

DATE (MM/DD/YYYY) 09/21/2017

	IS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS											
CE TH	HIS CERTIFICATE IS ISSUED AS A MA ERTIFICATE DOES NOT AFFIRMATIVEL HIS CERTIFICATE OF INSURANCE EPRESENTATIVE OR PRODUCER, AND	Y OR NE	EGATIVELY AMEND, EXT NOT CONSTITUTE A	END C	R ALTER TH	E COVERAG	SE AFFORDED BY THE	POLICI	ES BELOW.			
ter	IPORTANT: If the certificate holder is rms and conditions of the policy, cert ertificate holder in lieu of such endorse	tain polic	TIONAL INSURED, the po ties may require an endo	olicy(ie orseme	s) must be e ent. A state	ndorsed. If ment on this	SUBROGATION IS WAIN certificate does not co	/ED, su onfer ri	bject to the ights to the			
	DUCER	ineni(0).		CONTA			HTHOUSE INSURANC		2			
	IG., INC./RSIG						703.365.0362 FAX (A/C, No):					
	RECOVERY SPECIALIST			E-MAIL		CATES@RS		100 00				
	SWBC INSURANCE SERVICES		ANCE GROUP	ADDRE			DING COVERAGE		NAIC #			
	9811 S IH 35, BLDG 1, STE 100,	-	TX 78744						28053			
INSU			,			OF LONDON			15792			
	IG., INC. / RSIG					NSURANCE (30945			
	BIGFOOT RECOVERY, LLC		1375	INSURE		NOURANCE			00040			
	PO BOX 76		1010									
	PROSPERITY		SC 29127	INSURE								
COV		IFICATE	NUMBER: RRPMSW00				REVISION NUMBER:	17-18	Renewal			
	HIS IS TO CERTIFY THAT THE POLICIES O							-				
CE	IDICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PEI XCLUSIONS AND CONDITIONS OF SUCH PO	RTAIN, T LICIES. LI	HE INSURANCE AFFORDED	D BY TH	HE POLICIES	DESCRIBED H D BY PAID CLA	HEREIN IS SUBJECT TO A					
INSR LTR	TYPE OF INSURANCE	DDL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
	GENERAL LIABILITY	Y	RRPMSW00001-02				EACH OCCURRENCE	\$ 1,	000,000.00			
A	X COMMERCIAL GENERAL LIABILITY		IG., INC./RSIG MASTER				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00			
	CLAIMS-MADE X OCCUR		INC ERRORS & OMISSIO	NS			MED EXP (Any one person)	\$	5,000.00			
			INC WRONGFUL REPO				PERSONAL & ADV INJURY	\$1,	000,000.00			
			DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE	\$5,	000,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER: CARGO/ON-HOOK - \$1MIL PRODUCTS - COMP/OP AGG \$ 3,000,000.00											
	X POLICY PRO- JECT LOC		REPOSSESSED AUTO -\$7	1MIL			REPO IN TRANSIT	\$1,	000,000.00			
	AUTOMOBILE LIABILITY	Y					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,	000,000.00			
c	ANY AUTO		PRPSW008238-01		06/13/2017	06/13/2018		\$				
	ALL OWNED X SCHEDULED AUTOS		COMP/COLL DED \$100				BODILY INJURY (Per accident)	\$				
	X HIRED AUTOS X NON-OWNED AUTOS		•••••••••••••••				PROPERTY DAMAGE (Per accident)	\$				
							(\$				
Α	UMBRELLA LIAB X OCCUR		RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	_{\$} 2,	000,000.00			
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIO	ONS			AGGREGATE	\$ INC	C. GEN AGG			
ĺ	DED RETENTION \$							\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- TORY LIMITS ER					
		1/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	CRIME/EMP DISHONESTY		RRPMSW00001-02		10/01/2017	10/01/2018	LIMIT: \$1,000,000.00					
A	GARAGEKEEPERS DIRECT PRIMARY		RRPMSW00001-02		10/01/2017	10/01/2018	GKDP LIMIT: \$300,00	0.00				
в	GARAGEKEEPERS EXCESS		B113610002C160001		10/01/2017	10/01/2018	GKDP EXCESS: \$700	,000.0	00			
RSI MEI LOC OF	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) SIG MEMBER SINCE: 06/12/08 -30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY IEMBER REQUEST & ADDITIONAL INSURED STATUS, APPLIES TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACT OCATION: 8534 HWY 76, PROSPERITY, SC 29127. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY CHEDULED AUTO: 14 RAM #2980; 15 RAM #5983											
CEF	RTIFICATE HOLDER			CANO	ELLATION	1						
	A1 NATIONWIDE, LLC 302-327-4302 / <u>VENDORS</u> 1201 N ORANGE STREET	S@A1NA	TIONWIDE.COM	THE ACC	EXPIRATION	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE C REOF, NOTICE WILL I Y PROVISIONS.					
	SUITE 700 - #7037											
	WILMINGTON		DE 19801			Nana	Cran.					
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	IIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS												
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ter	PORTANT: If the certificate holder is rms and conditions of the policy, cert ertificate holder in lieu of such endorse	tain poli	cies may require an endo	olicy(ie orseme	es) must be e ent. A state	ndorsed. If ment on this	SUBROGATION IS WAIV	'ED, su onfer ri	ibject to the ights to the				
	DUCER	mem(3).		CONTA NAME		RSIG - LIGI	HTHOUSE INSURANC	F SVC	S				
	IG., INC./RSIG						703.365.0362 FAX (A/C, No):						
	RECOVERY SPECIALIST		ANCE GROUP	E-MAIL	ss: CERTIFI	CATES@RS	SIG.COM						
	SWBC INSURANCE SERVICES			TIBBILE			DING COVERAGE		NAIC #				
	9811 S IH 35, BLDG 1, STE 100,	AUSTIN	N, TX 78744	INSURE	RA: ROCKHI	LL INSURAN	CE COMPANY		28053				
INSU	RED			INSURE	к в: LLOYDS	OF LONDON	١		15792				
	IG., INC. / RSIG			INSURE	R C: PLAZA I	NSURANCE (COMPANY		30945				
	BIGFOOT RECOVERY, LLC		1375	INSURE	R D:								
	PO BOX 76			INSURE	R E:								
	PROSPERITY		SC 29127	INSURE									
			NUMBER: RRPMSW00					-	Renewal				
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INSR LTR	TYPE OF INSURANCE A	DDL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s					
]	GENERAL LIABILITY		RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	s 1,	000,000.00				
A	X COMMERCIAL GENERAL LIABILITY		IG., INC./RSIG MASTER				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00				
	CLAIMS-MADE X OCCUR		INC ERRORS & OMISSIO	NS			MED EXP (Any one person)	\$	5,000.00				
			INC WRONGFUL REPO				PERSONAL & ADV INJURY	,	000,000.00				
	DRIVE-AWAY - \$1MIL GENERAL AGGREGATE \$ 5,000,000.00												
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	X POLICY PRO- JECT LOC		REPOSSESSED AUTO -\$*	1MIL			REPO IN TRANSIT		000,000.00				
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	,	000,000.00				
С	ANY AUTO		PRPSW008238-01		06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$					
			COMP/COLL DED \$100	00			BODILY INJURY (Per accident) PROPERTY DAMAGE	\$					
	X HIRED AUTOS X NON-OWNED AUTOS						(Per accident)	\$					
								\$					
A	UMBRELLA LIAB X OCCUR		RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	*	000,000.00				
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATION	JNS			AGGREGATE	\$ INC	C. GEN AGG				
	DED RETENTION \$						WC STATU- OTH-	\$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						TORY LIMITS						
		A / A					E.L. EACH ACCIDENT	\$					
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE						
_	DESCRIPTION OF OPERATIONS below				10/01/201	10/01/201	E.L. DISEASE - POLICY LIMIT	\$					
.	CRIME/EMP DISHONESTY		RRPMSW00001-02				LIMIT: \$1,000,000.00	0.00					
· ·	GARAGEKEEPERS DIRECT PRIMARY GARAGEKEEPERS EXCESS		RRPMSW00001-02 B113610002C160001				GKDP LIMIT: \$300,00 GKDP EXCESS: \$700		00				
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	MBER REQUEST & ADDITIONAL IN												
	CATION: 8534 HWY 76, PROSPERI		-										
	A SEPARATE EXCESS LIABILITY P												
SCH	HEDULED AUTO: 14 RAM #2980; 15	5 RAM #	\$5983										
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							ESCRIBED POLICIES BE C						
	ACS						REOF, NOTICE WILL E	BE DE	LIVERED IN				
	866-936-0613 / <u>CNORMAN</u>	@ <u>AC</u> S-	CAM.COM	ACC									
	3842 HARLEM ROAD			AUTHO	RIZED REPRESE	NTATIVE							
	SUITE #341												
	BUFFALO		NY 14215			L Jana	clain.						
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DATE (MM/DD/YYYY) 09/21/2017

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	DUCE	cate holder in lieu of such endo	semer	1t(s).		CONTA NAME			HTHOUSE INSURANC		`°		
	2002	IG., INC./RSIG							703.365.0362				
		RECOVERY SPECIALI	ST IN	SUR	ANCE GROUP	E-MAIL ADDRE	ss: CERTIFI	CATES@RS	SIG.COM				
		SWBC INSURANCE SERVIC							DING COVERAGE		NAIC #		
		9811 S IH 35, BLDG 1, STE 1	00, AL	JSTIN	I, TX 78744	INSURE	RA: ROCKHI	LL INSURAN	CE COMPANY		28053		
INSU	RED					INSURE	R B: LLOYDS	OF LONDON	N		15792		
		IG., INC. / RSIG	•		4075	INSURE	_{RC:} PLAZA I	NSURANCE	COMPANY		30945		
		BIGFOOT RECOVERY, L PO BOX 76	_C		1375	INSURE							
		PROSPERITY			SC 29127	INSURE							
CO	VER		RTIFIC	ATE	NUMBER: RRPMSW00	INSURE			REVISION NUMBER:	17-18	Renewal		
		S TO CERTIFY THAT THE POLICIES								-			
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INSR LTR		TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
					RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE		000,000.00		
А	X	COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00							
		CLAIMS-MADE X OCCUR			INC ERRORS & OMISSIC	NS			MED EXP (Any one person)	\$	5,000.00		
	INC WRONGFUL REPO PERSONAL & ADV INJURY \$ 1,000,000.00 DRIVE-AWAY - \$1MII CENERAL ACCRECATE \$ 5,000,000,00												
	X	VIL AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC			REPOSSESSED AUTO -\$				PRODUCTS - COMP/OP AGG	,	000,000.00		
		TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		000,000.00		
С		ANY AUTO			PRPSW008238-01		06/13/2017	06/13/2018		\$			
-		ALL OWNED X SCHEDULED AUTOS			COMP/COLL DED \$10	00	00,10,2011	00,10,2010	BODILY INJURY (Per accident)	\$			
	Х	HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
										\$			
А		UMBRELLA LIAB X OCCUR			RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	· · · · ·	000,000.00		
	X	EXCESS LIAB CLAIMS-MAD	E		SEE DESC. OF OPERATION	ONS			AGGREGATE	Ŷ	C. GEN AGG		
	wor	DED RETENTION \$							WC STATU- OTH-	\$			
		PROPRIETOR/PARTNER/EXECUTIVE	Į –						E.L. EACH ACCIDENT	\$			
	OFF	FICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE				
	If yes	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
А		IME/EMP DISHONESTY			RRPMSW00001-02		10/01/2017	10/01/2018	LIMIT: \$1,000,000.00				
А	GA	RAGEKEEPERS DIRECT PRIMAR	Y		RRPMSW00001-02				GKDP LIMIT: \$300,00				
В		RAGEKEEPERS EXCESS ION OF OPERATIONS / LOCATIONS / VEHI			B113610002C160001				GKDP EXCESS: \$700),000.0	00		
RS ME LO OF	SIG MEMBER SINCE: 06/12/08 -30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY IEMBER REQUEST & ADDITIONAL INSURED STATUS, APPLIES TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACT OCATION: 8534 HWY 76, PROSPERITY, SC 29127. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU IF A SEPARATE EXCESS LIABILITY POLICY CHEDULED AUTO: 14 RAM #2980; 15 RAM #5983												
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CE	KIII	FICATE HOLDER				CAN	CELLATION	1					
		ALLIED FINANCE ADJU 888-949-8520	STER	s cc	DNFERENCE, INC	THE ACC	EXPIRATION ORDANCE WI	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE C REOF, NOTICE WILL I Y PROVISIONS.				
	3 PARK LANE AUTHORIZED REPRESENTATIVE SUITE 321												
		DOUGLASSVILLE			PA 19518			Dasa	dan.				

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DATE (MM/DD/YYYY) 09/21/2017

GENERAL LABILITY Y RRPMSW00001-02 IG, INC./RSIG MASTER INC./RSIG MASTER INC. CERNORS & GMISSIONS INC WRONGFUL REPO DRIVE-AWAY - STMIL GENL AGGREGATE LIMIT APPLIES PER: X POLICY 10/01/2017 10/01/2017 10/01/2018 EACH OCCURRENCE \$ 1,000,000.00 GENL AGGREGATE LIMIT APPLIES PER: X POLICY CRAGO/ONHOOK - STMIL REPOSSESSED AUTO - STMIL REPOSSESSED - STMIL REPOSSESSESSED - STMIL REPOSSESSESSED - STMIL REPOSSESSESSESSESSESSESSESSESSESSESSESSESSE		S CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS											
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	CHARLOTTE			NC 28262		6	1988-2010 4		All rights reserved				



DATE (MM/DD/YYYY) 09/21/2017

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CERT THIS	CERTIFICATE IS ISSUED AS A M IFICATE DOES NOT AFFIRMATIVE CERTIFICATE OF INSURANCE ESENTATIVE OR PRODUCER, AN	ELY C	OR NE	EGATIVE NOT	ELY AMEN	D, EXTEND	OR ALTER TH	HE COVERAC	SE AFFORDED BY THE	POLIC	IES BELOW.		
terms	RTANT: If the certificate holder is and conditions of the policy, ce cate holder in lieu of such endors	rtain	polic	TIONAL ies mag	INSURED	, the policy(an endorsen	es) must be e nent. A state	endorsed. If ment on this	SUBROGATION IS WAIN certificate does not co	/ED, s onfer	subject to the rights to the		
PRODUCE		inci	n(3).			CONT			HTHOUSE INSURANC		<u>^</u>		
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				RRPM	SW00001	-02			EACH OCCURRENCE	\$ 1	,000,000.00		
AX	COMMERCIAL GENERAL LIABILITY			IG., INC	./RSIG MA	STER			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00		
	CLAIMS-MADE X OCCUR			INC ER	RORS & C	MISSIONS			MED EXP (Any one person)	\$	5,000.00		
				INC WR	RONGFUL I	REPO			PERSONAL & ADV INJURY	\$ 1	,000,000.00		
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GEN	GEN'L AGGREGATE LIMIT APPLIES PER: CARGO/ON-HOOK - \$1MIL PRODUCTS - COMP/OP AGG \$ 3,000,000.00												
X				REPOS	SESSED A	UTO -\$1MIL			REPO IN TRANSIT	\$ 1	,000,000.00		
	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$ 1	,000,000.00		
с	ANY AUTO			PRPS	N008238-	-01	06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$	<u> </u>		
	ALL OWNED X SCHEDULED AUTOS			-	COLL DE	-	00,10,2011	00,10,2010	BODILY INJURY (Per accident)	\$			
X	HIRED AUTOS X NON-OWNED AUTOS								PROPERTY DAMAGE (Per accident)	\$			
									(\$			
A	UMBRELLA LIAB X OCCUR			RRPM	SW00001	-02	10/01/2017	10/01/2018	EACH OCCURRENCE	s 2	2,000,000.00		
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	DED RETENTION \$									\$			
	RKERS COMPENSATION								WC STATU- OTH- TORY LIMITS ER				
	PERPLOYERS' LIABILITY Y / N PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT	\$			
OFF	ICER/MEMBER EXCLUDED?	N/A							E.L. DISEASE - EA EMPLOYEE				
If ye	s, describe under SCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT				
	IME/EMP DISHONESTY			RRPM	SW00001	-02	10/01/2017	10/01/2018	LIMIT: \$1,000,000.00	. •			
	RAGEKEEPERS DIRECT PRIMARY				SW00001				GKDP LIMIT: \$300,00	00.00			
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	ION OF OPERATIONS / LOCATIONS / VEHICL	ES (At								,			
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	ER REQUEST & ADDITIONAL II												
	ION: 8534 HWY 76, PROSPER			29127.	PRIMAR	Y LIMITS P	ROVIDE FUL	L \$3,000,00	0 LIMIT WITH A \$5,00	0,000) AGG IN LIEU		
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	AMERICAN MOTOR CREI	Л							REOF, NOTICE WILL I Y PROVISIONS.	BE D	ELIVERED IN		
	678-213-5627					AC	CORDANCE WI		I I NOVISIUNS.				
	PO BOX 1517					AUTH	ORIZED REPRESE	NTATIVE					
	WOODSTOCK			GA	30188			1 man	dan				
				-				1099-2010 4		All ==	abte received		
							C	1900-2010 A	CORD CORPORATION.		ynts reserved.		



