78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:	
	PO BOX 100287			INSURER E:	
Í	SAN ANTONIO	TX	78201	INSURER F:	
COVERAG	ES CERTIFICA	TE NUME	BER: G1-35016	REVISION NUMBER: 19-200	iuideOne

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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		570000001-01	,	09/01/2020	EACH OCCURRENCE \$ 1,000,000.00
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		ERRORS & OMISSIONS WRONGFUL REPO,			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
١.			570000233-00	06/15/2019	06/15/2020	(Ea accident) \$ 1,000,000.00
A	ANY AUTO ALL OWNED X SCHEDULED AUTOS		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	NON-OWNED					BODILY INJURY (Per accident) \$ PROPERTY DAMAGE
	X HIRED AUTOS X AUTOS					(Per accident) \$
_	UMBRELLA LIAB X OCCUR		570000001-01	00/04/2040	00/04/2020	EACH OCCURRENCE \$ 2,000,000.00
Α	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIONS	09/01/2019	09/01/2020	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 \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CERTIFICA	TE HOLDER		•	CANCELLATION
	A SMITH ENTERPRISES, LLC 972-861-5538 / JMCKELLUM@NATIONV	VIDESKI	PEXPERTS.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	9550 FOREST LANE			AUTHORIZED REPRESENTATIVE
	STE 300 DALLAS	TX	75243	Danadoan



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	(0)			T	
PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636
	RECOVERY SPECIALIST INSURANCE GROUP			E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN TX 78747			INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:	
	PO BOX 100287			INSURER E:	
	SAN ANTONIO	TX	78201	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: G1-35007

REVISION NUMBER: 19-20GuideOne

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INSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
Α	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	Υ	570000001-01 ERRORS & OMISSIONS		,	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
	CLAIMS-MADE X OCCUR X CYBLIAB \$2MIL POLICYAGG		WRONGFUL REPO, REPOSSESSED AUTO,			MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00
С	X CYBER LIAB - \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER:		DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL LIMIT			GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	X POLICY PRO- JECT LOC		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	ANY AUTO	Y	570000233-00 COMP/COLL DED \$1000	06/15/2019	06/15/2020	(Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$
	ALLOWNED X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS					BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		570000001-01 SEE DESC. OF OPERATIONS	09/01/2019	09/01/2020	EACH OCCURRENCE \$ 2,000,000.00
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIONS			AGGREGATE \$ INC. GEN AGG
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01	09/01/2019	09/01/2020	GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

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LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

CERTIFICATE HOLDER	CANCELLATION

A1 NATIONWIDE LLC
302-327-4302 / VENDORS@A1NATIONWIDE.COM
1201 N ORANGE STREET
SUITE 700 - #7037
WILMINGTON DE 19801

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

© 1988-2010 ACORD CORPORATION. All rights reserved.



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	RECOVERY SPECIALIST INSURA	ANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN TX 7	78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:	
	PO BOX 100287		INSURER E:	
	SAN ANTONIO	TX 78201	INSURER F:	
COVEDAG	EQ CEDTIFICATE	NUMBER, C4 25002	PEVISION NUMBER: 40.200	`uidoOno

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	GENERAL LIABILITY			570000001-01	,	09/01/2020	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 100,000.00
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,			MED EXP (Any one person) \$ 5,000.00
	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
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	GEN'L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL LIMIT			PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	X POLICY PRO- JECT LOC			EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY			570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO			COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
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							\$
Α	UMBRELLA LIAB X OCCUR			57000001-01	09/01/2019	09/01/2020	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 Y/N						WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME			57000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY			570000001-01			GKDP LIMIT: \$300,000.00
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CERTIFICATE HOLDER		•	CANCELLATION
ALLIED FINANCE ADJUSTERS 888-949-8520		,	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
HOMEOFFICE@ALLIEDFINAN	<u>CEADJUS</u>	TERS.COM	AUTHORIZED REPRESENTATIVE
PO BOX 3853 MIDLAND	TX	79702	Danadoan



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	RECOVERY SPECIALIST INSU	RANCE	GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #
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				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:	
	PO BOX 100287			INSURER E:	
	SAN ANTONIO	TX	78201	INSURER F:	
COVERAG	ES CERTIFICA	TE NUME	BER: G1-35009	REVISION NUMBER: 19-200	iuideOne

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INSR LTR	TYPE OF INSURANCE	ADDL SU	BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	570000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
C	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY	Υ	570000233-00	06/15/2019	06/15/2020	(Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		570000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

ALS RESOLVION 704-935-5702 // <u>COMPLIANCE@ALSRESOLVION.COM</u>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
10815 DAVID TAYLOR DRIVE	AUTHORIZED REPRESENTATIVE
STE 350 CHARLOTTE NC 28262	Danadour

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DATE (MM/DD/YYYY) 08/12/2019

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).

	1-7			CONTACT				
PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S			
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636				
	RECOVERY SPECIALIST INSUR	ANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM				
GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #					
2500 ONION CREEK PKWY, AUSTIN TX 78747				INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032			
INSURED				INSURER B: LLOYDS OF LONDON	15792			
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580			
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:				
	PO BOX 100287			INSURER E:				
	SAN ANTONIO	TX	78201	INSURER F:				

COVERAGES

CERTIFICATE NUMBER: G1-35010

REVISION NUMBER: 19-20GuideOne

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 SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	570000001-01		09/01/2020	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		ERRORS & OMISSIONS WRONGFUL REPO,			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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 EKI3302364 - CYBER			PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	X POLICY PRO- JECT LOC			00/45/0040	00/45/0000	REPO IN TRANSIT \$ 1,000,000.00
A	ANY AUTO	Y	570000233-00 COMP/COLL DED \$1000	06/15/2019	06/15/2020	(Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS		COMITYCOLL BLB W1000			BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR Y EXCESS LIAB CLAIMS MADE		570000001-01 SEE DESC. OF OPERATIONS	09/01/2019	09/01/2020	EACH OCCURRENCE \$ 2,000,000.00
	X CEAIWS-WADE		SEE DESC. OF OF ERATIONS			AGGREGATE
	DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If ves. describe under					E.L. DISEASE - EA EMPLOYEE \$
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		57000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

CERTIFICATE HOLDER	CANCELLATIO

AMERICAN CREDIT ACCEPTANCE 866-238-9017 961 EAST MAIN STREET 2ND FLOOR SPARTANBURG SC THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

29302



DATE (MM/DD/YYYY) 08/12/2019

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				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S			
	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			GROUP	ADDRESS: CERTIFICATES@RSIG.COM				
GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #					
2500 ONION CREEK PKWY, AUSTIN TX 78747				INSURER A: GUIDEONE MUTUAL INSURANCE CO 1				
INSURED				INSURER B: LLOYDS OF LONDON	15792			
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580			
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:				
	PO BOX 100287			INSURER E:				
	SAN ANTONIO	TX	78201	INSURER F:				

COVERAGES

CERTIFICATE NUMBER: G1-35035

REVISION NUMBER: 19-20GuideOne

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 SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
Α	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		570000001-01 ERRORS & OMISSIONS		,	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
	CLAIMS-MADE X OCCUR X CYBLIAB \$2MIL POLICYAGG		WRONGFUL REPO, REPOSSESSED AUTO,			MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00
С	CYBER LIAB - \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER:		DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3302364 - CYBER			GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 PEDOUN TRANSPIRED \$ 4,000,000.00
A	X POLICY PRO- AUTOMOBILE LIABILITY ANY AUTO		570000233-00 COMP/COLL DED \$1000	06/15/2019	06/15/2020	REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$
	ALLOWNED X SCHEDULED AUTOS X NON-OWNED AUTOS		CONTROLL DED \$1000			BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
Α	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE		570000001-01 SEE DESC. OF OPERATIONS	09/01/2019	09/01/2020	\$ EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG
	DED RETENTION \$ WORKERS COMPENSATION					WC STATU- OTH-
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01			LIMIT: \$1,000,000.00
A B	GARAGEKEEPERS DIRECT PRIMARY GARAGEKEEPERS DIR PRIM EXC		570000001-01 B1136P0406719			GKDP LIMIT: \$300,000.00 GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

<u> </u>	***************************************
AMERICAN RECOVERY ASSOCIATION 972-870-5755 / TODD@AMERICANRECOVERYASSN.ORG	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1400 CORPORATE DRIVE	AUTHORIZED REPRESENTATIVE
STE 175 IRVING TX 75038	Dandon

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DATE (MM/DD/YYYY) 08/12/2019

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).

	7-7			CONTACT	_		
PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S		
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636			
	RECOVERY SPECIALIST INSUR	ANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM			
GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #				
2500 ONION CREEK PKWY, AUSTIN TX 78747				INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032		
INSURED				INSURER B: LLOYDS OF LONDON	15792		
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:			
	PO BOX 100287			INSURER E:			
	SAN ANTONIO	TX	78201	INSURER F:			

COVERAGES

CERTIFICATE NUMBER: G1-35018

REVISION NUMBER: 19-20GuideOne

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 SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	570000001-01		09/01/2020	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		ERRORS & OMISSIONS WRONGFUL REPO,			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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 EKI3302364 - CYBER			PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	X POLICY PRO- JECT LOC			00/45/0040	00/45/0000	REPO IN TRANSIT \$ 1,000,000.00
A	ANY AUTO	Y	570000233-00 COMP/COLL DED \$1000	06/15/2019	06/15/2020	(Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS		COMITYCOLL BLB W1000			BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR Y EXCESS LIAB CLAIMS MADE		570000001-01 SEE DESC. OF OPERATIONS	09/01/2019	09/01/2020	EACH OCCURRENCE \$ 2,000,000.00
	X CEAIWS-WADE		SEE DESC. OF OF ERATIONS			AGGREGATE
	DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If ves. describe under					E.L. DISEASE - EA EMPLOYEE \$
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		57000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

CERTIFICATE HOLDER	CANCELLATIO
--------------------	-------------

AUTO FINANCE - A DIVISION OF AMERICAN CREDIT ACCEPTANCE 855-854-5664 5486 OLD DIXIE HWY FOREST PARK GA

AUTHORIZED REPRESENTATIVE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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30297



DATE (MM/DD/YYYY) 08/12/2019

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).

22:31:00:0						
PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC		
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636	
	RECOVERY SPECIALIST INSURANCE GROUP		E-MÂIL ADDRESS: CERTIFICATES@RSIG.COM			
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #	
	2500 ONION CREEK PKWY, AUSTIN TX	78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032	
INSURED				INSURER B: LLOYDS OF LONDON	15792	
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580	
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:		
	PO BOX 100287			INSURER E:		
	SAN ANTONIO	TX	78201	INSURER F:		
	05051510.455					

COVERAGES

CERTIFICATE NUMBER: G1-35030

REVISION NUMBER: 19-20GuideOne

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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		57000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		57000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01		l l	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01		l l	GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

BELL & WILLIAMS ASSOCIATES IN 603-685-4069 // 603-965-2240	С		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
7 WALL ST			AUTHORIZED REPRESENTATIVE
STE 101B			N. 2-
WINDHAM	NH	03087	L MALLOCAL

© 1988-2010 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 08/12/2019

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			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636
	RECOVERY SPECIALIST INSURA	ANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN TX 7	8747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:	
	PO BOX 100287		INSURER E:	
	SAN ANTONIO	TX 78201	INSURER F:	
COVEDAC	CEDTIEICATE	NUMBER: C4 25026	DEVISION NUMBER: 10 200	luidaOna

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 S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY			570000001-01	,	09/01/2020	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 100,000.00
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,			MED EXP (Any one person) \$ 5,000.00
	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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			EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY			570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO			COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
Α	UMBRELLA LIAB X OCCUR			57000001-01	09/01/2019	09/01/2020	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 Y/N						WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME			57000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY			570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC			B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CERTIFICA	TE HOLDER		•	CANCELLATION		
	BIG TIME RECOVERY 770-345-4825 <u>KPETERS@BIGTIM</u>	ERECO	OVERY.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
	9282 KNOX BRIDGE HWY			AUTHORIZED REPRESENTATIVE		
	CANTON	GA	30114	Danadoan		



DATE (MM/DD/YYYY) 08/12/2019

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			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	65-0636
	RECOVERY SPECIALIST INSURA	ANCE GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN TX 7	78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:	
	PO BOX 100287		INSURER E:	
	SAN ANTONIO	TX 78201	INSURER F:	
COVEDAG	EQ CEDITION ATE	NUMBED: C4 25047	DEVISION NUMBER: 40 200	luidaOna

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	GENERAL LIABILITY		57000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY	\$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT	\$ 1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	UMBRELLA LIAB X OCCUR		57000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00	
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,00	
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719	09/01/2019	09/01/2020	GKDP EXCESS: \$700	0.000,000

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

OEKTI TOXTE HOLDEK	07111011
BOHALL & ASSOCIATES 916-241-9663 / <u>COLLEEN@BOHALL.BIZ</u>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO BOX 3153	AUTHORIZED REPRESENTATIVE
ORANGEVALE CA 95662	Danadour



DATE (MM/DD/YYYY) 08/12/2019

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			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S			
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636			
	RECOVERY SPECIALIST INSUR	ANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM				
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #			
	2500 ONION CREEK PKWY, AUSTIN TX	78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032			
INSURED			INSURER B: LLOYDS OF LONDON	15792			
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580			
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:				
	PO BOX 100287		INSURER E:				
	SAN ANTONIO	TX 78201	INSURER F:				
COVERAG	ES CERTIFICAT	E NUMBER: G1-35006	REVISION NUMBER: 19-200	iuideOne			

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 SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	57000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY	Υ	570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		57000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719	09/01/2019	09/01/2020	GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CERTIFICATE HOLDER			CANCELLATION		
BURNS NATIONAL LLC 616-662-8140 /AGENTRELATIONS@BU	URNSNA	TIONALLLC.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
5132 37TH AVENUE			AUTHORIZED REPRESENTATIVE		
HUDSONVILLE	MI	49426	Danadoan		



DATE (MM/DD/YYYY) 08/12/2019

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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			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636
	RECOVERY SPECIALIST INSURA	ANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN TX 7	8747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:	
	PO BOX 100287		INSURER E:	
	SAN ANTONIO	TX 78201	INSURER F:	
COVEDAC	CEDTIEICATE	NUMBER: C4 25020	DEVISION NUMBER: 10 200	luidaOna

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		57000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		57000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01		l l	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01		l l	GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

CERTIFICATE HOLDER	CANCELLATION
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BUTLER MEDIATION GROUP, INC 469-703-8192 / <u>ASHLEY@BMGEMAIL.COM</u> 3960 BROADWAY BLVD STE 105 GARLAND TX 75043 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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DATE (MM/DD/YYYY) 08/12/2019

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			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636
	RECOVERY SPECIALIST INSURA	ANCE GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN TX 7	78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:	
	PO BOX 100287		INSURER E:	
	SAN ANTONIO	TX 78201	INSURER F:	
COVEDAG	EQ CEDTIFICATE	NUMBED: C4 24004	DEVISION NUMBER: 40 200	SuidaOna

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 SUBFINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY		570000001-01	09/01/2019	09/01/2020	EACH OCCURRENCE S	1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED	100,000.00
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,			MED EXP (Any one person)	5,000.00
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY	1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT	1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			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		570000001-01	09/01/2019	09/01/2020	EACH OCCURRENCE 5	\$ 2,000,000.00
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIONS			AGGREGATE S	INC. GEN AGG
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	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 S	\$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00	
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000	
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719	09/01/2019	09/01/2020	GKDP EXCESS: \$700,	000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CERTIFICATE HOLDER			CANCELLATION
CARMAX AUTO FINANCE			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO BOX 440338			AUTHORIZED REPRESENTATIVE
KENNESAW	GA	30144	Danadoan



DATE (MM/DD/YYYY) 08/12/2019

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PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636
	RECOVERY SPECIALIST INSU	RANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN T.	X 78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:	
	PO BOX 100287			INSURER E:	
	SAN ANTONIO	TX	78201	INSURER F:	
COVERAG	ES CERTIFICA	TE NUME	BER: G1-34997	REVISION NUMBER: 19-200	uideOne