DATE (MM/DD/YYYY) 09/21/2017

	_	S CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS RTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.											
CE TH	RTI	FICATE DOES NO	OT AFFIRMATIN	ELY (or Ne Oes	EGATIVE NOT	ELY AMEN	D, EXTEND (ITE A CON	OR ALTER TH	E COVERAC		POLIC	IES BELOW.
ter	ms		of the policy, c	ertain	polic						SUBROGATION IS WAIN certificate does not co		
PROD			or such endor	seme				CONTA NAME		RSIG - LIGI	HTHOUSE INSURANC	E SV	CS.
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			ANCE SERVICE					ADDICE			DING COVERAGE		NAIC #
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INSU	RED	,	- , -						ER B: LLOYDS				15792
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		,	ECOVERY, LI	C			1375	INSURE					
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CO\	/ER/	AGES	CE	RTIFIC	ATE	NUMBE	R: RRPN	MSW000001			REVISION NUMBER:	17-18	Renewal
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Α [Х	COMMERCIAL GENERA	AL LIABILITY			IG., INC	./RSIG MA	STER			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00
		CLAIMS-MADE	X OCCUR			INC ERI	RORS & O	MISSIONS			MED EXP (Any one person)	\$	5,000.00
						INC WR	ONGFUL F	REPO			PERSONAL & ADV INJURY	\$ 1	,000,000.00
	DRIVE-AWAY - \$1MIL GENERAL AGGREGATE \$ 5,000,000.00												
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	AUT	OMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$ 1	,000,000.00
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		ALL OWNED X	SCHEDULED AUTOS			COMP	COLL DE	ED \$1000			BODILY INJURY (Per accident)	\$	
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A		UMBRELLA LIAB	X OCCUR				SW00001.	-	10/01/2017	10/01/2018	EACH OCCURRENCE	Ψ	,000,000.00
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		PROPRIETOR/PARTNER	R/EXECUTIVE	N/A							E.L. EACH ACCIDENT	\$	
	(Man	datory in NH) , describe under									E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	CRIPTION OF OPERATION									E.L. DISEASE - POLICY LIMIT		
		ME/EMP DISHONE					SW00001				LIMIT: \$1,000,000.00		
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								SHO	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCEL	LED BEFORE
		AUTO MON	IEY								REOF, NOTICE WILL	BE DE	ELIVERED IN
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		450 MEETIN	-					AUTHO	RIZED REPRESE	NTATIVE			
		CHARLEST	ON			SC	29403			L Jana	dan.		
								<u>I</u>	Ô	1988-2010 A	CORD CORPORATION.	All ric	ahts reserved
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DATE (MM/DD/YYYY) 09/21/2017

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INC WRONGFUL REPO DRIVE-AWAY > SIMIL CERVLAGGREGATE LIMIT APPLIES PER: X POLICY 2000 AUTOMOBILE LIMBURY C REPOSSESSED AUTO - SIMIL CARGO(ON-HOCK > SIMIL AUTOMOBILE LIMBURY SOCEULE C ANY AUTO AUTOMOBILE LIMBURY PRPSW008238-01 COMP/COLL DED \$1000 06/13/2017 C ANY AUTO A WREE AUTOS X MOTOWNED WIMBELLA LAB X OCCUM VILL PRPSW008238-01 COMP/COLL DED \$1000 06/13/2017 DED INUERY PERSONAL & ADVINUERY PERSONAL \$5 MIRED AUTOS X MOTOWNED A WWREERSONER & STATEMARCE VILL PRESW00001-02 X EXCESS LUB COLUME MARCE DED RETENTION & DORUMANCE MWREERSONERS AUTON SEE DESC. OF OPERATIONS MWREERSONERS SUBJECT PRIMARY RRPMSW00001-02 NOCKVILMITS INVA EL_DISEASE - EA EMPLOYER MWREERSONERSY RRPMSW00001-02 A CRIMEERS NICC: OF 12/08 - 30 DAY CANCELLATION NOTICE EXCERSY	A X COMMERCIAL GENERAL LIABILITY			IG., INC./RSIG MASTER				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00				
DRIVE-AWAY - \$1MIL CARGOJON-HOOK - \$1MIL CARGOJON-HOOK - \$1MIL CARGOJON-HOOK - \$1MIL CARGOJON-HOOK - \$1MIL REPOSSESSED AUTO - \$1MIL CARGOJON-HOOK - \$1MIL REPOSSESSED AUTO - \$1MIL REPOSSESSED AUTO - \$1MIL CARGOJON-HOOK - \$1MIL REPOSSESSED AUTO - \$1MIL CARGOJON-HOOK - \$1MIL REPOSSESSED AUTO - \$1MIL CARGOJON-HOOK - \$1MIL REPOSSESSED AUTO - \$1MIL COMPACE & \$0,000,000.00 REPO 1NT RANSIT & 1,000,000.00 REPO 1NT RANSIT & 1,000,000,00 REPO 1NT RANSING ANT RANS REPO 1NT RANSIT & 1,000,000,00 REPO 1NT RANSIT & 1,00	CLAIMS-MADE X OCCUR			INC ERRORS & OMISSIO	NS			MED EXP (Any one person)	\$ 5,000.00				
GENLAGGREGATE LIMIT APPLIES PER. CARGO/ON-HOOK - \$1MIL PRODUCTS-COMPUP AGG \$ 3,000,000.00 AUTOMORE LIMELTY REPOSESSED AUTO - \$1MIL PRODUCTS-COMPUP AGG \$ 3,000,000.00 C AUTOMORE LIMELTY PROPOSESSED AUTO - \$1MIL REPOSESSED AUTO - \$1MIL C AUTOMORE LIMELTY PROPOSED NULL UMIT \$ 1,000,000.00 06/13/2017 06/13/2018 BOOLLY NULRY (Per person) \$ A UMBRELIA LIAB X OCCUR REPOSESSED AUTO - \$1MIL 06/13/2017 06/13/2018 BOOLLY NULRY (Per person) \$ A UMBRELIA LIAB X OCCUR REPMSW00001-02 \$ 06/13/2017 10/01/2018 ACAGE AUTOR \$ A UMBRELIA LIAB COCUR SEE DESC. OF OPERATIONS 10/01/2017 10/01/2018 ACAGE AUTOR \$ AD EMBELIA CLUBETY Y N SEE DESC. OF OPERATIONS 10/01/2017 10/01/2018 CARAGE EXCLUDEDY AD EMBELIA CLUBETY NY A SEE DESC. OF OPERATIONS 10/01/2018 CARAGE EXCLUDEDY \$ \$ AD ED ENTRING VIENCICLES (MERIA AUTOR EXCLUDEDY NY A REPMSW00001-02 10/01/2017 10/01/2018 SCHEDULED \$ AD CRIMENTING VIENCICLES (MERIA A				INC WRONGFUL REPO				PERSONAL & ADV INJURY	\$ 1,000,000.00				
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	ANDOVER			MA 01810		6	1988-2010 A		All rights reserved				



DATE (MM/DD/YYYY) 09/21/2017

	_	CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS											
CE TH RE	HIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS ERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. HIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED EPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the rms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the ertificate holder in lieu of such endorsement(s).												
ter	ms	and conditions of	f the policy, ce	rtain	polic								
PROD				enner			CONTA			HTHOUSE INSURANC		22	
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		IG., INC./RS						<u>o, Ext):</u> 703-30 ss: <u>CERTIFI</u>			100-0	00-0000	
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	GEN	ERAL LIABILITY		Y		RRPMSW00001-02				EACH OCCURRENCE	\$ 1	,000,000.00	
A	Х	COMMERCIAL GENERA	AL LIABILITY			IG., INC./RSIG MASTER				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00	
		CLAIMS-MADE	X OCCUR			INC ERRORS & OMISSIC	ONS			MED EXP (Any one person)	\$	5,000.00	
[INC WRONGFUL REPO				PERSONAL & ADV INJURY	\$ 1	,000,000.00	
	DRIVE-AWAY - \$1MIL GENERAL AGGREGATE \$ 5,000,000.00												
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c		ANY AUTO		•		PRPSW008238-01		06/13/2017	06/13/2018		\$		
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[1	HIRED AUTOS X	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
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Α		UMBRELLA LIAB	X OCCUR			RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	_{\$} 2	,000,000.00	
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		DED RETENTION	۷\$								\$		
		KERS COMPENSATION EMPLOYERS' LIABILITY	v							WC STATU- OTH- TORY LIMITS ER			
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	(Man	CER/MEMBER EXCLUDE datory in NH)	ED?							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes DES	, describe under CRIPTION OF OPERATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α		ME/EMP DISHONE				RRPMSW00001-02		10/01/2017	10/01/2018	LIMIT: \$1,000,000.00			
A	GAF	RAGEKEEPERS DI	RECT PRIMARY			RRPMSW00001-02				GKDP LIMIT: \$300,00	00.00		
в	GAF	RAGEKEEPERS EX	CESS			B113610002C160001		10/01/2017	10/01/2018	GKDP EXCESS: \$700),000.	00	
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		3200 BEECI	HLEAF COUR	Г									
	3200 BEECHLEAF COURT AUTHORIZED REPRESENTATIVE STE 1000												
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								©	1988-2010 A	CORD CORPORATION.	All rig	phts reserved.	



DATE (MM/DD/YYYY) 09/21/2017

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CE TH	HIS CERTIFICATE IS ISSUED AS A M ERTIFICATE DOES NOT AFFIRMATIVEI HIS CERTIFICATE OF INSURANCE EPRESENTATIVE OR PRODUCER, AND	LY OR NE DOES	EGATIVELY AMEND, EXT NOT CONSTITUTE A	END C	OR ALTER TH	E COVERAG	E AFFORDED BY THE F	POLICI	ES BELOW.					
IM	IPORTANT: If the certificate holder is rms and conditions of the policy, cer	an ADDI	TIONAL INSURED, the po	olicy(ie	es) must be e	ndorsed. If	SUBROGATION IS WAIV	ED, su	bject to the					
	ertificate holder in lieu of such endorse		cies may require an endo			ment on this	certificate does not co	onter r	ignts to the					
PRO	DUCER													
	IG., INC./RSIG			A/C, No	_{D, Ext):} 703-36	5-0199//LH7 CATES@RS	03.365.0362 FAX (A/C, No):	703-36	35-0636					
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	IG., INC. / RSIG			INSURE	R C: PLAZA II	NSURANCE (COMPANY		30945					
	BIGFOOT RECOVERY, LLC	;	1375	INSURE	R D:									
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CO		IFICATE	NUMBER: RRPMSW00	INSURE			REVISION NUMBER:	17-18	Renewal					
	HIS IS TO CERTIFY THAT THE POLICIES C							-						
CE	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.													
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	GENERAL LIABILITY	Y	RRPMSW00001-02				EACH OCCURRENCE	s 1,	000,000.00					
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	CLAIMS-MADE X OCCUR INC ERRORS & OMISSIONS INC WRONGELIL REPO DEBSONAL & ADV (NULLEX) \$ 1,000,000,000													
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С			PRPSW008238-01		06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$						
	ALL OWNED X SCHEDULED AUTOS		COMP/COLL DED \$10	00			BODILY INJURY (Per accident) PROPERTY DAMAGE	\$						
	X HIRED AUTOS X NON-OWNED AUTOS						(Per accident)	\$						
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	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$						
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•	DESCRIPTION OF OPERATIONS below				40/04/0047	40/04/0040	E.L. DISEASE - POLICY LIMIT	\$						
A A	CRIME/EMP DISHONESTY GARAGEKEEPERS DIRECT PRIMARY		RRPMSW00001-02 RRPMSW00001-02				LIMIT: \$1,000,000.00 GKDP LIMIT: \$300,00	0 00						
В	GARAGEKEEPERS EXCESS		B113610002C160001				GKDP EXCESS: \$700		00					
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	HUDSONVILLE		MI 49426			~ cura	- Henry							

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DATE (MM/DD/YYYY) 09/21/2017

	IS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS												
CE TH	ERTIFIC	CATE DOES NOT	F AFFIRMATIVE	ELY C	OR NE	GATIVE NOT (LY AMEND, CONSTITUTE	EXTEND C	OR ALTER TH	IE COVERAG	PON THE CERTIFICAT BE AFFORDED BY THE I SSUING INSURER(POLIC	IES BELOW.
tei	rms an		the policy, ce	rtain	polic						SUBROGATION IS WAIN certificate does not co		
	DUCER	te nolder in lieu c	or such endorse	emer	it(s).			CONTA				= 01/	<u></u>
FRUL	JUCER										HTHOUSE INSURANC		
		IG., INC./RS										703-3	65-0636
		RECOVERY				ANCE	GROUP	ADDRE	ss: <u>CERTIFI</u>	CATES@RS	SIG.COM		
		SWBC INSURA	NCE SERVICES	S INC					INS	SURER(S) AFFOR	DING COVERAGE		NAIC #
		9811 S IH 35, B	LDG 1, STE 100), AU	ISTIN	, TX 787	44	INSURE	RA: ROCKHI	LL INSURAN	CE COMPANY		28053
INSU	RED							INSURE	R B: LLOYDS	OF LONDON	1		15792
		IG., INC. / RS	IG					INSURE	R C: PLAZA I	NSURANCE (COMPANY		30945
		BIGFOOT RE	COVERY, LLC	2			1375	INSURE					
		PO BOX 76						INSURE					
		PROSPERITY	(SC	29127	INSURE					
CO	VERAG	FS	CER	TIFIC	ATE	NUMBE	R: RRPMS				REVISION NUMBER:	17-18	BRenewal
											NAMED ABOVE FOR THE		
IN Ce	DICATE ERTIFIC	D. NOTWITHSTA	NDING ANY REC UED OR MAY PE ONS OF SUCH P	QUIRE ERTAI OLICII	MENT N, T ES. LII	, TERM HE INSU	OR CONDITION RANCE AFFOR	N OF ANY RDED BY T	CONTRACT O HE POLICIES EEN REDUCE	R OTHER DOO DESCRIBED H D BY PAID CLA	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	to we	HICH THIS
INSR LTR		TYPE OF INSUR	ANCE	ADDL INSR	SUBR WVD		POLICY NUMBE	R	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENER					RRPM	SW00001-02				EACH OCCURRENCE	s 1	,000,000.00
А	X co	OMMERCIAL GENERAI					/RSIG MASTE	R	10/01/2011	10/01/2010	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00
			XOCCUR			-	RORS & OMIS				MED EXP (Any one person)	\$	5.000.00
			00001				ONGFUL REP				PERSONAL & ADV INJURY	•	,000,000.00
								0					· · ·
	DRIVE-AWAY - \$1MIL GENERAL AGGREGATE \$ 5,000,000.00 GEN'L AGGREGATE LIMIT APPLIES PER: CARGO/ON-HOOK - \$1MIL PRODUCTS - COMP/OP AGG \$ 3,000,000.00												
	1												, ,
			LOC			KEI 00	SESSED AUT	J -φπνii∟			REPO IN TRANSIT		,000,000.00
-	AUTON										COMBINED SINGLE LIMIT (Ea accident)		,000,000.00
С		NY AUTO L OWNED	SCHEDULED			-	V008238-01		06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$	
	AL	JTOS ^	AUTOS			COMP/	COLL DED	\$1000			BODILY INJURY (Per accident)	\$	
	Хні	RED AUTOS X	NON-OWNED AUTOS								PROPERTY DAMAGE (Per accident)	\$	
												\$	
А	UN	IBRELLA LIAB	X OCCUR			RRPMS	SW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	_{\$} 2	,000,000.00
	XEX	CESS LIAB	CLAIMS-MADE			SEE DE	SC. OF OPER	ATIONS			AGGREGATE	\$ IN	C. GEN AGG
	DE	ED RETENTION	\$									\$	
		ERS COMPENSATION									WC STATU- OTH- TORY LIMITS ER	-	
		MPLOYERS' LIABILITY OPRIETOR/PARTNER									E.L. EACH ACCIDENT	\$	
	OFFICE	R/MEMBER EXCLUDE		N/A							E.L. DISEASE - EA EMPLOYEE		
	If ves. de	escribe under									E.L. DISEASE - POLICY LIMIT		
^		E/EMP DISHONES					SW00001-02		10/01/0047	10/01/2010		¢	
A A							SW00001-02 SW00001-02				LIMIT: \$1,000,000.00 GKDP LIMIT: \$300,00		
B		GEKEEPERS EX					10002C1600				GKDP EXCESS: \$700		00
		OF OPERATIONS / LO		ES / A+	tach A						GRDF EAGESS. \$700	,000.	00
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											BY WRITTEN CONT		
											0 LIMIT WITH A \$5,00		
		PARATE EXCES				20121.				L \$0,000,00		0,000	
		LED AUTO: 14				5983							
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CEF	RTIFIC	CATE HOLDER	2					CAN	CELLATION	1			•
											ESCRIBED POLICIES BE C		
		BUTLER & A	SSOCIATES								REOF, NOTICE WILL I	BE DE	ELIVERED IN
								ACC	ORDANCE WI	IN THE POLIC	Y PROVISIONS.		
		1314 W MC	DERMOTT DF					AUTHO					
	AUTHORIZED REPRESENTATIVE												
		ALLEN				ТΧ	75013			Dana	dan.		
						IA	10010			Nuna	× 4444 4		
									©	1988-2010 A	CORD CORPORATION.	All rig	ghts reserved.



DATE (MM/DD/YYYY) 09/21/2017

	HIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS												
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIVE THIS CERTIFICATE OF INSURANCE REPRESENTATIVE OR PRODUCER, AN	ELY OR	NEGATIVELY AMEND, EXT S NOT CONSTITUTE A	END C	R ALTER TH	IE COVERAG	E AFFORDED BY THE	POLICIES BELOW.						
IMPORTANT: If the certificate holder is terms and conditions of the policy, ce certificate holder in lieu of such endors	rtain po	olicies may require an endo											
PRODUCER	ement(s	5).	CONTAC			HTHOUSE INSURANC							
IG., INC./RSIG						03.365.0362							
RECOVERY SPECIALIS		IRANCE GROUP	E-MAIL		CATES@RS		100 000 0000						
SWBC INSURANCE SERVICES			ADDITE			DING COVERAGE	NAIC #						
9811 S IH 35, BLDG 1, STE 100), AUST	TIN, TX 78744	INSURE		. ,	CE COMPANY	28053						
INSURED			INSURE	к b: LLOYDS	OF LONDON	١	15792						
IG., INC. / RSIG			INSURE	R C: PLAZA II	SURANCE (COMPANY	30945						
BIGFOOT RECOVERY, LLC	2	1375	INSURE	R D:									
PO BOX 76			INSURE	R E:									
PROSPERITY		SC 29127	INSURE										
		E NUMBER: RRPMSW00				REVISION NUMBER:	17-18Renewal						
THIS IS TO CERTIFY THAT THE POLICIES (INDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH PE	QUIREME ERTAIN,	ENT, TERM OR CONDITION OF THE INSURANCE AFFORDED	F ANY (D BY TH	CONTRACT O	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT IEREIN IS SUBJECT TO A	TO WHICH THIS						
INSR LTR TYPE OF INSURANCE	ADDL SU	BR /D POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s						
GENERAL LIABILITY		RRPMSW00001-02				EACH OCCURRENCE	\$ 1,000,000.00						
A X COMMERCIAL GENERAL LIABILITY		IG., INC./RSIG MASTER				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00						
CLAIMS-MADE X OCCUR		INC ERRORS & OMISSIO	NS			MED EXP (Any one person)	\$ 5,000.00						
		INC WRONGFUL REPO				PERSONAL & ADV INJURY	\$ 1,000,000.00						
DRIVE-AWAY - \$1MIL GENERAL AGGREGATE \$ 5,000,000.00 051/// 400550475 UNIT ADDUSO 550 CARGO/ON-HOOK - \$1MIL DEDUST - 2000,000,000													
GEN'L AGGREGATE LIMIT APPLIES PER:	GEN'L AGGREGATE LIMIT APPLIES PER: CARGO/ON-HOOK - \$1MIL PRODUCTS - COMP/OP AGG \$ 3,000,000.00												
X POLICY PRO- JECT LOC		REPOSSESSED AUTO -\$	1MIL				\$ 1,000,000.00						
						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00						
C ANY AUTO ALL OWNED X SCHEDULED		PRPSW008238-01		06/13/2017	06/13/2018		\$						
		COMP/COLL DED \$100	00			BODILY INJURY (Per accident) PROPERTY DAMAGE	\$						
X HIRED AUTOS X AUTOS						(Per accident)	\$						
				40/04/0047	40/04/0040	EACH OCCURRENCE	\$ \$ 2,000,000.00						
A UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE		RRPMSW00001-02 SEE DESC. OF OPERATIO	ONS	10/01/2017	10/01/2018	AGGREGATE	\$ INC. GEN AGG						
DED RETENTION \$						AGGREGATE	\$						
WORKERS COMPENSATION						WC STATU- TORY LIMITS ER							
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$						
OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE							
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT							
A CRIME/EMP DISHONESTY		RRPMSW00001-02		10/01/2017	10/01/2018	LIMIT: \$1,000,000.00							
A GARAGEKEEPERS DIRECT PRIMARY		RRPMSW00001-02		10/01/2017	10/01/2018	GKDP LIMIT: \$300,00	00.00						
B GARAGEKEEPERS EXCESS		B113610002C160001				GKDP EXCESS: \$700	0,000.00						
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) SIG MEMBER SINCE: 06/12/08 -30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY IEMBER REQUEST & ADDITIONAL INSURED STATUS, APPLIES TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACT OCATION: 8534 HWY 76, PROSPERITY, SC 29127. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY ICHEDULED AUTO: 14 RAM #2980; 15 RAM #5983													
CERTIFICATE HOLDER			CANC	ELLATION									
CAPITAL RECOVERY GR 520-615-4115 / <u>INFO@CR</u> 1790 E RIVER RD			SHO THE ACC	ULD ANY OF 1 EXPIRATION	THE ABOVE DI DATE THE TH THE POLIC	ESCRIBED POLICIES BE C REOF, NOTICE WILL I Y PROVISIONS.							
SUITE #101					N	~							
TUCSON		AZ 85718			Dana	Olan.							
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DATE (MM/DD/YYYY) 09/21/2017

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CE TH RE	RTII IS PRE	FICATE DOES NO CERTIFICATE O ESENTATIVE OR P	T AFFIRMATIVE F INSURANCE PRODUCER, AN	ELY C E DO D TH	DR NI DES E CE	EGATIVELY AMEND, NOT CONSTITUTE RTIFICATE HOLDER	EXTEND C E A CON R.	OR ALTER TH TRACT BET	IE COVERAG	PON THE CERTIFICAT SE AFFORDED BY THE SUING INSURER(POLICI S), Al	ES BELOW. UTHORIZED	
ter	ms		f the policy, ce	rtain	polio					SUBROGATION IS WAIN certificate does not co			
PROD							CONTA NAME		RSIG - LIGI	HTHOUSE INSURANC	E SV(2S	
										03.365.0362 FAX (A/C, No):			
		IG., INC./RS		т ілі	end	ANCE GROUP	E-MAIL	ss: CERTIFI			100 0	00 0000	
			ANCE SERVICES			ANCE GROUP	ADDRE			DING COVERAGE		NAIC #	
			BLDG 1, STE 100			TX 78744			()			28053	
INSU	RED			, , , , , , ,		, 17710111		RB: LLOYDS				15792	
11001		IG., INC. / RS	SIG					R C: PLAZA II				30945	
		,	ECOVERY, LLO	2		1375	INSURE		NOUNAINCE (00040	
		PO BOX 76					INSURE						
		PROSPERIT	Y			SC 29127	INSURE						
CO	/ER/	AGES	CER	TIFIC	ATE	NUMBER: RRPMS				REVISION NUMBER:	17-18	Renewal	
TH	IS IS	TO CERTIFY THAT								NAMED ABOVE FOR THE	-		
CE	RTIF	ICATE MAY BE ISS	UED OR MAY PI	ERTA OLICI	IN, T ES. LI		RDED BY T	HE POLICIES	DESCRIBED F D BY PAID CLA	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A NIMS.			
INSR LTR		TYPE OF INSUR	ANCE	ADDL INSR	SUBR WVD	POLICY NUMB	ER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GEN	ERAL LIABILITY				RRPMSW00001-02	2			EACH OCCURRENCE	\$1,	000,000.00	
A	Х	COMMERCIAL GENERA				IG., INC./RSIG MAST	ER			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00	
		CLAIMS-MADE	X OCCUR			INC ERRORS & OMI	ISSIONS			MED EXP (Any one person)	\$	5,000.00	
						INC WRONGFUL RE	PO			PERSONAL & ADV INJURY	\$1,	000,000.00	
	DRIVE-AWAY - \$1MIL GENERAL AGGREGATE \$ 5,000,000.00												
	GEN'L AGGREGATE LIMIT APPLIES PER: CARGO/ON-HOOK - \$1MIL PRODUCTS - COMP/OP AGG \$ 3,000,000.00												
		POLICY PRO- JECT	LOC			REPOSSESSED AUT	ΓΟ -\$1MIL			REPO IN TRANSIT	\$1,	000,000.00	
	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$1,	000,000.00	
C			SCHEDULED			PRPSW008238-01		06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$		
-		ALL OWNED X	AUTOS			COMP/COLL DED	\$1000			BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
-	Х	HIRED AUTOS X	NON-OWNED AUTOS							(Per accident)	\$		
											\$		
A		F	X OCCUR			RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	φ <i>'</i>	000,000.00	
-	X	EXCESS LIAB	CLAIMS-MADE			SEE DESC. OF OPEI	RATIONS			AGGREGATE	\$ ING	C. GEN AGG	
		DED RETENTION								WC STATU- OTH-	\$		
	AND	EMPLOYERS' LIABILITY	Y Y/N							TORY LIMITS ER			
	OFFI	PROPRIETOR/PARTNER CER/MEMBER EXCLUDE	R/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	If yes	datory in NH) , describe under								E.L. DISEASE - EA EMPLOYEE			
_	DÉS	CRIPTION OF OPERATIO					<u></u>	10/01/0047	10/01/0040	E.L. DISEASE - POLICY LIMIT			
		ME/EMP DISHONE RAGEKEEPERS DII				RRPMSW00001-0. RRPMSW00001-0.				LIMIT: \$1,000,000.00 GKDP LIMIT: \$300,00			
		RAGEKEEPERS EX				B113610002C1600				GKDP EIWIT. \$500,00		00	
-				ES (A	tach A	CORD 101, Additional Rema				CADI EAGE00. 9700	,		
				•		•		•	• •	AYMENT OR CANCE	LLATI	ON BY	
										BY WRITTEN CONT			
						29127. PRIMARY	LIMITS PR	OVIDE FUL	L \$3,000,00	0 LIMIT WITH A \$5,00	0,000	AGG IN LIEU	
		EPARATE EXCE				-000							
SCF	יבר	ULED AUTO: 14	RAIVI #2980; 1	э К/	-\IVI #	0903							
CER		ICATE HOLDER	२				CAN						
		CAPROCK A	AUTO REMAR	KET	ING					REOF, NOTICE WILL Y PROVISIONS.	DE DE	LIVERED IN	
		817-764-225	58										
		6750 LOCK					AUTHO	RIZED REPRESE	NTATIVE				
		SUITE #203							D.				
		FORT WOR	TH			TX 76116			Nan	Chan.			
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DATE (MM/DD/YYYY) 09/21/2017

<u> </u>		U EI(I								09	/21/2017	
CI TH	ERTIFI	ERTIFICATE IS ISSUED AS A M CATE DOES NOT AFFIRMATIVE ERTIFICATE OF INSURANCE ENTATIVE OR PRODUCER, AN	ELY C	OR NI	EGATIVELY AMEND, EXT NOT CONSTITUTE A	END C	OR ALTER TH	E COVERAG	SE AFFORDED BY THE	POLICI	ES BELOW.	
te	rms ar	ANT: If the certificate holder is nd conditions of the policy, ce te holder in lieu of such endorse	rtain	polio	TIONAL INSURED, the po cies may require an endo	olicy(ie orseme	es) must be e ent. A state	ndorsed. If ment on this	SUBROGATION IS WAI	VED, su onfer ri	ibject to the ights to the	
	DUCER		enner	ii(s).		CONTA NAME			HTHOUSE INSURAN		21	
		IG., INC./RSIG									65-0636	
		RECOVERY SPECIALIS		SUR	ANCE GROUP	E-MAIL	ss: CERTIFI	CATES@RS				
		SWBC INSURANCE SERVICES				1.00112			DING COVERAGE		NAIC #	
		9811 S IH 35, BLDG 1, STE 100), AU	ISTIN	, TX 78744	INSURE			CE COMPANY		28053	
INSU	RED					INSURE	R B: LLOYDS	OF LONDON	1		15792	
		IG., INC. / RSIG				INSURE	R C: PLAZA II	NSURANCE (COMPANY		30945	
		BIGFOOT RECOVERY, LLC	2		1375	INSURE	R D:					
		PO BOX 76			00 00407	INSURE	R E:					
		PROSPERITY			SC 29127	INSURE						
	VERAC				NUMBER: RRPMSW00				REVISION NUMBER:	-	Renewal	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICI PI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSURANCE INSR TYPE OF INSURANCE											IICH THIS	
INSR LTR												
	GENER		Y		RRPMSW00001-02				EACH OCCURRENCE	\$ 1,	000,000.00	
А	X c	OMMERCIAL GENERAL LIABILITY			IG., INC./RSIG MASTER				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00	
		CLAIMS-MADE X OCCUR			INC ERRORS & OMISSIO	NS			MED EXP (Any one person)	\$	5,000.00	
					INC WRONGFUL REPO				PERSONAL & ADV INJURY	· · · · ·	000,000.00	
	∟∟_				DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE		000,000.00	
					CARGO/ON-HOOK - \$1MI				PRODUCTS - COMP/OP AGG		000,000.00	
					REPOSSESSED AUTO -\$	1 MIL			REPO IN TRANSIT	-	000,000.00	
-		MOBILE LIABILITY	Υ						COMBINED SINGLE LIMIT (Ea accident)	,	000,000.00	
С		NY AUTO			PRPSW008238-01		06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$		
	14	UTOS A AUTOS			COMP/COLL DED \$10	00			BODILY INJURY (Per accident) PROPERTY DAMAGE			
	Хн	IRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
٨							40/04/0047	40/04/0040		\$	000.000.00	
А					RRPMSW00001-02 SEE DESC. OF OPERATIO	ONS	10/01/2017	10/01/2018	EACH OCCURRENCE	ψ ,	C. GEN AGG	
									AGGREGATE	<u> </u>	J. OLN AGO	
		ED RETENTION \$ ERS COMPENSATION							WC STATU- OTH	-		
		MPLOYERS' LIABILITY Y / N ROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICE	ER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEI			
	If yes, d	lescribe under RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	-		
А		E/EMP DISHONESTY			RRPMSW00001-02		10/01/2017	10/01/2018	LIMIT: \$1,000,000.00			
А	GARA	AGEKEEPERS DIRECT PRIMARY			RRPMSW00001-02				GKDP LIMIT: \$300,0			
В		AGEKEEPERS EXCESS			B113610002C160001				GKDP EXCESS: \$70	0,000.0	00	
RSI ME LOC OF	IG ME MBER CATIC A SEF	NOF OPERATIONS / LOCATIONS / VEHICL MBER SINCE: 06/12/08 -30 D R REQUEST & ADDITIONAL II DN: 8534 HWY 76, PROSPER PARATE EXCESS LIABILITY LED AUTO: 14 RAM #2980; 1	AY (NSU RITY, POL	CAN RED SC ICY	CELLATION NOTICE E STATUS, APPLIES TO 29127. PRIMARY LIMI ⁻	XCEP	T IN CASES	S OF NON-F DER AS REC	BY WRITTEN CON	FRACT		
0.51	סדורי					C A 114		1				
UE	<u>x (</u>	CATE HOLDER				CAN	CELLATION	•				
		CAROLINA TITLE LOANS, 770-587-5798		;		THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE (REOF, NOTICE WILL Y PROVISIONS.			
	8601 DUNWOODY PLACE AUTHORIZED REPRESENTATIVE											
		SUITE #406 ATLANTA			GA 30350	Dreadown.						
					UA 30300	Danactoan						

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DATE (MM/DD/YYYY) 09/21/2017

5								09/	/21/2017
CE TH	IS CERTIFICATE IS ISSUED AS A M RTIFICATE DOES NOT AFFIRMATIVE IS CERTIFICATE OF INSURANCE PRESENTATIVE OR PRODUCER, AN	ELY OR NE DOES	NEGATIVELY AMEND, EXT		R ALTER TH	IE COVERAC	SE AFFORDED BY THE	POLICI	ES BELOW.
ter	PORTANT: If the certificate holder is ms and conditions of the policy, ce rtificate holder in lieu of such endorse	rtain pol	licies may require an endo	olicy(ie orseme	es) must be e ent. A state	ndorsed. If ment on this	SUBROGATION IS WAIN certificate does not co	/ED, su onfer ri	ibject to the ights to the
	UCER	ement(3)		CONTA		RSIG - LIGI	HTHOUSE INSURANC	E SVC	S
	IG., INC./RSIG								65-0636
	RECOVERY SPECIALIS		RANCE GROUP			CATES@RS			
	SWBC INSURANCE SERVICES			ADDRE			DING COVERAGE		NAIC #
	9811 S IH 35, BLDG 1, STE 100), AUSTI	N, TX 78744	INSURE		()	CE COMPANY		28053
INSU		,				OF LONDON			15792
	IG., INC. / RSIG					NSURANCE			30945
	BIGFOOT RECOVERY, LLC	2	1375	INSURE					
	PO BOX 76			INSURE					
	PROSPERITY		SC 29127	INSURE					
CO\	/ERAGES CER	TIFICATE	E NUMBER: RRPMSWOO				REVISION NUMBER:	17-18	Renewal
	IS IS TO CERTIFY THAT THE POLICIES								
CE	DICATED. NOTWITHSTANDING ANY REC RTIFICATE MAY BE ISSUED OR MAY PE CLUSIONS AND CONDITIONS OF SUCH PE	ERTAIN,	THE INSURANCE AFFORDED	D BY TI	HE POLICIES EEN REDUCE	DESCRIBED H D BY PAID CLA	HEREIN IS SUBJECT TO A		
INSR LTR	TYPE OF INSURANCE	ADDL SUBI	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY		RRPMSW00001-02				EACH OCCURRENCE	\$ 1 ,	000,000.00
A	X COMMERCIAL GENERAL LIABILITY		IG., INC./RSIG MASTER				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00
ſ	CLAIMS-MADE X OCCUR		INC ERRORS & OMISSIC	NS			MED EXP (Any one person)	\$	5,000.00
[INC WRONGFUL REPO				PERSONAL & ADV INJURY	\$1,	000,000.00
			DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE	\$5,	000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:		CARGO/ON-HOOK - \$1MI	L			PRODUCTS - COMP/OP AGG	\$3,	000,000.00
	X POLICY PRO- JECT LOC		REPOSSESSED AUTO -\$	1MIL			REPO IN TRANSIT	\$1,	000,000.00
							COMBINED SINGLE LIMIT (Ea accident)	\$1,	000,000.00
c	ANY AUTO		PRPSW008238-01		06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS		COMP/COLL DED \$10	00			BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	UMBRELLA LIAB X OCCUR		RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	_{\$} 2,	000,000.00
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATION	ONS			AGGREGATE	\$ INC	C. GEN AGG
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
	CRIME/EMP DISHONESTY		RRPMSW00001-02				LIMIT: \$1,000,000.00		
	GARAGEKEEPERS DIRECT PRIMARY		RRPMSW00001-02				GKDP LIMIT: \$300,00		
-	GARAGEKEEPERS EXCESS RIPTION OF OPERATIONS / LOCATIONS / VEHICL		B113610002C160001				GKDP EXCESS: \$700	0,000.0	00
RSI MEN LOC	G MEMBER SINCE: 06/12/08 -30 D MBER REQUEST & ADDITIONAL II CATION: 8534 HWY 76, PROSPER A SEPARATE EXCESS LIABILITY IEDULED AUTO: 14 RAM #2980; 1	DAY CAN NSUREI RITY, SC POLICY	NCELLATION NOTICE E D STATUS, APPLIES TO C 29127. PRIMARY LIMI	XCEP	T IN CASES	S OF NON-F DER AS REC	BY WRITTEN CONT	RACT	
CER	TIFICATE HOLDER			CAN	CELLATION				
	COMPUTER INFORMATIO 626-448-8708 / <u>NPALMA@</u> 713 W DUARTE RD			THE ACC	EXPIRATION	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE C REOF, NOTICE WILL I Y PROVISIONS.		
	SUITE #106		CA 04007			Nu	Am		
	ARCADIA CA 91007 Qual Can								
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DATE (MM/DD/YYYY) 09/21/2017