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 SUB INSR WVI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	570000001-01	1	09/01/2020	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 100,000.00
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,			MED EXP (Any one person) \$ 5,000.00
_	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY	Υ	570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		570000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CERTIFICATE HOLDER			CANCELLATION
CHRYSLER FINANCIAL 248-427-2606			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2050 ROANOKE RD			AUTHORIZED REPRESENTATIVE
WESTLAKE	TX	76262	Danadoan



DATE (MM/DD/YYYY) 08/12/2019

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PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636
	RECOVERY SPECIALIST INSUI	RANCE (GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN TX	78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:	
	PO BOX 100287			INSURER E:	
	SAN ANTONIO	TX	78201	INSURER F:	
COVERAG	ES CERTIFICAT	E NUMB	ER: G1-35037	REVISION NUMBER: 19-200	iuideOne

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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		57000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		57000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

OERTH TOXTE HOLDER	071110222711011
COLLATERAL SOLUTIONS INC 916-967-6606 / MARKITTA@COLLATERALSOLUTIONS.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
8139 SUNSET AVENUE	AUTHORIZED REPRESENTATIVE
SUITE #126 FAIR OAKS CA 95628	Dandon

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PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S			
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636			
	RECOVERY SPECIALIST INSU	RANCE	GROUP	ADDRESS: CERTIFICATES@RSIG.COM				
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #			
	2500 ONION CREEK PKWY, AUSTIN T	X 78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032			
INSURED				INSURER B: LLOYDS OF LONDON	15792			
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580			
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:				
	PO BOX 100287			INSURER E:				
	SAN ANTONIO	TX	78201	INSURER F:				
COVERAG	ES CERTIFICA	TE NUME	BER: G1-35003	REVISION NUMBER: 19-200	iuideOne			

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INSR LTR	TYPE OF INSURANCE	ADDL SU	BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	570000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
C	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY	Υ	570000233-00	06/15/2019	06/15/2020	(Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		570000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CERTIFICATE HOLDER			CANCELLATION
CONSOLIDATED ASSET RECO 919-573-0321 // <u>INSURANCE@EZ-F</u>			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
4800 SIX FORKS RD			AUTHORIZED REPRESENTATIVE
STE 350 RALEIGH	NC	27609	Dandon



DATE (MM/DD/YYYY) 08/12/2019

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PRODUCER			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636
	RECOVERY SPECIALIST INSURA	ANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN TX 7	8747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:	
	PO BOX 100287		INSURER E:	
	SAN ANTONIO	TX 78201	INSURER F:	
COVEDAC	CEDTIEICATE	NUMBER: C4 25042	DEVISION NUMBER: 10 200	luidaOna

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 SUBFINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY		570000001-01	09/01/2019	09/01/2020	EACH OCCURRENCE S	1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED	100,000.00
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,			MED EXP (Any one person)	5,000.00
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY	1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT	1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			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		570000001-01	09/01/2019	09/01/2020	EACH OCCURRENCE 5	\$ 2,000,000.00
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIONS			AGGREGATE S	INC. GEN AGG
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	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 S	\$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00	
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000	
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719	09/01/2019	09/01/2020	GKDP EXCESS: \$700,	000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

DEL MAR RECOVERY SOLUTIONS 760-603-9080 / VENDORMANAGEMENT@DELMARRECOVERY.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
---	--

CANCELLATION

AUTHORIZED REPRESENTATIVE

SUITE 100 CARLSBAD CA 92008

1935 CAMINO VIDA ROBLE

Canacton



DATE (MM/DD/YYYY) 08/12/2019

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				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636
	RECOVERY SPECIALIST INSU	RANCE 6	ROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN T	X 78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:	
	PO BOX 100287			INSURER E:	
	SAN ANTONIO	TX	78201	INSURER F:	
COVERAG	ES CERTIFICA	TE NUMBI	ER: G1-35008	REVISION NUMBER: 19-200	uideOne

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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		570000001-01	,	09/01/2020	EACH OCCURRENCE \$ 1,000,000.00
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		ERRORS & OMISSIONS WRONGFUL REPO,			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
١.			570000233-00	06/15/2019	06/15/2020	(Ea accident) \$ 1,000,000.00
A	ANY AUTO ALL OWNED X SCHEDULED AUTOS		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	NON-OWNED					BODILY INJURY (Per accident) \$ PROPERTY DAMAGE
	X HIRED AUTOS X AUTOS					(Per accident) \$
_	UMBRELLA LIAB X OCCUR		570000001-01	00/04/2040	00/04/2020	EACH OCCURRENCE \$ 2,000,000.00
Α	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIONS	09/01/2019	09/01/2020	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 \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

OEKTII IOKTE IIOEDEK	0/110EEE/1110H
FLAGSHIP CREDIT ACCEPTANCE, LLC 484-845-3136	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
3 CHRISTY DR	AUTHORIZED REPRESENTATIVE
SUITE #201 CHADDS FORD PA 19317	Danadour

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DATE (MM/DD/YYYY) 08/12/2019

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					CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S
	IG., INC./RSIG				PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	5-0636
	RECOVERY SPECIA	LIST INSURA	ANCE (GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTION	NS			INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKW	YY, AUSTIN TX 7	8747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED					INSURER B: LLOYDS OF LONDON	15792
					INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECC	OVERY, INC		1112	INSURER D:	
	PO BOX 100287				INSURER E:	
	SAN ANTONIO		TX	78201	INSURER F:	
COVERAG	ES	CERTIFICATE	NUMB	ER: G1-34986	REVISION NUMBER: 19-20G	uideOne

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 SU	BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	570000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
C	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY	Υ	570000233-00	06/15/2019	06/15/2020	(Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		570000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

CERTIFICATE HOLDER	CANCELLATION

FORD MOTOR CREDIT COMPANY 877-729-3673 / WEBREPO@FORD.COM ATTN: COE GROUP / REPO PROCESS PO BOX 64400

COLORADO SPRINGS CO 80962-4400

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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DATE (MM/DD/YYYY) 08/12/2019

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PRODUCER			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVO	
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-3	65-0636
	RECOVERY SPECIALIST INSU	RANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN T.	X 78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:	
	PO BOX 100287		INSURER E:	
	SAN ANTONIO	TX 78201	INSURER F:	
COVERAG	ES CERTIFICA	TE NUMBER: G1-35032	REVISION NUMBER: 19-200	GuideOne

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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		57000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		57000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

OEKTII IOATE HOEBEK	OANOLLLATION
	SHOULD ANY OF

FRIENDLY FINANCE CORPORATION C/O RISC 800-872-1635 6340 SECURITY BLVD SUITE #200 BALTIMORE MD 21207

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

CANCELLATION

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DATE (MM/DD/YYYY) 08/12/2019

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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				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S			
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636			
	RECOVERY SPECIALIST INSU	RANCE G	ROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM				
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #			
	2500 ONION CREEK PKWY, AUSTIN T	X 78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032			
INSURED				INSURER B: LLOYDS OF LONDON	15792			
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580			
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:				
	PO BOX 100287			INSURER E:				
	SAN ANTONIO	TX	78201	INSURER F:				
COVERAG	ES CERTIFICA	TE NUMBE	ER: G1-35033	REVISION NUMBER: 19-200	uideOne			

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 SUBFINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY		570000001-01	09/01/2019	09/01/2020	EACH OCCURRENCE S	1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED	100,000.00
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,			MED EXP (Any one person)	5,000.00
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY	1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT	1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			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		570000001-01	09/01/2019	09/01/2020	EACH OCCURRENCE 5	\$ 2,000,000.00
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIONS			AGGREGATE S	INC. GEN AGG
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	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 S	\$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00	
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000	
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719	09/01/2019	09/01/2020	GKDP EXCESS: \$700,	000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

OLIVINIONIE NOEDLIV			0711102222711011		
GATEWAY FINANCIAL SOLUTION 989-791-3770 // <u>KCONNELL@GATEW</u>		NCIAL.ORG	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
PO BOX 3257			AUTHORIZED REPRESENTATIVE		
SAGINAW	MI	48605	Danadour		

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DATE (MM/DD/YYYY) 08/12/2019

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				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S			
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	65-0636			
	RECOVERY SPECIALIST INSU	RANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM				
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #			
	2500 ONION CREEK PKWY, AUSTIN T	X 78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032			
INSURED				INSURER B: LLOYDS OF LONDON	15792			
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580			
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:				
	PO BOX 100287			INSURER E:				
	SAN ANTONIO	TX	78201	INSURER F:				
COVERAG	ES CERTIFICA	TE NUM	BER: G1-34987	REVISION NUMBER: 19-200	GuideΩne			

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 SUBFINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY		570000001-01	09/01/2019	09/01/2020	EACH OCCURRENCE S	1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED	100,000.00
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,			MED EXP (Any one person)	5,000.00
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY	1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT	1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			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		570000001-01	09/01/2019	09/01/2020	EACH OCCURRENCE 5	\$ 2,000,000.00
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIONS			AGGREGATE S	INC. GEN AGG
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	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 S	\$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00	
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000	
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719	09/01/2019	09/01/2020	GKDP EXCESS: \$700,	000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

OERTH IOATE HOLDER			CANCELLATION		
GLOBAL INVESTIGATIVE SER' 972-771-6166 / FRONTDESK@GIS-I		TIONS.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
1203 SIGMA CT			AUTHORIZED REPRESENTATIVE		
ROCKWALL	TX	75087	Dandon		



DATE (MM/DD/YYYY) 08/12/2019

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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				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S		
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636		
	RECOVERY SPECIALIST INSURANCE GROUP		E-MAIL ADDRESS: CERTIFICATES@RSIG.COM				
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #		
	2500 ONION CREEK PKWY, AUSTIN	TX 78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032		
INSURED				INSURER B: LLOYDS OF LONDON	15792		
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	SAN ANTONIO RECOVERY, IN	3	1112	INSURER D:			
	PO BOX 100287			INSURER E:			
	SAN ANTONIO	TX	78201	INSURER F:			
COVERAG	ES CERTIFIC	ATE NUM	IBER: G1-35004	REVISION NUMBER: 19-200	iuideOne		

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 SU	BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	570000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
C	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY	Υ	570000233-00	06/15/2019	06/15/2020	(Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		570000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

OEKTII IOKTE IIOEDEK	0/110222/111011
GM FINANCIAL 877-385-3068 / <u>VENDORRELATIONS@GMFINANICAL.COM</u>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
801 CHERRY STREET	AUTHORIZED REPRESENTATIVE
SUITE #3900 FT WORTH TX 76102	Dandon

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DATE (MM/DD/YYYY) 08/12/2019

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PRODUCER			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636
	RECOVERY SPECIALIST INSUR	ANCE GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN TX	78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:	
	PO BOX 100287		INSURER E:	
	SAN ANTONIO	TX 78201	INSURER F:	
COVERAG	ES CERTIFICAT	E NUMBER: G1-35031	REVISION NUMBER: 19-200	iuideOne

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 SUBI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		57000001-01	1	09/01/2020	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 100,000.00
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,			MED EXP (Any one person) \$ 5,000.00
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		570000001-01	09/01/2019	09/01/2020	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)	N, A				E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01	09/01/2019	09/01/2020	GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719	09/01/2019	09/01/2020	GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

<u> </u>			07111011
INNOVATE LOAN SERVICIN 817-886-3621 / <u>CHRISTOPHER.S</u>	~	/ATEAUTO.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
4704 MERCANTILE DR			AUTHORIZED REPRESENTATIVE
FORT WORTH	TX	76137	Dandon

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DATE (MM/DD/YYYY) 08/12/2019

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PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	55-0636
	RECOVERY SPECIALIST INSUR	ANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN TX	78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:	
	PO BOX 100287			INSURER E:	
	SAN ANTONIO	TX	78201	INSURER F:	
COVERAG	ES CERTIFICATE	NUMP	RFR: G1-3/100/	REVISION NUMBER: 10-200	SuideOne

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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		57000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		57000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

OZIKI II IOKI Z II OZDZIK			0/110222/11011		
JOHNSTON PARKER & ASSO 972-203-5649 / <u>AGENTDOCS@</u>		.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
PO BOX 497377			AUTHORIZED REPRESENTATIVE		
GARLAND	TX	75049	Dandon		

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DATE (MM/DD/YYYY) 08/12/2019

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			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636
	RECOVERY SPECIALIST INSURA	ANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN TX 7	8747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:	
	PO BOX 100287		INSURER E:	
	SAN ANTONIO	TX 78201	INSURER F:	
COVEDAC	CEDTIEICATE	NUMBER: C4 25040	DEVISION NUMBER: 10 200	luidaOna

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 S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY			570000001-01	,	09/01/2020	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 100,000.00
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,			MED EXP (Any one person) \$ 5,000.00
	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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			EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY			570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO			COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
Α	UMBRELLA LIAB X OCCUR			57000001-01	09/01/2019	09/01/2020	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 Y/N						WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME			57000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY			570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC			B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

OEKTII IOATE HOEBEK			CANCELLATION
KINGS KARS, INC 513-797-8903			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
3329 STATE RT 222			AUTHORIZED REPRESENTATIVE
BATAVIA	ОН	45103	Danadour



DATE (MM/DD/YYYY) 08/12/2019

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PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636
	RECOVERY SPECIALIST INSU	RANCE	GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN T	X 78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:	
	PO BOX 100287			INSURER E:	
	SAN ANTONIO	TX	78201	INSURER F:	
COVERAG	ES CERTIFICA	TE NUMI	BER: G1-35015	REVISION NUMBER: 19-200	iuideOne

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 SU	BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	570000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
C	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY	Υ	570000233-00	06/15/2019	06/15/2020	(Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		570000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CERTIFICATE HOLDER		•	CANCELLATION		
LOCATION SERVICES 916-235-5772/ <u>VENDORSERVICES@LC</u>	OCATION-SEF	RVICES.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
3923 RANCHERO DRIVE			AUTHORIZED REPRESENTATIVE		
ANN ARBOR	MI	48108	Danadoan		



DATE (MM/DD/YYYY) 08/12/2019

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PRODUCER					CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S
	IG., INC./RSIG				PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	5-0636
	RECOVERY SPECIAL	LIST INSUR	ANCE (GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTION	NS			INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKW	Y, AUSTIN TX 7	8747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED					INSURER B: LLOYDS OF LONDON	15792
					INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECO	VERY, INC		1112	INSURER D:	
	PO BOX 100287				INSURER E:	
	SAN ANTONIO		TX	78201	INSURER F:	
COVERAG	ES	CERTIFICATE	NUMB	ER: G1-35011	REVISION NUMBER: 19-20G	uideOne

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF 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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		57000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		57000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

CERTIFICATE HOLDER	CANCELLATIO

LOSS PREVENTION SERVICES, LLC
601-510-2970 // LPSVENDORS@LP-SERVICES.NET
2976 IVANREST AVENUE SW
SUITE #125
GRANDVILLE MI 49418

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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DATE (MM/DD/YYYY) 08/12/2019

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PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636
	RECOVERY SPECIALIST INSUI	RANCE GROU	Р	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN TX	78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC	111:	2	INSURER D:	
	PO BOX 100287			INSURER E:	
	SAN ANTONIO	TX 7820	1	INSURER F:	
COVERAG	ES CERTIFICAT	E NUMBER: G	1-35022	REVISION NUMBER: 19-200	iuideOne

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 S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY			570000001-01	,	09/01/2020	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 100,000.00
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,			MED EXP (Any one person) \$ 5,000.00
	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
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	GEN'L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL LIMIT			PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	X POLICY PRO- JECT LOC			EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY			570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO			COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
Α	UMBRELLA LIAB X OCCUR			57000001-01	09/01/2019	09/01/2020	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 Y/N						WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME			57000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY			570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC			B1136P0406719			GKDP EXCESS: \$700,000.00