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CE TH	HS CERTIFICATE IS ISSUED AS A M. ERTIFICATE DOES NOT AFFIRMATIVEI HS CERTIFICATE OF INSURANCE EPRESENTATIVE OR PRODUCER, AND	LY OR NI DOES	EGATIVELY AMEND, EXT NOT CONSTITUTE A	END C	R ALTER TH	E COVERAG	SE AFFORDED BY THE	POLICIE	ES BELOW.	
ter	PORTANT: If the certificate holder is rms and conditions of the policy, cert rtificate holder in lieu of such endorse	tain polie	TIONAL INSURED, the po cies may require an endo	olicy(ie orseme	es) must be e ent. A state	ndorsed. If ment on this	SUBROGATION IS WAIN	/ED, su onfer rig	bject to the ghts to the	
	DUCER	meni(3).		CONTA NAME			HTHOUSE INSURANC	E SVC	S	
	IG., INC./RSIG		-				703.365.0362 FAX (A/C, No):			
	RECOVERY SPECIALIST			E-MAIL		CATES@RS	SIG.COM			
	SWBC INSURANCE SERVICES			TUBBILE			DING COVERAGE		NAIC #	
	9811 S IH 35, BLDG 1, STE 100,	AUSTIN	I, TX 78744	INSURE	RA: ROCKHI	LL INSURAN	CE COMPANY		28053	
INSUF	RED			INSURE	к b: LLOYDS	OF LONDON	١		15792	
	IG., INC. / RSIG			INSURE	R C: PLAZA I	NSURANCE (COMPANY		30945	
	BIGFOOT RECOVERY, LLC	;	1375	INSURE	R D:					
	PO BOX 76			INSURE	R E:					
	PROSPERITY		SC 29127	INSURE						
			NUMBER: RRPMSW00				REVISION NUMBER:	-	Renewal	
INE CE	HIS IS TO CERTIFY THAT THE POLICIES O DICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY PE ICLUSIONS AND CONDITIONS OF SUCH PO	UIREMEN [.] RTAIN, T	T, TERM OR CONDITION OF THE INSURANCE AFFORDED	ANY (BY TI	CONTRACT O	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	то whi	CH THIS	
INSR LTR	TYPE OF INSURANCE	NSR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
GENERAL LIABILITY Y RRPMSW00001-02 10/01/2017 10/01/2018 EACH OCCURRENCE \$ 1,000										
A	X COMMERCIAL GENERAL LIABILITY		IG., INC./RSIG MASTER				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1	00,000.00	
	CLAIMS-MADE X OCCUR		INC ERRORS & OMISSIO	NS			MED EXP (Any one person)	\$	5,000.00	
			INC WRONGFUL REPO				PERSONAL & ADV INJURY	\$ 1,0	00,000.00	
			DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE	\$ 5,0	000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:		CARGO/ON-HOOK - \$1MII				PRODUCTS - COMP/OP AGG	\$ 3,0	00,000.00	
	X POLICY PRO- JECT LOC		REPOSSESSED AUTO -\$	1MIL			REPO IN TRANSIT	\$ 1,0	000,000.00	
		Y					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,0	00,000.00	
C			PRPSW008238-01		06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$		
ļ	ALL OWNED X SCHEDULED AUTOS X SCHEDULED		COMP/COLL DED \$100	00			BODILY INJURY (Per accident)	\$		
ļ	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
								\$		
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	DED RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU- OTH- TORY LIMITS ER			
		N/A					E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below				/ /.	/ /.	E.L. DISEASE - POLICY LIMIT	\$		
			RRPMSW00001-02				LIMIT: \$1,000,000.00			
	GARAGEKEEPERS DIRECT PRIMARY		RRPMSW00001-02				GKDP LIMIT: \$300,00		0	
-	GARAGEKEEPERS EXCESS	C (Attack A	B113610002C160001	ماريات			GKDP EXCESS: \$700	0,000.0	0	
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SCH	HEDULED AUTO: 14 RAM #2980; 15	5 RAM #	5983							
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	CONSOLIDATED ASSET R 919-573-0321 // <u>INSURANC</u> 4800 SIX FORKS RD		-	THE ACC	EXPIRATION	I DATE THE TH THE POLIC	ESCRIBED POLICIES BE C REOF, NOTICE WILL I Y PROVISIONS.			
	STE 350					Deer	Am			
	RALEIGH		NC 27609			Nara	CACHAN .			
					©	1988-2010 A	CORD CORPORATION.	All righ	ts reserved.	



DATE (MM/DD/YYYY) 09/21/2017

Certificate Docs Not AFFRMATURELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW THIS CERTIFICATE ON INJURATION OR NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INJUREDS, SUPJECT TO ME THE CERTIFICATE INDUCES MAY FORDIAL INSUEDD. In policy(es) must be endorsed. If SUBROGATION IS WAIVED, subject to the torms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate bodes not confer rights to the certificate holds: an ADDITIONAL INSUED. Insufficient bodes not confer rights to the certificate holds: an ADDITIONAL INSUED. Insufficient bodes not confer rights to the certificate holds: an ADDITIONAL INSUED. Insufficient bodes not confer rights to the certificate holds: an ADDITIONAL INSUED. Insufficient bodes not confer rights to the certificate holds: an ADDITIONAL INSUED. Insufficient bodes not confer rights to the certificate holds: an ADDITIONAL INSUED. Insufficient bodes not confer rights to the certificate holds: an ADDITIONAL INSUED. Insufficient bodes not confer rights to the certificate holds: an ADDITIONAL INSUED. Insufficient bodes not confer rights to the certificate holds: an ADDITIONAL INSUED. Insufficient bodes not confer rights to the certificate holds: an ADDITIONAL INSUED. Insufficient bodes not confer rights to the certificate holds: an ADDITIONAL INSUED. Insufficient bodes not confer rights to the certificate holds: an ADDITIONAL INSUED. Insufficient bodes not confer rights to the certificate holds: an ADDITIONAL INSUED. Insufficient bodes not confer rights to the certificate holds: an ADDITIONAL INSUED. Insufficient bodes not confer rights to the certificate holds: an ADDITIONAL INSUED. Insufficient bodes not confer rights to the certificate holds: an ADDITIONAL INSUED. Insufficient bodes not confer rights to the certificate holds: an ADDITIONAL INSUED. Insufficient bodes not confer rights. Intervient and conference and and an ADDITIONAL INSUED. Insufficient bodes not conference certificate holds: an ADDITIONAL INS	IMPORTANT: If the conflicture holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROATION IS WAVED, subject to the certificate doal of subject of his certificate doal of confer rights to the certificate doal of subject of his certificate doal of confer rights to the certificate doal of subject of his certificate doal of confer rights to the certificate doal of subject of his certificate doal of confer rights to the certificate doal of subject of his certificate doal of subject of his certificate doal of subject of his certificate doal of confer rights to the certificate doal of subject of his certificate doal of confer rights to the certificate doal of subject of his certificate doal of confer rights to the certificate doal of subject of his certificate doal of confer rights to the certific	<u> </u>	_									09/	/21/2017	
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DATE (MM/DD/YYYY) 09/21/2017

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CE TH	IS CERTIFICATE IS ISSUED AS A M RTIFICATE DOES NOT AFFIRMATIVE IS CERTIFICATE OF INSURANCE PRESENTATIVE OR PRODUCER, ANI	LY C	DR NE	EGATIVELY AMEND, EXT NOT CONSTITUTE A	END O	R ALTER TH	IE COVERAG	E AFFORDED BY THE	POLICI	ES BELOW.	
ter	PORTANT: If the certificate holder is ms and conditions of the policy, cer tificate holder in lieu of such endorse	tain	polic	TIONAL INSURED, the po ties may require an endo	olicy(ie orseme	s) must be e ent. A state	ndorsed. If ment on this	SUBROGATION IS WAIN certificate does not co	ED, su onfer ri	ibject to the ights to the	
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	IG., INC./RSIG							03.365.0362 FAX (A/C, No):			
	RECOVERY SPECIALIST		CIID		E-MAIL		CATES@RS				
	SWBC INSURANCE SERVICES			ANCL GROUP	ADDRES			DING COVERAGE		NAIC #	
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	IG., INC. / RSIG										
	BIGFOOT RECOVERY, LLC	2		1375	INSURE		NOURANCE			30945	
	PO BOX 76			1010							
	PROSPERITY			SC 29127	INSURE						
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	S IS TO CERTIFY THAT THE POLICIES C								-		
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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY	Y	_	RRPMSW00001-02				EACH OCCURRENCE	\$ 1,	000,000.00	
A	X COMMERCIAL GENERAL LIABILITY	•		IG., INC./RSIG MASTER				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00	
	CLAIMS-MADE X OCCUR			INC ERRORS & OMISSIC	NS			MED EXP (Any one person)	\$	5,000.00	
F				INC WRONGFUL REPO				PERSONAL & ADV INJURY	\$1,	000,000.00	
				DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE	\$ 5,	000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:			CARGO/ON-HOOK - \$1MI	L			PRODUCTS - COMP/OP AGG	\$ 3,	000,000.00	
	X POLICY PRO- JECT LOC			REPOSSESSED AUTO -\$	1MIL			REPO IN TRANSIT	\$ 1,	000,000.00	
	AUTOMOBILE LIABILITY	Y						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,	000,000.00	
с	ANY AUTO	'		PRPSW008238-01		06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$		
	ALL OWNED X SCHEDULED AUTOS X AUTOS			COMP/COLL DED \$10		00,10,2011	00/10/2010	BODILY INJURY (Per accident)	\$		
F	X HIRED AUTOS X NON-OWNED AUTOS			•••••••••••••••••				PROPERTY DAMAGE (Per accident)	\$		
F									\$		
Α	UMBRELLA LIAB X OCCUR			RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	s 2,	000,000.00	
	X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATIO	ONS			AGGREGATE	\$ INC	C. GEN AGG	
F	DED RETENTION \$								\$		
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER	•		
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYEE	-		
	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
	CRIME/EMP DISHONESTY			RRPMSW00001-02		10/01/2017	10/01/2018	LIMIT: \$1,000,000.00	•		
	GARAGEKEEPERS DIRECT PRIMARY			RRPMSW00001-02				GKDP LIMIT: \$300,00	0.00		
в	GARAGEKEEPERS EXCESS			B113610002C160001		10/01/2017	10/01/2018	GKDP EXCESS: \$700	,000.0	00	
RSIC MEN LOC OF A	REPTION OF OPERATIONS / LOCATIONS / VEHICLE G MEMBER SINCE: 06/12/08 -30 D IBER REQUEST & ADDITIONAL IN ATION: 8534 HWY 76, PROSPER A SEPARATE EXCESS LIABILITY F EDULED AUTO: 14 RAM #2980; 15	AY ISU ITY POL	CAN RED SC ICY	CELLATION NOTICE E STATUS, APPLIES TO 29127. PRIMARY LIMI	XCEP	T IN CASES	S OF NON-F DER AS REC	Q BY WRITTEN CONT	RACT		
CER	TIFICATE HOLDER				CANO	ELLATION	1				
	FIND JOHN DOE 916-404-7013 / <u>SUPPORT(</u> 9701 FAIR OAKS BLVD	@FI	NDJ	DHNDOE.COM	SHO THE ACC	ULD ANY OF ⁻ EXPIRATION ORDANCE WI	THE ABOVE DI N DATE THE TH THE POLIC	ESCRIBED POLICIES BE C REOF, NOTICE WILL I Y PROVISIONS.			
		9701 FAIR OAKS BLVD AUTHORIZED REPRESENTATIVE SUITE #201									
	FAIR OAKS			CA 95628			Dans	down.			
				UN 90020			Nana				
						©	1988-2010 A	CORD CORPORATION.	All rig	hts reserved.	



DATE (MM/DD/YYYY) 09/21/2017

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CE TH	RTIFICA	TIFICATE IS ISSUED AS A M ATE DOES NOT AFFIRMATIVE RTIFICATE OF INSURANCE NTATIVE OR PRODUCER, AN	LY OR N DOES	EGATIVELY AMEND, EXT NOT CONSTITUTE A	END C	OR ALTER TH	E COVERAG	E AFFORDED BY THE POLI	CIES BELOW.		
IM tei	PORTAN ms and	NT: If the certificate holder is conditions of the policy, ce holder in lieu of such endorse	an ADD rtain poli	ITIONAL INSURED, the po cies may require an end	olicy(ie orsem	es) must be e ent. A state	ndorsed. If ment on this	SUBROGATION IS WAIVED, certificate does not confer	subject to the rights to the		
	DUCER		emenu(s).					HTHOUSE INSURANCE S			
								703.365.0362 FAX (A/C, No): 703-			
		IG., INC./RSIG RECOVERY SPECIALIS			E-MAIL		CATES@RS	NG COM	000 0000		
		SWBC INSURANCE SERVICES			ADDRL			DING COVERAGE	NAIC #		
		9811 S IH 35, BLDG 1, STE 100	, AUSTI	N, TX 78744	INSURE				28053		
INSU	RED			·	INSURE		OF LONDON	· · · ·	15792		
		IG., INC. / RSIG			INSURE	R C: PLAZA I	NSURANCE	COMPANY	30945		
		BIGFOOT RECOVERY, LLC	2	1375	INSURE	R D:					
		PO BOX 76			INSURE	R E:					
		PROSPERITY		SC 29127	INSURE	R F:					
	/ERAGE			NUMBER: RRPMSW0					18Renewal		
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INSR LTR			ADDL SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
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А	X COM	IMERCIAL GENERAL LIABILITY	1	IG., INC./RSIG MASTER		10/01/2017	10/01/2010	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000.00		
		CLAIMS-MADE X OCCUR		INC ERRORS & OMISSIC	ONS			MED EXP (Any one person) \$	5,000.00		
]			INC WRONGFUL REPO					1,000,000.00		
				DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE \$	5,000,000.00		
	GEN'L AG	GREGATE LIMIT APPLIES PER:		CARGO/ON-HOOK - \$1MI	L			PRODUCTS - COMP/OP AGG \$	3,000,000.00		
	X POLI	ICY PRO- JECT LOC		REPOSSESSED AUTO -\$	1MIL				1,000,000.00		
	AUTOMO	BILE LIABILITY	Y					COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000.00		
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	AND EMP	LOYERS' LIABILITY Y / N						TORY LIMITS ER			
	OFFICER/		N / A					E.L. EACH ACCIDENT \$			
	(Mandator If yes, deso	cribe under						E.L. DISEASE - EA EMPLOYEE \$			
А		TION OF OPERATIONS below EMP DISHONESTY		RRPMSW00001-02		10/01/2017	10/01/2019	E.L. DISEASE - POLICY LIMIT \$			
A		EKEEPERS DIRECT PRIMARY		RRPMSW00001-02				GKDP LIMIT: \$300,000.00)		
В		EKEEPERS EXCESS		B113610002C160001				GKDP EXCESS: \$700,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
		BER SINCE: 06/12/08 -30 D									
	MEMBER REQUEST & ADDITIONAL INSURED STATUS, APPLIES TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACT LOCATION: 8534 HWY 76, PROSPERITY, SC 29127. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU										
		I: 8534 HWY 76, PROSPER ARATE EXCESS LIABILITY	RITY, SC	29127. PRIMARY LIMI	IS PR	OVIDE FUL	L \$3,000,00	0 LIMIT WITH A \$5,000,00	0 AGG IN LIEU		
		ED AUTO: 14 RAM #2980; 1									
001	.2001	010.1110.00 <i>m</i> 2000, 1									
CEF	RTIFICA	ATE HOLDER			CAN	CELLATION	1				
								ESCRIBED POLICIES BE CANCE REOF, NOTICE WILL BE I			
		FORD MOTOR CREDIT C	OMPAN	Y				Y PROVISIONS.			
		877-729-3673									
		ATTN: COE GROUP / REPO PROCESS AUTHORIZED REPRESENTATIVE									
		PO BOX 64400					No	dan			
		COLORADO SPRINGS		CO 80962-4400	Danadoan						