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LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CERTIFICATE HOLDER		•	CANCELLATION
MARKONE FINANCIAL, LLC 904-899-7387			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
6410 SOUTHPOINT PKWY			AUTHORIZED REPRESENTATIVE
SUITE 300 JACKSONVILLE	FL	32216	Dandon



DATE (MM/DD/YYYY) 08/12/2019

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PRODUCER			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636
	RECOVERY SPECIALIST INSURA	ANCE GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN TX 7	' 8747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:	
	PO BOX 100287		INSURER E:	
	SAN ANTONIO	TX 78201	INSURER F:	
COVEDAG	EQ CEDTIFICATE	NUMBED: C4 SEASE	DEVISION NUMBER: 10 200	SuidoOno

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 S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY			570000001-01	,	09/01/2020	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 100,000.00
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,			MED EXP (Any one person) \$ 5,000.00
	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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			EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY			570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO			COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
Α	UMBRELLA LIAB X OCCUR			57000001-01	09/01/2019	09/01/2020	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 Y/N						WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME			57000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY			570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC			B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

OEKTII IOATE HOEBEK			CANCELLATION
MBFS USA, LLC 877-491-2136			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
13650 HERITAGE PARKWAY			AUTHORIZED REPRESENTATIVE
FORT WORTH	TX	76177	Danadour



DATE (MM/DD/YYYY) 08/12/2019

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				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636
	RECOVERY SPECIALIST INSU	IRANCE	GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN 1	X 78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC	;	1112	INSURER D:	
	PO BOX 100287			INSURER E:	
	SAN ANTONIO	TX	78201	INSURER F:	
COVERAG	ES CERTIFICA	TE NUM	BER: G1-34996	REVISION NUMBER: 19-200	iuideOne

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 SUB INSR WVI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	570000001-01	1	09/01/2020	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 100,000.00
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,			MED EXP (Any one person) \$ 5,000.00
_	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY	Υ	570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		570000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

GERTH IGATE HOEDER			CANCELLATION		
MERCEDES BENZ FIN SVCS/ MB 817-224-4064	FS US	A LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
PO BOX 685			AUTHORIZED REPRESENTATIVE		
ROANOKE	TX	76262	Danadour		



DATE (MM/DD/YYYY) 08/12/2019

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			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S			
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636			
	RECOVERY SPECIALIST INSURANCE GROUP		é-MAIL ADDRESS: CERTIFICATES@RSIG.COM				
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #			
	2500 ONION CREEK PKWY, AUSTIN TX 7	78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032			
INSURED			INSURER B: LLOYDS OF LONDON	15792			
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580			
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:				
	PO BOX 100287		INSURER E:				
	SAN ANTONIO	TX 78201	INSURER F:				
COVEDAG	CEDTIFICATE	NUMBER. O4 OFOOO	DEVICION NUMBER: 40.000				

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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		57000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		57000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

FL

33762

CERTIFICATE HOLDER	CANCELLATIO
CERTIFICATE HOLDER	CANCELLATIC

MID ATLANTIC FINANCE CO INC 727-324-1453 4592 ULMERTON ROAD SUITE #200 CLEARWATER THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

AUTHORIZED REPRESENTATIVE

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DATE (MM/DD/YYYY) 08/12/2019

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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					CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S
	IG., INC./RSIG				PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	5-0636
	RECOVERY SPECIA	LIST INSURA	ANCE (GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTION	NS			INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKW	YY, AUSTIN TX 7	8747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED					INSURER B: LLOYDS OF LONDON	15792
					INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECC	OVERY, INC		1112	INSURER D:	
	PO BOX 100287				INSURER E:	
	SAN ANTONIO		TX	78201	INSURER F:	
COVERAG	ES	CERTIFICATE	NUMB	ER: G1-34988	REVISION NUMBER: 19-20G	uideOne

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 SU	BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	570000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
C	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY	Υ	570000233-00	06/15/2019	06/15/2020	(Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		570000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

CERTIFICATE HOLDER	CANCELLATIO

MILLENNIUM CAPITAL AND RECOVERY CORP ADDITIONAL INSURED 330-342-4959 / <u>VENDORMGMT@MCRC.BIZ</u> 95 EXECUTIVE PKWY HUDSON OH 44236

AUTHORIZED REPRESENTATIVE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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ACORD 25 (2010/05)



DATE (MM/DD/YYYY) 08/12/2019

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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				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	55-0636
	RECOVERY SPECIALIST INSUR	ANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN TX	78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:	
	PO BOX 100287			INSURER E:	
	SAN ANTONIO	TX	78201	INSURER F:	
COVERAG	ES CERTIFICATE	NUMP	RFR: G1-35020	REVISION NUMBER: 10-200	SuideOne

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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		57000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		57000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CERTIFICATE HOLDER			CANCELLATION
MINITER GROUP 877-486-4618 / <u>SKIPS@MINI</u> T	ΓER.COM		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
400 HINGHAM ST			AUTHORIZED REPRESENTATIVE
ROCKLAND	MA	02370	Danadoan



DATE (MM/DD/YYYY) 08/12/2019

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				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636
	RECOVERY SPECIALIST INSU	RANCE (GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN T	X 78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:	
	PO BOX 100287			INSURER E:	
	SAN ANTONIO	TX	78201	INSURER F:	
COVERAG	ES CERTIFICA	TE NUMB	ER: G1-35021	REVISION NUMBER: 19-200	iuideOne

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 SUB INSR WVI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	570000001-01	1	09/01/2020	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 100,000.00
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,			MED EXP (Any one person) \$ 5,000.00
_	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY	Υ	570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		570000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

OZIKI I I OKI Z I I OZIDZIK			07.110 E E E E E E E E E E E E E E E E E E
LOCATION SERVICES, LLC 916-235-5772 <u>/vendorservices@</u>	LOCATION-SEF	RVICES.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
3923 RANCHERO DRIVE			AUTHORIZED REPRESENTATIVE
ANN ARBOR	MI	48108	Danadour

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DATE (MM/DD/YYYY) 08/12/2019

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			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 INSURA	ANCE GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM			
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #		
	2500 ONION CREEK PKWY, AUSTIN TX 7	78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032		
INSURED			INSURER B: LLOYDS OF LONDON	15792		
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:			
	PO BOX 100287		INSURER E:			
	SAN ANTONIO	TX 78201	INSURER F:			
COVEDAC	EQ CEDTIFICATE	NUMBED: C4 25027	DEVISION NUMBER: 40 200	SuidaOna		

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 SUBFINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	GENERAL LIABILITY	Υ	570000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY	\$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT	\$ 1,000,000.00
	AUTOMOBILE LIABILITY	Υ	570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	UMBRELLA LIAB X OCCUR		57000001-01	09/01/2019	09/01/2020	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 Y/N					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		570000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00	
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,00	
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719	09/01/2019	09/01/2020	GKDP EXCESS: \$700	0,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

921(11) 10/(12 119292)(07111011
MVRECOVERY, OFFICERS CLI 847-789-8825 / <u>VENDORMANAGE</u> I			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
260 EAST HELEN RD			AUTHORIZED REPRESENTATIVE
PALATINE	IL	60067	Dandon

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DATE (MM/DD/YYYY) 08/12/2019

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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	UCER		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): 703-36	65-0636	
	RECOVERY SPECIALIST INSUR	ANCE GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM		
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #	
	2500 ONION CREEK PKWY, AUSTIN TX	78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032	
INSURED			INSURER B: LLOYDS OF LONDON	15792	
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580	
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:		
	PO BOX 100287		INSURER E:		
	SAN ANTONIO	TX 78201	INSURER F:		
COVEDAG	EQ CERTIFICATE	NIIMPED: C1 25024	PEVISION NUMBER: 10.200	SuidoOno	