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DATE (MM/DD/YYYY) 09/21/2017

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CERT THIS	CERTIFICATE IS ISSUED AS A M IFICATE DOES NOT AFFIRMATIVE CERTIFICATE OF INSURANCE RESENTATIVE OR PRODUCER, AN	LY C	OR NE	EGATIVELY AMEND, EX NOT CONSTITUTE A	TEND C	OR ALTER TH	E COVERAG	E AFFORDED BY THE F	POLICI	ES BELOW.
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PRODUCE	icate holder in lieu of such endorse	emer	it(S).		CONTA					<u>```</u>
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	IG., INC./RSIG				E-MAIL	ss: CERTIFI		03.303.0302 (A/C, No):	103-30	00-0000
	RECOVERY SPECIALIS SWBC INSURANCE SERVICES			ANCE GROUP	ADDRE					
	9811 S IH 35, BLDG 1, STE 100			TV 70711						NAIC #
		, AU		, 17 /0/44				CE COMPANY		
INSURED						R B: LLOYDS				15792
	IG., INC. / RSIG			1075		_{R C:} PLAZA II	NSURANCE (COMPANY		30945
	BIGFOOT RECOVERY, LLC	,		1375	INSURE	R D:				
	PO BOX 76 PROSPERITY			SC 29127	INSURE	R E:				
001/55									47.40	
COVER				NUMBER: RRPMSW0					-	Renewal
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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
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				INC WRONGFUL REPO				PERSONAL & ADV INJURY	\$ 1,	000,000.00
				DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE	\$ 5,	000,000.00
GEI	N'L AGGREGATE LIMIT APPLIES PER:			CARGO/ON-HOOK - \$1M	IL			PRODUCTS - COMP/OP AGG	\$ 3,	000,000.00
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wo	RETENTION \$							WC STATU- OTH-	φ	
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OFI		N / A						E.L. EACH ACCIDENT	\$	
If ye	andatory in NH)							E.L. DISEASE - EA EMPLOYEE		
	SCRIPTION OF OPERATIONS below RIME/EMP DISHONESTY					10/01/2017	10/01/2010	E.L. DISEASE - POLICY LIMIT	\$	
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	LOCKPORT			NY 78691	<u> </u>	<u> </u>	1988-2010 4	CORD CORPORATION.		hts reserved
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DATE (MM/DD/YYYY) 09/21/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. FERTIFICATE DISE NOT FERTIFICATE HOLDER. FERTIFICATE DISE NOT AFFERING TAY INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. FERTIFICATE DISE NOT AFFERING THE CONFERSE AND THE CONFE											/21/2017	
terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate	CERTIFICATE DOES NOT AFFIRMATIVE THIS CERTIFICATE OF INSURANC	ELY C	OR NI	EGATIVE NOT C	LY AMEND, EX CONSTITUTE A	TEND C	OR ALTER TH	E COVERAC	SE AFFORDED BY THE	POLICI	ES BELOW.	
PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWRD INSURANCE SPRUES INC. BB115 IH 35, BLDG 1, STE 100, AUSTIN, TX 76744 INSURED IG., INC./RSIG BIG/FOOT RECOVERY, LLC IST5 DO BOX 76 COVERACES COVERY, LLC IST5 DO BOX 76 COVERACES COVERACES COVERACES COVERATIONS COVERACES COVERACE COVERACES COVERACE C	terms and conditions of the policy, ce	rtain	polic									
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DATE (MM/DD/YYYY) 09/21/2017

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CERTIFIC THIS C	RTIFICATE IS ISSUED AS A M CATE DOES NOT AFFIRMATIVE ERTIFICATE OF INSURANCE ENTATIVE OR PRODUCER, AN	LY O DO	R NE	GATIVE	ELY AMEN	ND, EXTENI	D OR ALTER TH	IE COVERAG	SE AFFORDED BY THE	POLIC	IES BELOW.		
terms ar	ANT: If the certificate holder is nd conditions of the policy, ce te holder in lieu of such endorse	rtain	polic	FIONAL ies may	INSURED y require), the policy an endorse	y(ies) must be e ement. A state	ndorsed. If ment on this	SUBROGATION IS WAIN	'ED, s onfer	subject to the rights to the		
PRODUCER			u <u>s)</u> .			CON	ME IG., INC./		HTHOUSE INSURANC		<u></u>		
									703.365.0362 FAX (A/C, No):				
	IG., INC./RSIG					F A 4	C, No, Ext): 703-30 AIL DRESS: CERTIFI		03.303.0302 (A/C, No):	103-0	000-0000		
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A X co	OMMERCIAL GENERAL LIABILITY			IG., INC	./RSIG MA	STER			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00		
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Хро				REPOS	SESSED /	AUTO -\$1MII	L		REPO IN TRANSIT	\$ 1	,000,000.00		
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C	NY AUTO			PRPSV	V008238	-01	06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$	<u> </u>		
	L OWNED X SCHEDULED JTOS X AUTOS			-		ED \$1000	00/10/2011	00/10/2010	BODILY INJURY (Per accident)	\$			
1	RED AUTOS X NON-OWNED AUTOS			001111	0022 0	LD \$1000			PROPERTY DAMAGE (Per accident)	\$			
										\$			
A UN	IBRELLA LIAB X OCCUR			RRPM	SW00001	-02	10/01/2017	10/01/2018	EACH OCCURRENCE	s 2	2,000,000.00		
	CESS LIAB					PERATIONS		10/01/2010	AGGREGATE	s IN	IC. GEN AGG		
	ED RETENTION \$								1001120/112	\$			
WORKE	ERS COMPENSATION								WC STATU- TORY LIMITS ER	Ψ			
	MPLOYERS' LIABILITY Y / N ROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT	\$			
OFFICE	ER/MEMBER EXCLUDED?	N/A							E.L. DISEASE - EA EMPLOYEE				
If yes, de	escribe under								E.L. DISEASE - POLICY LIMIT	-			
	E/EMP DISHONESTY			RRPM	SW0000	1-02	10/01/2017	10/01/2019	LIMIT: \$1,000,000.00	Ψ			
	GEKEEPERS DIRECT PRIMARY				SW00000 SW00000				GKDP LIMIT: \$300,00	0.00			
	GEKEEPERS EXCESS				10002C1				GKDP EXCESS: \$700		.00		
	OF OPERATIONS / LOCATIONS / VEHICL	ES (Att								.,550			
	MBER SINCE: 06/12/08 -30 D	•					· ·	• •	AYMENT OR CANCE	LAT	ION BY		
	REQUEST & ADDITIONAL II												
	N: 8534 HWY 76, PROSPER			29127.	PRIMAR	RY LIMITS I	PROVIDE FUL	L \$3,000,00	0 LIMIT WITH A \$5,00	0,000) AGG IN LIEU		
	PARATE EXCESS LIABILITY												
SCHEDU	LED AUTO: 14 RAM #2980; 1	5 RA	IVI #5	983									
CEPTIEI	CATE HOLDER					C 4	NCELLATION	J					
								•					
						s	HOULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCE	LLED BEFORE		
	LENDER RECOVERY SEF		=s			т	HE EXPIRATION	N DATE THE	REOF, NOTICE WILL I				
	512-382-0208					A		TH THE POLIC	Y PROVISIONS.				
	PO BOX 91147					A117	HORIZED REPRESE						
						AUT	HUNIZED REPRESE		1				
	AUSTIN			ТΧ	78709			Dana	dan.				
				173	10100		_	~una					
							©	1988-2010 A	CORD CORPORATION.	All rig	ghts reserved.		



DATE (MM/DD/YYYY) 09/21/2017

								09/21/2017	
CERTII THIS	CERTIFICATE IS ISSUED AS A I FICATE DOES NOT AFFIRMATIVI CERTIFICATE OF INSURANCI ESENTATIVE OR PRODUCER, AN	ELY OR N E DOES	EGATIVELY AMEND, EXT NOT CONSTITUTE A	END C	OR ALTER TH	E COVERAG	SE AFFORDED BY THE	POLICIES BELOW.	
terms	TANT: If the certificate holder is and conditions of the policy, ce ate holder in lieu of such endors	rtain poli	TIONAL INSURED, the po cies may require an endo	olicy(ie orsem	es) must be e ent. A state	ndorsed. If ment on this	SUBROGATION IS WAIN certificate does not co	/ED, subject to the onfer rights to the	
PRODUCEF		ement(o).		CONTA NAME		RSIG - LIGI	HTHOUSE INSURANC	E SVCS	
	IG., INC./RSIG							703-365-0636	
	RECOVERY SPECIALIS		ANCE GROUP	É-MAIL ADDRE	ss: <u>CERTIFI</u>	CATES@RS	SIG.COM		
	SWBC INSURANCE SERVICE	S INC.			INS	URER(S) AFFOR	DING COVERAGE	NAIC #	
	9811 S IH 35, BLDG 1, STE 10	0, AUSTIN	I, TX 78744				CE COMPANY	28053	
INSURED					R B: LLOYDS			15792	
	IG., INC. / RSIG BIGFOOT RECOVERY, LL	c	1375		_{RC:} PLAZA II	NSURANCE (COMPANY	30945	
	PO BOX 76	C	1575	INSURE					
	PROSPERITY		SC 29127	INSURE					
COVER	AGES CER	TIFICATE	NUMBER: RRPMSW00				REVISION NUMBER:	17-18Renewal	
	TO CERTIFY THAT THE POLICIES								
CERTIF	TED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY P SIONS AND CONDITIONS OF SUCH P	ERTAIN, 1	THE INSURANCE AFFORDED	О ВҮ Т	HE POLICIES	DESCRIBED H D BY PAID CLA	HEREIN IS SUBJECT TO A		
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	ERAL LIABILITY		RRPMSW00001-02				EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000.00	
A X			IG., INC./RSIG MASTER				PREMISES (Ea occurrence)	\$ 100,000.00	
	CLAIMS-MADE X OCCUR		INC ERRORS & OMISSIC	ONS			MED EXP (Any one person)	\$ 5,000.00	
			INC WRONGFUL REPO DRIVE-AWAY - \$1MIL				PERSONAL & ADV INJURY	\$ 1,000,000.00 \$ 5,000,000.00	
GEN'	LAGGREGATE LIMIT APPLIES PER:		CARGO/ON-HOOK - \$1MI	L			GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 3,000,000.00	
	POLICY PRO- JECT LOC		REPOSSESSED AUTO -\$				REPO IN TRANSIT	\$ 1,000,000.00	
	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00	
	ANY AUTO		PRPSW008238-01		06/13/2017	06/13/2018		\$	
	ALL OWNED X SCHEDULED AUTOS		COMP/COLL DED \$10	00			BODILY INJURY (Per accident)	\$	
X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
_								\$	
			RRPMSW00001-02 SEE DESC. OF OPERATION	ONS	10/01/2017	10/01/2018	EACH OCCURRENCE	\$ 2,000,000.00 \$ INC. GEN AGG	
	DED RETENTION \$						AGGREGATE	\$ 110.0217,000	
WOR	KERS COMPENSATION						WC STATU- TORY LIMITS ER	\$	
	EMPLOYERS' LIABILITY Y / N PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
DÉS	, describe under CRIPTION OF OPERATIONS below							\$	
	ME/EMP DISHONESTY		RRPMSW00001-02				LIMIT: \$1,000,000.00		
	RAGEKEEPERS DIRECT PRIMARY		RRPMSW00001-02				GKDP LIMIT: \$300,00		
_	RAGEKEEPERS EXCESS ON OF OPERATIONS / LOCATIONS / VEHIC	ES (Attach A	B113610002C160001	chedule			GKDP EXCESS: \$700	0,000.00	
RSIG M MEMBE LOCATI OF A SE	EMBER SINCE: 06/12/08 -30 I R REQUEST & ADDITIONAL I ION: 8534 HWY 76, PROSPEI EPARATE EXCESS LIABILITY ULED AUTO: 14 RAM #2980;	DAY CAN NSURED RITY, SC POLICY	CELLATION NOTICE E STATUS, APPLIES TO 29127. PRIMARY LIMI	XCEF THE	T IN CASES	S OF NON-F DER AS REC	BY WRITTEN CONT	RACT	
CERTIE	ICATE HOLDER			CAN					
<u></u>				-		•			
	LOAN PORTFOLIO SERV 817-764-2258	ICING		THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE C REOF, NOTICE WILL Y PROVISIONS.		
	6750 LOCKE AVE			AUTHO	RIZED REPRESE	NTATIVE			
	SUITE #302		TX 76116			Nu	down		
	FT WORTH	L. Lan							
© 1988-2010 ACORD CORPORATION. All rights reserve									



DATE (MM/DD/YYYY) 09/21/2017

\sim									08	9/21/2017	
CERTIFIC THIS C	RTIFICATE IS ISSUED AS A M CATE DOES NOT AFFIRMATIVE ERTIFICATE OF INSURANCE ENTATIVE OR PRODUCER, AN	LY O	R NE	GATIVELY AMEND, EXT NOT CONSTITUTE A	END C	OR ALTER TH	E COVERAC	SE AFFORDED BY THE	POLIC	IES BELOW.	
terms ar	ANT: If the certificate holder is nd conditions of the policy, ce	rtain	polic								
	te holder in lieu of such endors	ement	t(s).		CONTA				/	~ ~	
PRODUCER					CONTA NAME						
	IG., INC./RSIG							703.365.0362 FAX (A/C, No):	/03-3	65-0636	
	RECOVERY SPECIALIS	-	SUR	ANCE GROUP	ADDRE	ss: <u>CERTIFI</u>	CATES@RS	SIG.COM			
	SWBC INSURANCE SERVICES	-		TV 707 / /			()	DING COVERAGE		NAIC #	
	9811 S IH 35, BLDG 1, STE 100), AUS	STIN,	TX 78744				CE COMPANY		28053	
INSURED						r b: LLOYDS				15792	
	IG., INC. / RSIG			4075	INSURE	_{R C:} PLAZA II	NSURANCE (COMPANY		30945	
	BIGFOOT RECOVERY, LLC PO BOX 76	,		1375	INSURE	R D:					
	PO BOX 76 PROSPERITY			SC 29127	INSURE	R E:					
					INSURE				47 40		
	GES CER TO CERTIFY THAT THE POLICIES			NUMBER: RRPMSW00						Renewal	
INDICATE CERTIFIC EXCLUSI	ED. NOTWITHSTANDING ANY REC CATE MAY BE ISSUED OR MAY PI ONS AND CONDITIONS OF SUCH P	QUIREN ERTAIN OLICIE	MENT N, TH S.LIN	, TERM OR CONDITION OF HE INSURANCE AFFORDED	F ANY (D BY TI	CONTRACT O HE POLICIES EEN REDUCE	R OTHER DOO DESCRIBED F D BY PAID CLA	CUMENT WITH RESPECT	to m⊦	HICH THIS	
INSR LTR		ADDL S	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	-		
				RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	\$ 1	,000,000.00	
A X co				IG., INC./RSIG MASTER				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00	
	CLAIMS-MADE X OCCUR			INC ERRORS & OMISSIO	NS			MED EXP (Any one person)	\$	5,000.00	
				INC WRONGFUL REPO				PERSONAL & ADV INJURY		,000,000.00	
				DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE	•	,000,000.00	
				CARGO/ON-HOOK - \$1MI				PRODUCTS - COMP/OP AGG		,000,000.00	
X PC				REPOSSESSED AUTO -\$	1 MIL			REPO IN TRANSIT		,000,000.00	
	MOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		,000,000.00	
				PRPSW008238-01		06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$		
	LL OWNED X SCHEDULED UTOS X NON OWNED			COMP/COLL DED \$100	00			BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
Хн	IRED AUTOS X NON-OWNED AUTOS							(Per accident)	\$		
									\$	000 000 00	
	MBRELLA LIAB X OCCUR			RRPMSW00001-02	Ne	10/01/2017	10/01/2018	EACH OCCURRENCE		,000,000.00	
	CLAIMS-MADE			SEE DESC. OF OPERATION	2112			AGGREGATE	÷	C. GEN AGG	
	ED RETENTION \$							WC STATU- OTH-	\$		
AND EN	MPLOYERS' LIABILITY Y / N							WC STATU- TORY LIMITS ER			
OFFICE		N/A						E.L. EACH ACCIDENT	\$		
If yes, d	tory in NH) lescribe under							E.L. DISEASE - EA EMPLOYEE	-		
	E/EMP DISHONESTY			RRPMSW00001-02		10/01/2047	10/01/2040	E.L. DISEASE - POLICY LIMIT	\$		
	AGEKEEPERS DIRECT PRIMARY			RRPMSW00001-02				GKDP LIMIT: \$300,00	0 00		
· ·	GEKEEPERS EXCESS			B113610002C160001				GKDP EXCESS: \$700		00	
	OF OPERATIONS / LOCATIONS / VEHICL	ES (Atta			chedule.				,		
MEMBER LOCATIC OF A SEF	MBER SINCE: 06/12/08 -30 E REQUEST & ADDITIONAL II N: 8534 HWY 76, PROSPER PARATE EXCESS LIABILITY LED AUTO: 14 RAM #2980; 1	NSUF (ITY, POLI	RED SC 2 CY	STATUS, APPLIES TO 29127. PRIMARY LIMI ⁻	THE (CERT HOLD	DER AS REC	D BY WRITTEN CONT	RACT	-	
CERTIFIC	CATE HOLDER				CANO	CELLATION	1				
	MICHIGAN RECOVERY S 989-776-1771 3164 FREEWAY LANE	ERVI	CES	, INC	THE ACC	EXPIRATION	I DATE THE TH THE POLIC	ESCRIBED POLICIES BE C. REOF, NOTICE WILL E Y PROVISIONS.			
	Duda										
	SAGINAW			MI 48601		6	1988-2010 4	CORD CORPORATION.		ihts reserved	
							1000-2010 A	SOUR COMION.			



DATE (MM/DD/YYYY) 09/21/2017

<u> </u>	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORM CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY									09/	21/2017	
CI Tł	ERTIFICA		LY O DO	R NE	EGATIVELY AMEND, EXT NOT CONSTITUTE A	END C	OR ALTER TH	E COVERAG	E AFFORDED BY THE P	OLICIE	ES BELOW.	
te	rms and	T: If the certificate holder is conditions of the policy, cert holder in lieu of such endorse	tain	polic								
			men	ແອງ.		CONTA NAME			HTHOUSE INSURANCE	SV/C	c	
									703.365.0362 FAX (A/C, No): 7			
		G., INC./RSIG		חווי		E-MAIL	o, Ext): 703-30 ss: CERTIFI	~^TES@DS	05.505.0502 (A/C, No): /	03-30	3-0030	
		RECOVERY SPECIALIS SWBC INSURANCE SERVICES		JUR	ANCE GROUP	ADDRE						
		9811 S IH 35, BLDG 1, STE 100	-	STIN	TX 78744			()	DING COVERAGE		NAIC # 28053	
INSU			, 7.0		, 17, 10144						15792	
11100		G., INC. / RSIG									30945	
		BIGFOOT RECOVERY, LLC			1375	NOONER O						
		PO BOX 76	,		10/0	INSURER D:						
		PROSPERITY			SC 29127							
00	VERAGE		FIFIC		NUMBER: RRPMSW00				REVISION NUMBER:	7-18	Renewal	
	_	CERTIFY THAT THE POLICIES (-		
IN CI	DICATED. ERTIFICAT	NOTWITHSTANDING ANY REC E MAY BE ISSUED OR MAY PE S AND CONDITIONS OF SUCH PO	UIREI	MENT N, T	, TERM OR CONDITION OF HE INSURANCE AFFORDED	ANY BY T	CONTRACT OI HE POLICIES	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT T IEREIN IS SUBJECT TO AL	O WHI	CH THIS	
INSR LTR			ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;		
LIN	GENERAL		Y		RRPMSW00001-02				-		00,000.00	
А	Х сом	MERCIAL GENERAL LIABILITY	•		IG., INC./RSIG MASTER		10/01/2017	10/01/2010	DAMAGE TO RENTED		00.000.00	
		CLAIMS-MADE X OCCUR			INC ERRORS & OMISSIO	NS	5,000.00					
					INC WRONGFUL REPO				MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 1.0	00,000.00	
				DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE	\$ 5,0	00,000.00		
	GEN'L AGO	GREGATE LIMIT APPLIES PER:			CARGO/ON-HOOK - \$1MI	L					00,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:				REPOSSESSED AUTO -\$*	O -\$1MIL REPO IN TRANSIT \$ 1,000,00						
	AUTOMOE	BILE LIABILITY	Y						COMBINED SINGLE LIMIT (Ea accident)		00,000.00	
С	ANY	Αυτο	•		PRPSW008238-01		06/13/2017	06/13/2018		\$		
-		WNED X SCHEDULED			COMP/COLL DED \$100	າດ	00/10/2011	00/10/2010		\$		
	14	DAUTOS X NON-OWNED AUTOS			¢ • • • • • • • • • • • • • • • • • • •				PROPERTY DAMAGE (Per accident)	\$		
										\$		
Α	UMBR	RELLA LIAB X OCCUR			RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	\$ 2,0	00,000.00	
	Х ЕХСЕ	SS LIAB CLAIMS-MADE			SEE DESC. OF OPERATIO	ONS				s INC	. GEN AGG	
	DED	RETENTION \$								\$		
									WC STATU- OTH- TORY LIMITS ER	<u>.</u>		
		OYERS' LIABILITY Y / N RIETOR/PARTNER/EXECUTIVE								\$		
		/EMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, desc	ribe under TON OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
А		EMP DISHONESTY			RRPMSW00001-02		10/01/2017	10/01/2018	LIMIT: \$1,000,000.00	-		
А	GARAGE	EKEEPERS DIRECT PRIMARY			RRPMSW00001-02				GKDP LIMIT: \$300,000	0.00		
В	GARAGE	EKEEPERS EXCESS			B113610002C160001		10/01/2017	10/01/2018	GKDP EXCESS: \$700,	0.000	0	
		OPERATIONS / LOCATIONS / VEHICL	•				•	• •		-		
RSIG MEMBER SINCE: 06/12/08 -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 _OCATION: 8534 HWY 76, PROSPERITY, SC 29127. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU											
					29127. PRIMARY LIMI	IS PR	OVIDE FUL	L \$3,000,00	0 LIMIT WITH A \$5,000	,000 /	AGG IN LIEU	
		RATE EXCESS LIABILITY D AUTO: 14 RAM #2980; 1			5983							
00		.D A010. 14 RAM #2300, 1	5117		5505							
CEI	RTIFICA	TE HOLDER				CAN	CELLATION					
									ESCRIBED POLICIES BE CA			
		MILLENNIUM CAPITAL AN	ID RE	ECO	VERY CORP IS				REOF, NOTICE WILL B	= DEL	IVERED IN	
		ADDITIONAL INSURED										
330-342-4959 / <u>ASHLEY.WISE@MCRC.BIZ</u> AUTHORIZED REPRESENTATIVE												
		95 EXECUTIVE PKWY										
	I	HUDSON		OH 44236	Dana doan.							

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DATE (MM/DD/YYYY) 09/21/2017

<u> </u>	_	U ENI								09/	21/2017			
CI Tł	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													
IM te	IPOF rms	RTANT: If the certificate holder is and conditions of the policy, certain the second s	an /	ADDI polic	TIONAL INSURED, the po	olicy(ie orseme	es) must be e ent. A state	ndorsed. If ment on this	SUBROGATION IS WAIV	/ED, su onfer ri	bject to the ghts to the			
		cate holder in lieu of such endorse	emen	n(s).		CONTA NAME								
FRO	DUCL													
		IG., INC./RSIG				A/Č, No E-MAIL	_{5, Ext):} 703-36 ss: CERTIFI	5-0199//LH/	703.365.0362 FAX (A/C, No):	103-30	10-0030			
		RECOVERY SPECIALIS SWBC INSURANCE SERVICES			ANCE GROUP	ADDRE								
		9811 S IH 35, BLDG 1, STE 100			TV 70744						NAIC # 28053			
INSU		9611 3 IH 35, BLDG 1, STE 100), AU	131111	, 1 / 10/44				CE COMPANY					
11150	RED						RB: LLOYDS				15792			
		IG., INC. / RSIG BIGFOOT RECOVERY, LLC	~		1375		_{R C:} PLAZA II	NSURANCE (COMPANY		30945			
		PO BOX 76	,		1375	INSURE								
		PROSPERITY			SC 29127	INSURE								
00			TIEIC	ATE	NUMBER: RRPMSW00	INSURE			REVISION NUMBER:	17 10	Popowol			
		S TO CERTIFY THAT THE POLICIES (-	Renewal			
IN CI	DICA ERTIF	TED. NOTWITHSTANDING ANY REC FICATE MAY BE ISSUED OR MAY PE SIONS AND CONDITIONS OF SUCH PO	QUIRE ERTAI OLICII	MEN IN, T ES. LI	T, TERM OR CONDITION OF THE INSURANCE AFFORDED	= ANY () BY TI	CONTRACT OI HE POLICIES EEN REDUCEI	R OTHER DOO DESCRIBED H D BY PAID CLA	CUMENT WITH RESPECT	то whi	CH THIS			
INSR LTR TYPE OF INSURANCE ADDL INSR SUBR WVD POLICY NUMBER POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) LIMITS GENERAL LIABILITY BRPMSW00001-02 10/01/2017 10/01/2018 EACH OCCURRENCE \$ 1,000,000.00														
	GENERAL LIABILITY RRPMSW00001-02 10/01/2017 10/01/2018 EACH OCCURRENCE \$ 1,000,000.00													
А	Х	COMMERCIAL GENERAL LIABILITY			IG., INC./RSIG MASTER				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00			
		CLAIMS-MADE X OCCUR			INC ERRORS & OMISSIONS MED EXP (Any one p					\$	5,000.00			
					INC WRONGFUL REPO				PERSONAL & ADV INJURY	\$ 1,0	000,000.00			
					DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE	\$ 5,0	000,000.00			
	GEN	LAGGREGATE LIMIT APPLIES PER:			CARGO/ON-HOOK - \$1MI	L			PRODUCTS - COMP/OP AGG	\$ 3,0	00,000.00			
	X	POLICY PRO- JECT LOC			REPOSSESSED AUTO -\$	1MIL			REPO IN TRANSIT	\$ 1,0	00,000,000			
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,0	00,000.00			
С		ANY AUTO			PRPSW008238-01		06/13/2017	06/13/2018		\$				
		ALL OWNED X SCHEDULED AUTOS			COMP/COLL DED \$10				BODILY INJURY (Per accident)	\$				
	Х	HIRED AUTOS X NON-OWNED AUTOS			•••••	\$1000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
						(Per accident) \$								
А		UMBRELLA LIAB X OCCUR			RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	s 2,0	00,000.00			
	X	EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATIO	ONS			AGGREGATE	\$ INC	C. GEN AGG			
		DED RETENTION \$								\$				
		KERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER					
		EMPLOYERS' LIABILITY Y/N PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$				
	OFFI	ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$				
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
А		ME/EMP DISHONESTY			RRPMSW00001-02		10/01/2017	10/01/2018	LIMIT: \$1,000,000.00					
А	GAI	RAGEKEEPERS DIRECT PRIMARY			RRPMSW00001-02		10/01/2017	10/01/2018	GKDP LIMIT: \$300,00	0.00				
В	GAI	RAGEKEEPERS EXCESS			B113610002C160001		10/01/2017	10/01/2018	GKDP EXCESS: \$700	,000.0	0			
		ION OF OPERATIONS / LOCATIONS / VEHICL	•				•	• •						
-	-	1EMBER SINCE: 06/12/08 -30 D		-		-				-)N BY			
		ER REQUEST & ADDITIONAL II												
		ION: 8534 HWY 76, PROSPER EPARATE EXCESS LIABILITY			29127. PRIMARY LIMI	IS PR	OVIDE FUL	L \$3,000,00	0 LIMIT WITH A \$5,00	0,000 /	AGG IN LIEU			
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DATE (MM/DD/YYYY) 09/21/2017

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CERTIF THIS	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														
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001/55	PROSPERITY			SC 29127	INSURE				47.400					
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DÉSO	, describe under CRIPTION OF OPERATIONS below								\$					
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Notice Details	A UMBRELLA LIAB X OCCUR		RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	_{\$} 2,000,000.00						
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NY PROPRIETOR/PARTNERPEXECUTIVE IN/A OFFICERMEMBRE REJURED IN/A A CRIME/EMP DISHONESTY A CRIME/EMP DISHONESTY A GARAGEKEEPERS DIRECT PRIMARY B GARAGEKEEPERS DIRECT PRIMARY B GARAGEKEEPERS DIRECT PRIMARY B B113610002C160001 10/01/2017 10/01/2018 GKIDER GKDP EXCESS STOR DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) RSIG MEMBER SINCE: 06/12/08 -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: 8534 HWY 76, PROSPERITY, SC 29127. 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 RAM #2980; 15 RAM #5983 CERTIFICATE HOLDER CANCELLATION MATIONAL RECOVERY SPECIALIST, INC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE A/79-755-6299 PO BOX 11344 AR FORT SMITH AR 72917	AND ENDLOYEDOUL ADULTY						WC STATU- TORY LIMITS ER							
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NATIONAL RECOVERY SPECIALIST, INC Should any of the above described policies be cancelled before 479-755-6299 PO BOX 11344 FORT SMITH AR 72917	RSIG MEMBER SINCE: 06/12/08 -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 _OCATION: 8534 HWY 76, PROSPERITY, SC 29127. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY													
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						D.	day							
	FORT SMITH		AR 72917		©	1988-2010 A	CORD CORPORATION.	All rights reserved.						



DATE (MM/DD/YYYY) 09/21/2017

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PROD		holder in lieu of such	endors	emen	it(s).			CON	NTACT ME					~~~
FROD														
		IG., INC./RSIG										703.365.0362 FAX (A/C, No):	703-3	362-0636
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		IG., INC. / RSIG						INSU	URER	_{C:} PLAZA II	NSURANCE (COMPANY		30945
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	OFFICER/I (Mandator)	MEMBER EXCLUDED?		N/A								E.L. DISEASE - EA EMPLOYEE	-	
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-		F OPERATIONS / LOCATION	S / VEHICL	.ES (At								5.151 EXCEOU. #700	.,	
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	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE													
		PAR NORTH AME						т	THE I	EXPIRATION	I DATE THE	REOF, NOTICE WILL		
		866-667-0296/vendo	-					A	ACCOF	RDANCE WI	TH THE POLIC	Y PROVISIONS.		
		7835 WOODLAND		<u>9@27/10</u>	AKNOF	KI HAMERIC	A.COM				NT A TIL			
		SUITE #150	DK					AUT	IHORIZ	ED REPRESE	NIATIVE	1		
						IN	16070				Dan	done.		
		INDIANAPOLIS				IN	46278				Nana	2 Mars		
										©	1988-2010 A	CORD CORPORATION.	All ri	ghts reserved.



DATE (MM/DD/YYYY) 09/21/2017

5									9/21/2017					
CE TH	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													
tei	IPORTANT: If the certificate holder is rms and conditions of the policy, cert ertificate holder in lieu of such endorse	tain p	polic	TIONAL INSURED, the po ties may require an endo	olicy(ie orseme	es) must be e ent. A state	ndorsed. If ment on this	SUBROGATION IS WAIVED, s certificate does not confer	ubject to the rights to the					
	DUCER						RSIG - LIGI	HTHOUSE INSURANCE SV	CS					
	IG., INC./RSIG			·				703.365.0362 FAX (A/C, No): 703-3						
	RECOVERY SPECIALIST		SUR	ANCE GROUP	É-MAIL ADDRE	ss: CERTIFI	CATES@RS	SIG.COM						
	SWBC INSURANCE SERVICES							DING COVERAGE	NAIC #					
	9811 S IH 35, BLDG 1, STE 100,	, AUS	STIN	, TX 78744	INSURE	RA: ROCKHI	LL INSURAN	CE COMPANY	28053					
INSU	RED				INSURE	R B: LLOYDS	OF LONDON	1	15792					
	IG., INC. / RSIG				INSURE	_{RC:} PLAZA II	NSURANCE (COMPANY	30945					
	BIGFOOT RECOVERY, LLC	;		1375	INSURE	R D:								
	PO BOX 76			•••	INSURE	R E:								
	PROSPERITY			SC 29127	INSURE									
				NUMBER: RRPMSW00					BRenewal					
IN Ce	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 TYPE OF INSURANCE ADDL SUBR POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS														
GENERAL LIABILITY Y RRPMSW00001-02 10/01/2017 10/01/2018 EACH OCCURRENCE \$ 1,000,000.00														
А														
	CLAIMS-MADE X OCCUR			INC ERRORS & OMISSIO	NS			MED EXP (Any one person) \$	5,000.00					
				INC WRONGFUL REPO				PERSONAL & ADV INJURY \$ 1	,000,000.00					
				DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE \$ 5	5,000,000.00					
	GEN'L AGGREGATE LIMIT APPLIES PER:			CARGO/ON-HOOK - \$1MI				PRODUCTS - COMP/OP AGG \$ 3	3,000,000.00					
	X POLICY PRO- JECT LOC			REPOSSESSED AUTO -\$	1MIL				,000,000.00					
		Y						(,	,000,000.00					
С				PRPSW008238-01		06/13/2017	06/13/2018	BODILY INJURY (Per person) \$						
	ALL OWNED X SCHEDULED AUTOS			COMP/COLL DED \$100	BODILY INJURY (Per accident) \$									
	X HIRED AUTOS X NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$									
								\$						
А	UMBRELLA LIAB X OCCUR			RRPMSW00001-02	0.00	10/01/2017	10/01/2018		2,000,000.00					
	X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATION	JNS			¢	IC. GEN AGG					
	DED RETENTION \$							\$ WC STATU- OTH-						
	AND EMPLOYERS' LIABILITY Y / N							TORY LIMITS ER						
		N / A						E.L. EACH ACCIDENT \$						
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$						
А	DESCRIPTION OF OPERATIONS below CRIME/EMP DISHONESTY			RRPMSW00001-02		10/01/2017	10/01/2010	E.L. DISEASE - POLICY LIMIT \$ LIMIT: \$1,000,000.00						
A	GARAGEKEEPERS DIRECT PRIMARY			RRPMSW00001-02				GKDP LIMIT: \$300,000.00						
В	GARAGEKEEPERS EXCESS			B113610002C160001					00					
RSI MEI LOC OF	B GARAGEKEEPERS EXCESS B113610002C160001 10/01/2017 10/01/2018 GKDP EXCESS: \$700,000.00 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) RSIG MEMBER SINCE: 06/12/08 -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: 8534 HWY 76, PROSPERITY, SC 29127. 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 RAM #2980; 15 RAM #5983													
CEF	RTIFICATE HOLDER				CANO	CELLATION	1							
	PARADIGM INCITE, INC 904-512-0259				THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CANCEI REOF, NOTICE WILL BE DI Y PROVISIONS.						
	150 KENT ST AUTHORIZED REPRESENTATIVE													
	SUITE #2B			EL 00000			De	Am						
	ST AUGUSTINE			FL 32086			Nan	L Car						