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 SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
Α	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		570000001-01 ERRORS & OMISSIONS		,	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
	CLAIMS-MADE X OCCUR X CYBLIAB \$2MIL POLICYAGG		WRONGFUL REPO, REPOSSESSED AUTO,			MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00
С	CYBER LIAB - \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER:		DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3302364 - CYBER			GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 PEDOUN TRANSPIRED \$ 4,000,000.00
A	X POLICY PRO- AUTOMOBILE LIABILITY ANY AUTO		570000233-00 COMP/COLL DED \$1000	06/15/2019	06/15/2020	REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$
	ALLOWNED X SCHEDULED AUTOS X NON-OWNED AUTOS		CONTROLL DED \$1000			BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
Α	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE		570000001-01 SEE DESC. OF OPERATIONS	09/01/2019	09/01/2020	\$ EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG
	DED RETENTION \$ WORKERS COMPENSATION					WC STATU- OTH-
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01			LIMIT: \$1,000,000.00
A B	GARAGEKEEPERS DIRECT PRIMARY GARAGEKEEPERS DIR PRIM EXC		570000001-01 B1136P0406719			GKDP LIMIT: \$300,000.00 GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

FL

33014

CERTIFICATE HOLDER	CANCELLATION

NATIONAL AUTO LENDERS, INC 305-328-9300 14645 NW 77TH AVE SUITE #203 MIAMI LAKES

AUTHORIZED REPRESENTATIVE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



DATE (MM/DD/YYYY) 08/12/2019

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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			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): 703-36	35-0636			
	RECOVERY SPECIALIST INSURA	ANCE GROUP	É-MAIL ADDRESS: CERTIFICATES@RSIG.COM				
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #			
	2500 ONION CREEK PKWY, AUSTIN TX 7	78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032			
INSURED			INSURER B: LLOYDS OF LONDON	15792			
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580			
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:				
	PO BOX 100287 SAN ANTONIO		INSURER E:				
		TX 78201	INSURER F:				
COVEDAG	CC CEDITICATE	NUMBER. OF OCC	DEVICION NUMBER: 40.000				

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 SU	BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	570000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
C	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY	Υ	570000233-00	06/15/2019	06/15/2020	(Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		570000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

CERTIFICATE HOLDER	CANCELLATION
--------------------	--------------

PAR NORTH AMERICA
866-667-0296/vendorrelations@parnorthamerica.com
7835 WOODLAND DR
SUITE #150
INDIANAPOLIS
IN 46278

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



DATE (MM/DD/YYYY) 08/12/2019

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	DUCER			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 INSUR	ANCE (GROUP	É-MAIL ADDRESS: CERTIFICATES@RSIG.COM		
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #	
	2500 ONION CREEK PKWY, AUSTIN TX	78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032	
INSURED				INSURER B: LLOYDS OF LONDON	15792	
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580	
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:		
	PO BOX 100287			INSURER E:		
	SAN ANTONIO	TX	78201	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: G1-34989

REVISION NUMBER: 19-20GuideOne
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 SUB INSR WVI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	570000001-01	1	09/01/2020	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 100,000.00
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,			MED EXP (Any one person) \$ 5,000.00
_	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY	Υ	570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		570000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

CERTIFICATE HOLDER

PATRICK K WILLIS COMPANY INC DBA AMERICAN RECOVERY SERVICES & SKIPBUSTERS 877-385-3068 / <u>OSA.CONTRACTS@PKWILLIS.COM</u> 5118 ROBERT J MATHEWS PARKWAY

EL DORADO HILLS

CA 95762

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



DATE (MM/DD/YYYY) 08/12/2019

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			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): 703-36	35-0636			
	RECOVERY SPECIALIST INSURA	ANCE GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM				
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #			
	2500 ONION CREEK PKWY, AUSTIN TX 7	78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032			
INSURED			INSURER B: LLOYDS OF LONDON	15792			
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580			
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:				
	PO BOX 100287 SAN ANTONIO		INSURER E:				
		TX 78201	INSURER F:				
COVEDAG	C CENTIFICATE	NUMBER. O4 04000	DEVICION NUMBER: 40.000				

COVERAGES

CERTIFICATE NUMBER: G1-34999

REVISION NUMBER: 19-20GuideOne

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 SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
Α	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	Υ	570000001-01 ERRORS & OMISSIONS		,	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
	CLAIMS-MADE X OCCUR X CYBLIAB \$2MIL POLICYAGG		WRONGFUL REPO, REPOSSESSED AUTO,			MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00
С	X CYBER LIAB - \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER:		DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL LIMIT			GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	X POLICY PRO- JECT LOC		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
Α	ANY AUTO	Y	570000233-00 COMP/COLL DED \$1000	06/15/2019	06/15/2020	(Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$
	ALLOWNED X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS					BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		570000001-01 SEE DESC. OF OPERATIONS	09/01/2019	09/01/2020	EACH OCCURRENCE \$ 2,000,000.00
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIONS			AGGREGATE \$ INC. GEN AGG
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01	09/01/2019	09/01/2020	GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

ERTIFICATE HOLDER	CANCELLATIO

PRIMERITUS FIN SVCS INC, AND SUBSIDIARIES AS LISTED IN CONTRACT 615-332-6005/VENDOR.RELATIONS@PRIMERITUS.COM 435 METROPLEX DR

NASHVILLE TN 37211

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



DATE (MM/DD/YYYY) 08/12/2019

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 (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): 703-36	35-0636	
	RECOVERY SPECIALIST INSI	JRANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM		
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #	
	2500 ONION CREEK PKWY, AUSTIN	ΓX 78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032	
INSURED				INSURER B: LLOYDS OF LONDON	15792	
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580	
	SAN ANTONIO RECOVERY, INC	;	1112	INSURER D:		
	PO BOX 100287			INSURER E:		
	SAN ANTONIO	TX	78201	INSURER F:		
COVERAG	ES CERTIFIC	TE NUM	BER: G1-34983	REVISION NUMBER: 19-200	iuideOne	

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 SUBFINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY		570000001-01	09/01/2019	09/01/2020	EACH OCCURRENCE S	1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED	100,000.00
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,			MED EXP (Any one person)	5,000.00
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY	1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT	1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			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		570000001-01	09/01/2019	09/01/2020	EACH OCCURRENCE 5	\$ 2,000,000.00
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIONS			AGGREGATE S	INC. GEN AGG
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	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 S	\$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00	
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000	
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719	09/01/2019	09/01/2020	GKDP EXCESS: \$700,	000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

PROOF OF INSURANCE SAN ANTONIO RECOVERY, INC			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
210-438-0197			AUTHORIZED REPRESENTATIVE
PO BOX 100287 SAN ANTONIO	ΤX	78201	Drudon.
0711171110	171	70201	L LLAGE

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DATE (MM/DD/YYYY) 08/12/2019

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			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636			
	IG., INC./RSIG					
	RECOVERY SPECIALIST INSURA	ANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM			
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #		
	2500 ONION CREEK PKWY, AUSTIN TX 7	78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032		
INSURED			INSURER B: LLOYDS OF LONDON	15792		
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:			
	PO BOX 100287		INSURER E:			
	SAN ANTONIO	TX 78201	INSURER F:			
COVEDAG	EQ CEDTIFICATE	NUMBER: C4 25004	DEVISION NUMBER: 40 200	SuidaOna		

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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		57000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		57000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

OEKTII IOATE HOEBEK			DANGELLATION			
RISC LLC 813-423-6618 / <u>RENEWAL@RISCU</u>	S.CON	<u> </u>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
PO BOX 2971			AUTHORIZED REPRESENTATIVE			
TAMPA	FL	33601	Danadour			



DATE (MM/DD/YYYY) 08/12/2019

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			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 INSUR	ANCE GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM			
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #		
	2500 ONION CREEK PKWY, AUSTIN TX	78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032		
INSURED			INSURER B: LLOYDS OF LONDON	15792		
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:			
	PO BOX 100287		INSURER E:			
	SAN ANTONIO	TX 78201	INSURER F:			
COVERAG	ES CERTIFICAT	E NUMBER: G1-34985	REVISION NUMBER: 19-200	iuideOne		

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 SUBFINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	GENERAL LIABILITY	Υ	570000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY	\$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT	\$ 1,000,000.00
	AUTOMOBILE LIABILITY	Υ	570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	UMBRELLA LIAB X OCCUR		57000001-01	09/01/2019	09/01/2020	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 Y/N					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		570000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00	
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,00	
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719	09/01/2019	09/01/2020	GKDP EXCESS: \$700	0,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