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DATE (MM/DD/YYYY) 09/21/2017

		••								0	9/21/2017			
CERTI THIS	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													
terms	TANT: If the certificate holder is and conditions of the policy, ce cate holder in lieu of such endorse	rtain	polic	FIONAL II ies may	NSURED, require a	the policy(ie n endorseme	es) must be e ent. A state	ndorsed. If ment on this	SUBROGATION IS WAIN	/ED, sonfer	subject to the rights to the			
PRODUCE		men	n(<i>s)</i> .			CONTA NAME			HTHOUSE INSURANC		202			
									703.365.0362 FAX (A/C, No):					
	IG., INC./RSIG					(A/C, No E-MAIL	<u>, Ext):</u> 703-30	CATES@RS	03.303.0302 (A/C, No):	105-	505-0050			
	RECOVERY SPECIALIS SWBC INSURANCE SERVICES			ANCE (ROUP	ADDRE								
	9811 S IH 35, BLDG 1, STE 100			TY 7874	Л			. ,	DING COVERAGE		NAIC #			
INSURED	3011 3 11 33, BEDG 1, STE 100	, AU	01110	, 17 7074	4						15792			
INSURED	IG., INC. / RSIG										30945			
	BIGFOOT RECOVERY, LLC	`			1375			NSURANCE			30945			
	PO BOX 76	,			1375	INSURE								
	PROSPERITY			SC 2	29127	INSURE								
COVER			ATE		-	INSURE ISW000001			REVISION NUMBER:	17 1	9Popowol			
	S TO CERTIFY THAT THE POLICIES										8Renewal			
INDICA CERTIF	TED. NOTWITHSTANDING ANY REC FICATE MAY BE ISSUED OR MAY PE SIONS AND CONDITIONS OF SUCH PE	UIRE RTAI	MENT IN, T ES. LII	, TERM C HE INSUR	R CONDIT	ON OF ANY	CONTRACT O HE POLICIES EEN REDUCE	R OTHER DOO DESCRIBED H D BY PAID CLA	CUMENT WITH RESPECT TEREIN IS SUBJECT TO A	to w	HICH THIS			
NSR LTR TYPE OF INSURANCE ADDL SUBR INSR POLICY NUMBER POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) LIMITS GENERAL LIABILITY V DDDMSN/00001.02 10/01/2017.10/01/2018 EACH OCCURPENCE \$ 1.000.000.00														
GEN	GENERAL LIABILITY Y RRPMSW00001-02 10/01/2017 10/01/2018 EACH OCCURRENCE \$ 1,000,000.00													
AX	COMMERCIAL GENERAL LIABILITY			IG., INC./	RSIG MAS	STER			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00			
	CLAIMS-MADE X OCCUR			INC ERR	ORS & OI	MISSIONS			MED EXP (Any one person)	\$	5,000.00			
				INC WRC	NGFUL R	EPO			PERSONAL & ADV INJURY	\$ `	1,000,000.00			
				DRIVE-A	WAY - \$1N	ЛIL			GENERAL AGGREGATE	\$ 5	5,000,000.00			
GEN	LAGGREGATE LIMIT APPLIES PER:			CARGO/0	ON-HOOK	- \$1MIL			PRODUCTS - COMP/OP AGG	\$ 3	3,000,000.00			
X	POLICY PRO- JECT LOC			REPOSSESSED AUTO -\$					REPO IN TRANSIT	\$ ^	1,000,000.00			
	OMOBILE LIABILITY	Y							COMBINED SINGLE LIMIT (Ea accident)	\$ ^	00.000.000			
с	ANY AUTO	•		PRPSW	008238-0	71	06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$,,			
	ALL OWNED X SCHEDULED AUTOS			-	COLL DE		00/13/2017	17 00/13/2010	BODILY INJURY (Per accident)	\$				
Х	HIRED AUTOS X NON-OWNED AUTOS			0011170	011 01	2 41000			PROPERTY DAMAGE (Per accident)	\$				
										\$				
A	UMBRELLA LIAB X OCCUR			RRPMS	W00001-	02	10/01/2017 10/01/2018 EACH OCCURRENCE \$ 2,000,							
	EXCESS LIAB			-		ERATIONS	10/01/2011	10/01/2010	AGGREGATE	s II	NC. GEN AGG			
	DED RETENTION \$								1001120/112	\$				
	KERS COMPENSATION								WC STATU- TORY LIMITS ER	Ψ				
	EMPLOYERS' LIABILITY Y / N PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT	s				
OFFI	CER/MEMBER EXCLUDED?	N/A							E.L. DISEASE - EA EMPLOYEE					
If yes	s, describe under								E.L. DISEASE - POLICY LIMIT					
	CRIPTION OF OPERATIONS below ME/EMP DISHONESTY			REDWO	W00001-	.02	10/01/2017	10/01/2019	LIMIT: \$1,000,000.00	Ψ				
	RAGEKEEPERS DIRECT PRIMARY				W00001-				GKDP LIMIT: \$300,00	00 00				
	RAGEKEEPERS EXCESS				0002C16				GKDP EXCESS: \$700					
	ON OF OPERATIONS / LOCATIONS / VEHICL	ES (At							5.151 EXOLOO. 0700	,				
	IEMBER SINCE: 06/12/08 -30 D	•					•	• •	AYMENT OR CANCE	LLAT	ION BY			
	R REQUEST & ADDITIONAL II													
	ION: 8534 HWY 76, PROSPER			29127. F	PRIMAR	/ LIMITS PR	OVIDE FUL	L \$3,000,00	0 LIMIT WITH A \$5,00	0,000) AGG IN LIEU			
	EPARATE EXCESS LIABILITY													
SCHED	ULED AUTO: 14 RAM #2980; 1	5 R/	AIVI #	0983										
CERTI	ICATE HOLDER					CAN		J						
							LELANO	•						
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE													
	PATHFINDER SERVICES					THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL I					
	916-235-5772./ VENDORS	FR\/			SCOM	ACC	ACCORDANCE WITH THE POLICY PROVISIONS.							
	2365 IRON POINT ROAD				<u></u>		AUTHORIZED REPRESENTATIVE							
	SUITE #160					AUTHO	NIZEU REPRESE		1					
	FOLSOM			CA	95630			Dana	dan.					
				07	55050			Nuna	× 4444 4					
							©	1988-2010 A	CORD CORPORATION.	All ri	ghts reserved.			



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		,				olicy(ie	s) must be e	ndorsed If	SUBROGATION IS WAIN	/FD su	biect to the			
te	ms	and conditions of the policy, cate holder in lieu of such ende	certain	poli	cies may require an end	orsem	ent. A state	ment on this	s certificate does not co	onfer ri	ights to the			
PRO						CONTA NAME		RSIG - LIGI	HTHOUSE INSURANC	E SVC	`S			
									703.365.0362 FAX (A/C, No):					
		IG., INC./RSIG				E-MAIL		CATES@RS		100 00	0000			
		RECOVERY SPECIAL SWBC INSURANCE SERVIO			ANCE GROUP	ADDRE								
											NAIC #			
		9811 S IH 35, BLDG 1, STE	100, A	1211	I, IX 78744				CE COMPANY		28053			
INSU	RED							OF LONDON			15792			
		IG., INC. / RSIG				INSURE	_{RC:} PLAZA I	NSURANCE	COMPANY		30945			
		BIGFOOT RECOVERY,			1375	INSURE	R D:							
		PO BOX 76			00 00/07	INSURE	R E:							
		PROSPERITY			SC 29127	INSURE								
					NUMBER: RRPMSW00					-	Renewal			
		S TO CERTIFY THAT THE POLICI												
CE	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.													
LIMITS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSURANCE ADDL SUBR POLICY EFF MIMIDD/YTYPY POLICY EFF MIMIDD/YTYPY POLICY EFF MIMIDD/YTYPY														
LTR TYPE OF INSURANCE INSR WVD POLICY NUMBER (MM/DD/YTYY) LIMITS GENERAL LIABILITY Y RRPMSW00001-02 10/01/2017 10/01/2018 EACH OCCURRENCE \$ 1,000,000.00														
А														
	A X COMMERCIAL GENERAL LIABILITY IG., INC./RSIG MASTER CLAIMS-MADE X OCCUR INC ERRORS & OMISSIONS													
					INC WRONGFUL REPO				PERSONAL & ADV INJURY		000,000.00			
			-		DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE		000,000.00			
	GEN	I'L AGGREGATE LIMIT APPLIES PER:	-		CARGO/ON-HOOK - \$1MI	1			PRODUCTS - COMP/OP AGG		000,000.00			
	X				REPOSSESSED AUTO -\$				REPO IN TRANSIT	,	000,000.00			
									COMBINED SINGLE LIMIT (Ea accident)					
~			Y							,	000,000.00			
С		ANY AUTO			PRPSW008238-01		06/13/2017	06/13/2018		\$				
		ALL OWNED X SCHEDULED AUTOS X NON-OWNED			COMP/COLL DED \$10	00			BODILY INJURY (Per accident) PROPERTY DAMAGE	\$				
	Х	HIRED AUTOS X NON-OWNED AUTOS							(Per accident)	\$				
										\$				
А		UMBRELLA LIAB X OCCUR			RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	φ.,	000,000.00			
	Х	EXCESS LIAB CLAIMS-MA	DE		SEE DESC. OF OPERATION	ONS			AGGREGATE	\$ INC	C. GEN AGG			
		DED RETENTION \$								\$				
		RKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER					
	ANY	PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$				
	(Man	ICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$				
	It yes DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
А	CRI	IME/EMP DISHONESTY			RRPMSW00001-02		10/01/2017	10/01/2018	LIMIT: \$1,000,000.00					
А	GAI	RAGEKEEPERS DIRECT PRIMA	RY		RRPMSW00001-02		10/01/2017	10/01/2018	GKDP LIMIT: \$300,00	0.00				
В	GAI	RAGEKEEPERS EXCESS			B113610002C160001		10/01/2017	10/01/2018	GKDP EXCESS: \$700),000.0	00			
		ION OF OPERATIONS / LOCATIONS / VEI					•	• •						
		1EMBER SINCE: 06/12/08 -3									ON BY			
		ER REQUEST & ADDITIONA												
LOC	CAT	ION: 8534 HWY 76, PROSF	ERITY	, SC	29127. PRIMARY LIMI	TS PR	OVIDE FUL	L \$3,000,00	0 LIMIT WITH A \$5,00	0,000	AGG IN LIEU			
		EPARATE EXCESS LIABILI												
SCI	ΗED	OULED AUTO: 14 RAM #2980	i; 15 R	AIVI #	2983									
051	ERTIFICATE HOLDER CANCELLATION													
	111	TOATE HULDER				CAN	JELLAHUN	N						
						SHO			ESCRIBED POLICIES BE C		ED BEFORE			
		PRIMERITUS FIN SVC		1101		THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL E					
						ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.					
		HOLDINGS INC, AND F 615-332-6005 / VENDOR.												
			VELA II	01136		AUTHO	RIZED REPRESE	NTATIVE	1					
		435 METROPLEX DR						Nu	Am					
		NASHVILLE			TN 37211			Nau	- And					

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te	rms a		rtain	polic										
	DUCER		ennen	ц <i>э)</i> .		CONTA NAME			HTHOUSE INSURANC		2'			
		IG., INC./RSIG							703.365.0362 FAX (A/C, No):					
		RECOVERY SPECIALIS		SUR			ss: CERTIFI	CATES@RS		100 00				
		SWBC INSURANCE SERVICES				ADDRL			DING COVERAGE		NAIC #			
		9811 S IH 35, BLDG 1, STE 100), AU	STIN	, TX 78744	INSURF		- (-) -			28053			
INSU	RED		,				R B: LLOYDS				15792			
		IG., INC. / RSIG					R C: PLAZA II				30945			
		BIGFOOT RECOVERY, LLC	2		1375	INSURER D:								
		PO BOX 76				INSURE								
		PROSPERITY			SC 29127	INSURE								
CO	VERA	GES CER	TIFIC	ATE	NUMBER: RRPMSW00				REVISION NUMBER:	17-18	Renewal			
		TO CERTIFY THAT THE POLICIES (OF IN	SURA	NCE LISTED BELOW HAVE	BEEN	ISSUED TO T							
CE	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.													
INSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY EFF (MM/DD/YYYY) LIMITS														
	GENERAL LIABILITY RRPMSW00001-02 10/01/2017 10/01/2018 EACH OCCURRENCE \$ 1,000,000.00													
А	X	COMMERCIAL GENERAL LIABILITY			IG., INC./RSIG MASTER		10/01/2017	10/01/2010	DAMAGE TO RENTED PREMISES (Ea occurrence)		100.000.00			
		CLAIMS-MADE X OCCUR			INC ERRORS & OMISSIC	NS			MED EXP (Any one person)	ŝ	5,000.00			
					INC WRONGFUL REPO				PERSONAL & ADV INJURY	\$ 1.0	000,000.00			
					DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE	\$ 5,	000,000.00			
	GEN'L	AGGREGATE LIMIT APPLIES PER:			CARGO/ON-HOOK - \$1MI	L			PRODUCTS - COMP/OP AGG	\$ 3.	000,000.00			
	ΧF				REPOSSESSED AUTO -\$	1MIL			REPO IN TRANSIT	\$ 1,0	000,000.00			
	AUTO	MOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,0	000,000.00			
С		NY AUTO			PRPSW008238-01		06/13/2017	06/13/2018		\$				
	A	LL OWNED X SCHEDULED			COMP/COLL DED \$10	00	00/10/2011	00,10,2010	BODILY INJURY (Per accident)	\$				
		IRED AUTOS X NON-OWNED AUTOS			•••••••••••••••••				PROPERTY DAMAGE (Per accident)	\$				
									(,	\$				
А	U	MBRELLA LIAB X OCCUR			RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	_{\$} 2,	000,000.00			
	χE	XCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATION	ONS			AGGREGATE	\$ INC	C. GEN AGG			
	C	DED RETENTION \$								\$				
		ERS COMPENSATION MPLOYERS' LIABILITY							WC STATU- TORY LIMITS ER					
	ANY P		N/A						E.L. EACH ACCIDENT	\$				
	(Mand	atory in NH)							E.L. DISEASE - EA EMPLOYEE	\$				
		describe under RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
А	CRIM	IE/EMP DISHONESTY			RRPMSW00001-02		10/01/2017	10/01/2018	LIMIT: \$1,000,000.00					
А	-	AGEKEEPERS DIRECT PRIMARY			RRPMSW00001-02				GKDP LIMIT: \$300,00					
		AGEKEEPERS EXCESS			B113610002C160001				GKDP EXCESS: \$70	0,000.0	00			
		N OF OPERATIONS / LOCATIONS / VEHICL	•		,		•	• •						
		EMBER SINCE: 06/12/08 -30 D									JN BY			
		R REQUEST & ADDITIONAL II DN: 8534 HWY 76, PROSPER												
		PARATE EXCESS LIABILITY				1011	ONDETOE	L \$0,000,00		0,000				
		JLED AUTO: 14 RAM #2980; 1			5983									
CEF	RTIFI	CATE HOLDER				CAN	CELLATION	1						
		PROOF OF INSURANCE BIGFOOT RECOVERY, LL	.C			THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE C REOF, NOTICE WILL Y PROVISIONS.					
		803-364-0248				AUTHO	RIZED REPRESE	NTATIVE						
		PO BOX 76						D.	A					
		PROSPERITY			SC 29127			Nan	cran					

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DATE (MM/DD/YYYY) 09/21/2017