OEKTII IOATE HOEBEK			CANCELLATION		
SANTANDER CONSUMER USA 214-615-3950			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
8585 N STEMMONS HIGHWAY			AUTHORIZED REPRESENTATIVE		
DALLAS	TX	75247	Danadour		



DATE (MM/DD/YYYY) 08/12/2019

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PRODUCER C C			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): 703-36	35-0636		
RECOVERY SPECIALIST INSURANCE GROUP			E-MAIL ADDRESS: CERTIFICATES@RSIG.COM			
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #		
	2500 ONION CREEK PKWY, AUSTIN TX 7	78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032		
INSURED			INSURER B: LLOYDS OF LONDON	15792		
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:			
	PO BOX 100287		INSURER E:			
	SAN ANTONIO	TX 78201	INSURER F:			
COVEDAC	CEDTICICATE	NUMBED: C4 25044	DEVISION NUMBER: 10 200	luidaOna		

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 SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
Α	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		570000001-01 ERRORS & OMISSIONS		,	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
	CLAIMS-MADE X OCCUR X CYBLIAB \$2MIL POLICYAGG		WRONGFUL REPO, REPOSSESSED AUTO,			MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00
С	CYBER LIAB - \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER:		DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3302364 - CYBER			GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 PEDOUN TRANSPIRED \$ 4,000,000.00
A	X POLICY PRO- AUTOMOBILE LIABILITY ANY AUTO		570000233-00 COMP/COLL DED \$1000	06/15/2019	06/15/2020	REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$
	ALLOWNED X SCHEDULED AUTOS X NON-OWNED AUTOS		CONTROLL DED \$1000			BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
Α	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE		570000001-01 SEE DESC. OF OPERATIONS	09/01/2019	09/01/2020	\$ EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG
	DED RETENTION \$ WORKERS COMPENSATION					WC STATU- OTH-
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01			LIMIT: \$1,000,000.00
A B	GARAGEKEEPERS DIRECT PRIMARY GARAGEKEEPERS DIR PRIM EXC		570000001-01 B1136P0406719			GKDP LIMIT: \$300,000.00 GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

92KTH 197KTE 1192BEK			0/110222/11011
SECURE COLLATERAL MANA 214-389-5158 / <u>INSURANCE@</u>			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
12620 E NORTHWEST HWY			AUTHORIZED REPRESENTATIVE
DALLAS	TX	75227	Dandon

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DATE (MM/DD/YYYY) 08/12/2019

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PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36		
RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS			GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM	
				INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN TX 78747			INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED				INSURER B: LLOYDS OF LONDON	15792
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC	;	1112	INSURER D:	
	PO BOX 100287			INSURER E:	
	SAN ANTONIO	TX	78201	INSURER F:	
COVERAG	ES CERTIFICA	TE NUMB	ER: G1-35000	REVISION NUMBER: 19-200	GuideOne

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INSR LTR	TYPE OF INSURANCE	ADDL SUBFINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY		570000001-01	09/01/2019	09/01/2020	EACH OCCURRENCE S	1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED	100,000.00
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,			MED EXP (Any one person)	5,000.00
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY	1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT	1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			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		570000001-01	09/01/2019	09/01/2020	EACH OCCURRENCE 5	\$ 2,000,000.00
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIONS			AGGREGATE S	INC. GEN AGG
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	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 S	\$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00	
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000	
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719	09/01/2019	09/01/2020	GKDP EXCESS: \$700,	000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

CERTIFICATE HOLDER			CANCELLATION		
SECURITY NATIONAL AI 513-459-6491	JTOMOTIVE		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
6951 CINTAS BLVD			AUTHORIZED REPRESENTATIVE		
MASON	ОН	45040	Danadoan		



DATE (MM/DD/YYYY) 08/12/2019

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PRODUCER		CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S	
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	65-0636
RECOVERY SPECIALIST INSURANCE GROUP		É-MAÎL ADDRESS: CERTIFICATES@RSIG.COM		
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN TX	78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:	
	PO BOX 100287		INSURER E:	
	SAN ANTONIO	TX 78201	INSURER F:	
COVEDAG	EQ CEDTIFICATE	NUMBED: C1 24000	DEVISION NUMBER: 10.200	SuidoOno

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		57000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		57000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

OEKTI TOKTE TIGEBEK	07111011		
SECURITY SER FEDERAL CREDIT UNION 210-476-4421	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
16211 LA CANTERA PWY	AUTHORIZED REPRESENTATIVE		
SAN ANTONIO TX 78256	Dandon		

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DATE (MM/DD/YYYY) 08/12/2019

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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): 703-36	35-0636	
	RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS		É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM		
			INSURER(S) AFFORDING COVERAGE	NAIC #	
	2500 ONION CREEK PKWY, AUSTIN TX 7	78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032	
INSURED			INSURER B: LLOYDS OF LONDON	15792	
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580	
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:		
	PO BOX 100287 SAN ANTONIO		INSURER E:		
		TX 78201	INSURER F:		
COVEDAG	C CENTIFICATE	NUMBER: O4 OFOO4	DEVICION NUMBER: 40.000		

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 SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
Α	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		570000001-01 ERRORS & OMISSIONS		,	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
	CLAIMS-MADE X OCCUR X CYBLIAB \$2MIL POLICYAGG		WRONGFUL REPO, REPOSSESSED AUTO,			MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00
С	CYBER LIAB - \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER:		DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3302364 - CYBER			GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 PEDOUN TRANSPIRED \$ 4,000,000.00
A	X POLICY PRO- AUTOMOBILE LIABILITY ANY AUTO		570000233-00 COMP/COLL DED \$1000	06/15/2019	06/15/2020	REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$
	ALLOWNED X SCHEDULED AUTOS X NON-OWNED AUTOS		COIVII /COLL DED \$1000			BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
Α	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE		570000001-01 SEE DESC. OF OPERATIONS	09/01/2019	09/01/2020	\$ EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG
	DED RETENTION \$ WORKERS COMPENSATION					WC STATU- OTH-
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01			LIMIT: \$1,000,000.00
A B	GARAGEKEEPERS DIRECT PRIMARY GARAGEKEEPERS DIR PRIM EXC		570000001-01 B1136P0406719			GKDP LIMIT: \$300,000.00 GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

CERTIFICATE HOLDER CAN	CELLATIOI
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UNITED REC & REMARKETING LLC & ALL CONTROLLED SUBSIDIARIES

901-365-5880 //UAR-COMPLIANCE@UNITEDR2.COM

311 MOORE LN

COLLIERVILLE TN 38017

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



DATE (MM/DD/YYYY) 08/12/2019

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		CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S	
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636
			E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #
	2500 ONION CREEK PKWY, AUSTIN TX	78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
INSURED			INSURER B: LLOYDS OF LONDON	15792
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:	
	PO BOX 100287		INSURER E:	
	SAN ANTONIO	TX 78201	INSURER F:	
COVEDAG	ES CERTIFICATE	NIIMBED: C1 25029	PEVISION NUMBER: 10.200	⊇uidoOno

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 S	UBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY			570000001-01	,	09/01/2020	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 100,000.00
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,			MED EXP (Any one person) \$ 5,000.00
	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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			EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY			570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO			COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
Α	UMBRELLA LIAB X OCCUR			57000001-01	09/01/2019	09/01/2020	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 Y/N						WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME			57000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY			570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC			B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

OEKTII IOATE HOEBEK			GANGLELATION		
USAA C/O RISC LLC 813-423-6618 / <u>RENEWAL@RISCL</u>	JS.COI	M	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
PO BOX 2971			AUTHORIZED REPRESENTATIVE		
TAMPA	FL	33601	Danadour		



DATE (MM/DD/YYYY) 08/12/2019

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			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S			
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636			
	RECOVERY SPECIALIST INSUR	ANCE GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM				
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #			
	2500 ONION CREEK PKWY, AUSTIN TX	78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032			
INSURED			INSURER B: LLOYDS OF LONDON	15792			
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580			
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:				
	PO BOX 100287		INSURER E:				
	SAN ANTONIO	TX 78201	INSURER F:				
COVEDAG	EQ CERTIFICATE	NUMBED: C1 2400E	PEVISION NUMBER: 10.200	⊇uidoOno			

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 S	UBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY			570000001-01	,	09/01/2020	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 100,000.00
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,			MED EXP (Any one person) \$ 5,000.00
	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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			EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY			570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO			COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
Α	UMBRELLA LIAB X OCCUR			57000001-01	09/01/2019	09/01/2020	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 Y/N						WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME			57000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY			570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC			B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

OEKTII IOATE HOEDEK		CANCELLATION
VICTORY RECOVERY SERVICES INC 770-945-3757 // <u>VENDORMGMT@VRS-CO</u>	RP.COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO BOX 1025		AUTHORIZED REPRESENTATIVE
BUFORD GA	30518	Danadoan



DATE (MM/DD/YYYY) 08/12/2019

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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 CC NA				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): 703-36	35-0636	
	RECOVERY SPECIALIST INSI	JRANCE	GROUP	É-MÁIL ADDRESS: CERTIFICATES@RSIG.COM		
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #	
	2500 ONION CREEK PKWY, AUSTIN	X 78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032	
INSURED				INSURER B: LLOYDS OF LONDON	15792	
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580	
	SAN ANTONIO RECOVERY, INC	;	1112	INSURER D:		
	PO BOX 100287			INSURER E:		
	SAN ANTONIO	TX	78201	INSURER F:		
COVERAG	ES CERTIFIC	TE NUM	BER: G1-34998	REVISION NUMBER: 19-200	uideOne	

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 SI	UBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY			57000001-01	09/01/2019	09/01/2020	EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 100,000.00
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,			MED EXP (Any one person) \$ 5,000.00
	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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			EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY			570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO			COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
Α	UMBRELLA LIAB X OCCUR			57000001-01	09/01/2019	09/01/2020	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			57000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY			57000001-01	09/01/2019	09/01/2020	GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC			B1136P0406719	09/01/2019	09/01/2020	GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

CERTIFICATE HOLDER		CANCELLATION		
VTR INVESTIGATIONS 352-688-1719			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
PO BOX 5625			AUTHORIZED REPRESENTATIVE	
SPRING HILL	FL	34611	Danadoan	



DATE (MM/DD/YYYY) 08/12/2019

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PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC	S		
	IG., INC./RSIG			PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636		
	RECOVERY SPECIALIST INSU	RANCE	GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM			
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #		
	2500 ONION CREEK PKWY, AUSTIN T	X 78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032		
INSURED				INSURER B: LLOYDS OF LONDON	15792		
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:			
	PO BOX 100287			INSURER E:			
	SAN ANTONIO	TX	78201	INSURER F:			
COVERAG	ES CERTIFICA	TE NUMB	ER: G1-35023	REVISION NUMBER: 19-200	uideOne		

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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		57000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		57000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

908-290-3856 //	SPARENCY SOLUTIONS INFO@VTSCHECK.COM	•	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
340 S LEMON A	VE		AUTHORIZED REPRESENTATIVE
#8999 WALNUT	CA	91789	Dandon



DATE (MM/DD/YYYY) 08/12/2019

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			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC				
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636			
	RECOVERY SPECIALIST INSURA	ANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM				
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #			
	2500 ONION CREEK PKWY, AUSTIN TX 7	78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032			
INSURED			INSURER B: LLOYDS OF LONDON	15792			
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580			
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:				
	PO BOX 100287		INSURER E:				
	SAN ANTONIO	TX 78201	INSURER F:				
COVEDAC	EQ CEDTIFICATE	NUMBED: C4 24004	DEVISION NUMBER: 40 200	luidaOna			

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 SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
Α	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		570000001-01 ERRORS & OMISSIONS		,	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
	CLAIMS-MADE X OCCUR X CYBLIAB \$2MIL POLICYAGG		WRONGFUL REPO, REPOSSESSED AUTO,			MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00
С	CYBER LIAB - \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER:		DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3302364 - CYBER			GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 DEDO IN TRANSIT
A	X POLICY PRO- AUTOMOBILE LIABILITY ANY AUTO		570000233-00 COMP/COLL DED \$1000	06/15/2019	06/15/2020	REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS X NON-OWNED AUTOS		COMP/COLL DED \$1000			BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
Α	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE		570000001-01 SEE DESC. OF OPERATIONS	09/01/2019	09/01/2020	\$ EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG
	DED RETENTION \$ WORKERS COMPENSATION					WC STATU- OTH-
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01			LIMIT: \$1,000,000.00
B	GARAGEKEEPERS DIRECT PRIMARY GARAGEKEEPERS DIR PRIM EXC		570000001-01 B1136P0406719			GKDP LIMIT: \$300,000.00 GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

CERTIFICATE HOLDER	CANCELLATIO

WESTLAKE FINANCIAL SERVICES
323-692-8976
4751 WILSHIRE BLVD
SUITE #100
LOS ANGELES
CA

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

© 1000 2010 ACORD CORPORATION A

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DATE (MM/DD/YYYY) 08/12/2019

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			CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC			
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-36	35-0636		
RECOVERY SPECIALIST INSURANCE GROUP			E-MAIL ADDRESS: CERTIFICATES@RSIG.COM			
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC #		
	2500 ONION CREEK PKWY, AUSTIN TX 7	8747	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032		
INSURED			INSURER B: LLOYDS OF LONDON	15792		
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	SAN ANTONIO RECOVERY, INC	1112	INSURER D:			
	PO BOX 100287		INSURER E:			
	SAN ANTONIO	TX 78201	INSURER F:			
COVEDAC	EQ CEDTIFICATE	NUMBER: C4 24002	DEVISION NUMBER: 10 200	luidaOna		

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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		57000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY		570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		57000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (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		570000001-01			LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719			GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE: 01/23/02 - 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

LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CANCELLATION

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

OEKTII IOATE HOEBEK			CANCELLATION		
WINDSOR EQUITY GROUP 469-533-6475			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
PO BOX 835487			AUTHORIZED REPRESENTATIVE		
RICHARDSON	TX	75083	Dandon		



DATE (MM/DD/YYYY) 08/12/2019

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.

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	(-)						
PRODUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVC			
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			GROUP	ADDRESS: CERTIFICATES@RSIG.COM			
	GATE ELEVEN SOLUTIONS			INSURER(S) AFFORDING COVERAGE	NAIC #		
	2500 ONION CREEK PKWY, AUSTIN TX	78747		INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032		
INSURED				INSURER B: LLOYDS OF LONDON	15792		
				INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	SAN ANTONIO RECOVERY, INC		1112	INSURER D:			
	PO BOX 100287			INSURER E:			
	SAN ANTONIO	TX	78201	INSURER F:			

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INSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Υ	57000001-01	09/01/2019	09/01/2020	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
	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
С	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		EKI3302364 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
	AUTOMOBILE LIABILITY	Υ	570000233-00	06/15/2019	06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
Α	ANY AUTO		COMP/COLL DED \$1000			BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		57000001-01	09/01/2019	09/01/2020	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 Y/N					WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		570000001-01	09/01/2019	09/01/2020	LIMIT: \$1,000,000.00
Α	GARAGEKEEPERS DIRECT PRIMARY		570000001-01			GKDP LIMIT: \$300,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B1136P0406719	09/01/2019	09/01/2020	GKDP EXCESS: \$700,000.00

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

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LOCATION: 4710 CALLAGHAN RD SAN ANTONIO TX 78228. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 14 DODGE #2812; 15 DODGE #5355; 10 DODGE #6238; 18 DODGE #5757

MO

CERTIFICATE HOLDER	CANCELLATIO

WORLD OMNI FINANCIAL CORP ITS PARENT SUBSIDIARY & AFFILIATED ENTITIES/MMCA 314-702-4430 3120 RIDER TRAIL SOUTH

63045

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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EARTH CITY