	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS													
CE TH	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													
IM ter	POR ms	TANT: If the cert	tificate holder is f the policy, ce	an Al rtain p	DDITIO olicies	NAL INSURED, the p								
PROD					5].		CONTA NAME			HTHOUSE INSURANC		20		
												65-0636		
		IG., INC./RS		-			E-MAIL	o, Ext): 703-30 ss: CERTIFI		03.303.0302 (A/C, No):	103-3	03-0030		
			(SPECIALIS ANCE SERVICES		URAN	ICE GROUP	ADDRE							
						/ 70744			1 /			NAIC #		
		9811 S IH 35, I	BLDG 1, STE 100), AUS	1 IIN, 17	K 78744				CE COMPANY		28053		
INSUF	RED							R B: LLOYDS				15792		
		IG., INC. / RS					INSURE	R C: PLAZA II	NSURANCE (COMPANY		30945		
			ECOVERY, LLO	;		1375	INSURE	R D:						
		PO BOX 76			~		INSURE	R E:						
		PROSPERIT			SC		INSURE							
		AGES				IMBER: RRPMSW0					-	Renewal		
INI CE		TED. NOTWITHSTA	ANDING ANY REC SUED OR MAY P		IENT, T , THE	ERM OR CONDITION OF	F ANY D BY T	CONTRACT O	R OTHER DOO DESCRIBED H	NAMED ABOVE FOR THE CUMENT WITH RESPECT HEREIN IS SUBJECT TO A AIMS.	TO WH	HICH THIS		
INSR LTR		TYPE OF INSUE	RANCE	ADDL SI	JBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
GENERAL LIABILITY BRPMSW/00001-02 10/01/2017 10/01/2018 EACH OCCURRENCE \$ 1,000,000.00														
Α														
	~		X			CERRORS & OMISSIC						, , , , , , , , , , , , , , , , , , , ,		
ŀ		CLAIMS-MADE	X OCCUR				0113			MED EXP (Any one person)	\$	5,000.00		
ŀ										PERSONAL & ADV INJURY		,000,000.00		
-	DRIVE-AWAY - \$1MIL GENERAL AGGREGATE \$ 5,000,000.00													
-		LAGGREGATE LIMIT A	PPLIES PER:			RGO/ON-HOOK - \$1MI				PRODUCTS - COMP/OP AGG		,000,000.00		
		POLICY PRO- JECT	LOC		RE	POSSESSED AUTO -\$	1MIL			REPO IN TRANSIT		,000,000.00		
	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,	,000,000.00		
C		ANY AUTO			PF	RPSW008238-01		06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$			
		ALL OWNED X	SCHEDULED AUTOS		CC	OMP/COLL DED \$10	00			BODILY INJURY (Per accident)	\$			
	Х	HIRED AUTOS X	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
											\$			
Α		UMBRELLA LIAB	X OCCUR		RF	RPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	s 2,	,000,000.00		
[Х	EXCESS LIAB	CLAIMS-MADE		SE	E DESC. OF OPERATI	ONS			AGGREGATE	\$ IN	C. GEN AGG		
ľ		DED RETENTION	I								\$			
	WOR	KERS COMPENSATION	l							WC STATU- TORY LIMITS ER	*			
		EMPLOYERS' LIABILIT' PROPRIETOR/PARTNER	1/11							E.L. EACH ACCIDENT	\$			
	OFFI	CER/MEMBER EXCLUDI datory in NH)		N / A						E.L. DISEASE - EA EMPLOYEE				
	If yes	, describe under												
_		CRIPTION OF OPERATION OF OPERATIO						10/01/2047	10/01/2010	E.L. DISEASE - POLICY LIMIT	\$			
	-	RAGEKEEPERS DI	-			RPMSW00001-02 RPMSW00001-02				LIMIT: \$1,000,000.00 GKDP LIMIT: \$300,00	0 00			
		RAGEKEEPERS DI										00		
-				FS / A++-		13610002C160001 D 101, Additional Remarks S	chodula			GKDP EXCESS: \$700	,000.0	00		
				•				•	• •	AYMENT OR CANCE				
										Q BY WRITTEN CONT				
										0 LIMIT WITH A \$5,00				
		EPARATE EXCE							_ ψ0,000,00	ς	-,			
		ULED AUTO: 14				33								
			,											
CER	ERTIFICATE HOLDER CANCELLATION													
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE													
		RECOVERY	COMPLIANC	E SOL	UTIOI	NS				REOF, NOTICE WILL E Y PROVISIONS.	SE DE	LIVERED IN		
		314-732-1478	/ <u>NBARNARD@</u>	RECO	VERYC	OMPLIANCE.COM								
		10805 SUN		R			AUTHO	RIZED REPRESE	NTATIVE					
		SUITE #300)						T	1				
	ST LOUIS MO 63127													
							<u> </u>	~	4000 0040		A11 c*			
								©	1988-2010 A	CORD CORPORATION.	All rig	ints reserved.		



DATE (MM/DD/YYYY) 09/21/2017

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CERT THIS	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													
terms	RTANT: If the certificate holder is and conditions of the policy, ce icate holder in lieu of such endors	rtain	polic	TIONAL INSURED, the po ties may require an endo	olicy(ie orseme	s) must be e ent. A state	ndorsed. If ment on this	SUBROGATION IS WAIN certificate does not co	ED, sonfer i	ubject to the rights to the				
PRODUCI		SILICI	ii(<i>3)</i> .		CONTA NAME			HTHOUSE INSURANC		<u>^</u>				
								703.365.0362 FAX (A/C, No):						
	IG., INC./RSIG				(A/C, No E-MAIL	<u>, Ext):</u> 703-30	CATES@RS	03.303.0302 (A/C, No):	103-3	00-0000				
	RECOVERY SPECIALIS SWBC INSURANCE SERVICES			ANCE GROUP	ADDRE									
	9811 S IH 35. BLDG 1. STE 100			TV 70711			. ,	DING COVERAGE		NAIC #				
INSURED), AC	01110							15792				
INSURED	IG., INC. / RSIG									30945				
	BIGFOOT RECOVERY, LL	`		1375			NSURANCE (30945				
	PO BOX 76	,		1375	INSURE									
	PROSPERITY			SC 29127	INSURE									
COVE		TIEIC	ATE	NUMBER: RRPMSW00	INSURE			REVISION NUMBER:	17 10	Panawal				
	IS TO CERTIFY THAT THE POLICIES								-	BRenewal				
INDIC CERT	ATED. NOTWITHSTANDING ANY REC IFICATE MAY BE ISSUED OR MAY PI USIONS AND CONDITIONS OF SUCH P	QUIRE ERTA OLICI	MENT IN, T ES. LII	F, TERM OR CONDITION OF THE INSURANCE AFFORDED	F ANY (D BY TH	CONTRACT OF HE POLICIES EEN REDUCE	R OTHER DOO DESCRIBED H D BY PAID CLA	CUMENT WITH RESPECT	TO WH	HICH THIS				
NSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER (MM/DD/YYYY) POLICY EXP LIMITS														
GE	GENERAL LIABILITY Y RRPMSW00001-02 10/01/2017 10/01/2018 EACH OCCURRENCE \$ 1,000,000.00													
A X	COMMERCIAL GENERAL LIABILITY			IG., INC./RSIG MASTER				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00				
	CLAIMS-MADE X OCCUR			INC ERRORS & OMISSIO	NS			MED EXP (Any one person)	\$	5,000.00				
				INC WRONGFUL REPO				PERSONAL & ADV INJURY	\$ 1	,000,000.00				
				DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE	\$ 5	,000,000.00				
GE	N'L AGGREGATE LIMIT APPLIES PER:			CARGO/ON-HOOK - \$1MI	L			PRODUCTS - COMP/OP AGG	\$ 3	,000,000.00				
X	POLICY PRO- JECT LOC			REPOSSESSED AUTO -\$*	1MIL			REPO IN TRANSIT	\$ 1	,000,000.00				
	ITOMOBILE LIABILITY	Y						COMBINED SINGLE LIMIT (Ea accident)	\$ 1	,000,000.00				
с	ANY AUTO	•		PRPSW008238-01		06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$					
	ALL OWNED X SCHEDULED AUTOS X AUTOS			COMP/COLL DED \$100		00/10/2011	00,10,2010	BODILY INJURY (Per accident)	\$					
X								PROPERTY DAMAGE (Per accident)	\$					
									\$					
A	UMBRELLA LIAB X OCCUR			RRPMSW00001-02	10/01/2017 10/01/2018 EACH OCCURRENCE					,000,000.00				
X	EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATIO					s IN	C. GEN AGG				
	DED RETENTION \$								\$					
	RKERS COMPENSATION							WC STATU- TORY LIMITS ER	•					
	D EMPLOYERS' LIABILITY Y / N Y PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$					
OF	Indatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE						
If ye	es, describe under							E.L. DISEASE - POLICY LIMIT						
	SCRIPTION OF OPERATIONS below RIME/EMP DISHONESTY			RRPMSW00001-02		10/01/2017	10/01/2019	LIMIT: \$1,000,000.00	φ					
	ARAGEKEEPERS DIRECT PRIMARY			RRPMSW00001-02				GKDP LIMIT: \$300,00	0.00					
· · · ·	ARAGEKEEPERS EXCESS			B113610002C160001				GKDP EXCESS: \$700		00				
	TION OF OPERATIONS / LOCATIONS / VEHICL	ES (At			chedule.			5.151 EXOLOO. 9700	,	~~				
	MEMBER SINCE: 06/12/08 -30 E	•		,		•	• •	AYMENT OR CANCE	LATI	ON BY				
	ER REQUEST & ADDITIONAL II													
	TION: 8534 HWY 76, PROSPER			29127. PRIMARY LIMI	TS PR	OVIDE FUL	L \$3,000,00	0 LIMIT WITH A \$5,00	0,000	AGG IN LIEU				
	SEPARATE EXCESS LIABILITY													
SCHE	DULED AUTO: 14 RAM #2980; 1	5 R/	-\IVI #{	5983										
CEPTI	FICATE HOLDER				CANC	ELLATION	1							
					JAN	LEANON	•							
	SOUTHERN AUTO FINANCE COMPANY SOUTHERN AUTO FINANCE COMPANY													
				FANT	ACCORDANCE WITH THE POLICY PROVISIONS.									
	954-556-9238 DO BOX 502277													
	PO BOX 592277				AUTHOR	RIZED REPRESE	NTATIVE							
	ORLANDO			FL 32859			Nau	L'HANG						
						Ô	1988-2010 A	CORD CORPORATION.	All rig	hts reserved.				



DATE (MM/DD/YYYY) 09/21/2017

5		·*											05	9/21/2017
CE TH	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													
ter	ms a	and conditions	s of		rtain	polic								
			eu	or such endors	emer	n(s).			CON			HTHOUSE INSURANC		<u>^</u>
												703.365.0362 FAX (A/C, No):		
		IG., INC./		SPECIALIS	т ілі	e 1 1 D			E-MA			NG COM	100-0	00-0000
							ANCE	GROUP	ADDF			DING COVERAGE		NAIC #
				LDG 1, STE 10			L TX 7874	44			()			28053
INSU	RED		0, 2		o, 7.0	••••	,			RER B: LLOYDS				15792
		IG., INC. /	RS	IG						RER C: PLAZA I				30945
		,		COVERY, LL	С			1375		RER D:				
		PO BOX 7		,	-					RER E:				
		PROSPER	RIT	(SC	29127		RER F:				
CO	/ERA	GES		CER	TIFIC	ATE	NUMBE	R: RRPM		1-02-C25789		REVISION NUMBER:	17-18	Renewal
				THE POLICIES	OF IN	SURA	ANCE LIS	TED BELOW	V HAVE BEE	N ISSUED TO T	HE INSURED	NAMED ABOVE FOR THE		
CE	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 TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY EFF (MM/DD/YYYY) LIMITS														
	GENE	RAL LIABILITY					RRPMS	SW00001-	02			EACH OCCURRENCE	\$ 1	,000,000.00
													100,000.00	
		CLAIMS-MADE	: []	X OCCUR			INC ERF	RORS & OI	MISSIONS			MED EXP (Any one person)	\$	5,000.00
	INC WRONGFUL REPO PERSONAL & ADV INJURY \$ 1,000,000.00													
								AWAY - \$1N				GENERAL AGGREGATE	\$ 5	,000,000.00
				PPLIES PER:				ON-HOOK				PRODUCTS - COMP/OP AGG		,000,000.00
		POLICY PRO		LOC			REPOSSESSED AUTO -\$1					REPO IN TRANSIT	-	,000,000.00
	AUTO	MOBILE LIABILITY	ſ									COMBINED SINGLE LIMIT (Ea accident)	\$ 1	,000,000.00
С				SCHEDULED			PRPSV	V008238-0	01	06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$	
-		ALL OWNED AUTOS	X	AUTOS			COMP/	COLL DE	D \$1000			BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	X	HIRED AUTOS	Х	NON-OWNED AUTOS								(Per accident)	\$	
													\$	
A		JMBRELLA LIAB	P	X OCCUR			-	SW00001-	-	10/01/2017	10/01/2018	EACH OCCURRENCE		,000,000.00
	~	EXCESS LIAB		CLAIMS-MADE	-		SEE DE	5C. OF OP	ERATIONS			AGGREGATE	Ψ	C. GEN AGG
		DED RETEN KERS COMPENSAT		\$								WC STATU- OTH-	\$	
	AND B	EMPLOYERS' LIAB	ILITY	1/11								TORY LIMITS ER		
	OFFIC	ROPRIETOR/PART		D?	N / A							E.L. EACH ACCIDENT	\$	
	If yes,	latory in NH) describe under										E.L. DISEASE - EA EMPLOYEE		
Α		RIPTION OF OPER						SW00001-	-02	10/01/2017	10/01/2010	E.L. DISEASE - POLICY LIMIT LIMIT: \$1,000,000.00		
A				RECT PRIMARY				SW00001- SW00001-				GKDP LIMIT: \$300,00		
	-	AGEKEEPERS		-				0002C16				GKDP EXCESS: \$70		00
-	-			OCATIONS / VEHICL	ES (At	tach A							.,	
RSI	G MI	EMBER SINC	E: (06/12/08 -30 E	DAY (CAN	CELLAT	ION NOT	ICE EXCE	PT IN CASES	S OF NON-F	PAYMENT OR CANCE	LLATI	ON BY
												D BY WRITTEN CONT		
							29127.	PRIMAR	Y LIMITS P	ROVIDE FUL	L \$3,000,00.	0 LIMIT WITH A \$5,00	0,000	AGG IN LIEU
				SS LIABILITY RAM #2980; 1			5083							
501	יבטנ		14	1.7.1VI #2300, 1		11VI #	0000							
CEF	TIF	ICATE HOLD	DER	2					CA		N			
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN													
		SAFECO										Y PROVISIONS.		LIVERED IN
		954-556-		-										
		PO BOX	590)188					AUTH	ORIZED REPRESE	NTATIVE			
											D.	day		
		FT LAUD	ER	DALE			FL	33359			Nan	near		
										©	1988-2010 A	CORD CORPORATION.	All rig	hts reserved.



DATE (MM/DD/YYYY) 09/21/2017

<u> </u>	_											09	/21/2017
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IM te	POF rms	RTANT: If the certifica	ate holder is e policy, ce	an /	ADDI [*] polic	TIONAL	INSURED,	the policy(i	es) must be e ent. A state	endorsed. If ment on this	SUBROGATION IS WAI	VED, su onfer r	ubject to the ights to the
PRO				emen	u(s).			CONT			HTHOUSE INSURANC		22
													65-0636
		IG., INC./RSIG RECOVERY SF					CRUID					100 0	
		SWBC INSURANCI						ADDIN			DING COVERAGE		NAIC #
		9811 S IH 35, BLDO	G 1, STE 100), AU	ISTIN	, TX 787	44	INSUR		. ,	CE COMPANY		28053
INSU	RED					·			ER B: LLOYDS				15792
		IG., INC. / RSIG							ER C: PLAZA I				30945
		BIGFOOT RECO	OVERY, LLO	2			1375	INSUR					
		PO BOX 76						INSUR	ER E:				
		PROSPERITY				SC	29127	INSUR					
COVERAGES CERTIFICATE NUMBER: RRPMSW											REVISION NUMBER:	-	Renewal
IN	DICA	TED. NOTWITHSTANDI	NG ANY REC	QUIRE	MENT	Γ, TERM	OR CONDITI	ON OF ANY	CONTRACT O	R OTHER DO	NAMED ABOVE FOR THE CUMENT WITH RESPECT	то wh	IICH THIS
	CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR LTR		TYPE OF INSURANCE		ADDL INSR			POLICY NUME		POLICY EFF (MM/DD/YYYY)		LIMI	тѕ	
LIIX	GEN			INOIN		RRPMS					EACH OCCURRENCE	s 1.	000,000.00
А									10/01/2017	10/01/2010	DAMAGE TO RENTED PREMISES (Ea occurrence)		100,000.00
							RORS & OM				MED EXP (Any one person)	\$	5,000.00
						INC WR	ONGFUL RE	EPO			PERSONAL & ADV INJURY	\$ 1,	000,000.00
						DRIVE-A	AWAY - \$1M	IIL			GENERAL AGGREGATE	\$ 5,	000,000.00
	GEN	I'L AGGREGATE LIMIT APPLIE	ES PER:			CARGO	/ON-HOOK -	- \$1MIL			PRODUCTS - COMP/OP AGG	\$3,	000,000.00
	Х	POLICY PRO- JECT	LOC			REPOS	SESSED AU	ITO -\$1MIL			REPO IN TRANSIT	\$ 1,	000,000.00
	AUT	OMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$ 1,	000,000.00
С		ANY AUTO				PRPSV	V008238-0	1	06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$	
		AUTOS ^ AUT	HEDULED TOS			COMP/	COLL DED	D \$1000			BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS X NOT	N-OWNED TOS								PROPERTY DAMAGE (Per accident)	\$	
												\$	
А			OCCUR			RRPMS	SW00001-0)2	10/01/2017	10/01/2018	EACH OCCURRENCE	\$ 2,	000,000.00
	Х	EXCESS LIAB	CLAIMS-MADE			SEE DE	SC. OF OPE	ERATIONS			AGGREGATE	\$ IN	C. GEN AGG
		DED RETENTION \$										\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY	Y/N								WC STATU- OTH TORY LIMITS ER	-	
	ANY	PROPRIETOR/PARTNER/EXE		N/A							E.L. EACH ACCIDENT	\$	
	(Mar	s, describe under									E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	CRIPTION OF OPERATIONS b							4.0/0//200	4.0 /0.4 /0.0 /	E.L. DISEASE - POLICY LIMIT		
A		IME/EMP DISHONESTY					SW00001-0				LIMIT: \$1,000,000.00		
A		RAGEKEEPERS DIREC					SW00001-0				GKDP LIMIT: \$300,0		20
B		RAGEKEEPERS EXCES		ES /A+			0002C160				GKDP EXCESS: \$70	0,000.0	00
				•		,			•	• •	AYMENT OR CANCE		
											Q BY WRITTEN CONT		
											0 LIMIT WITH A \$5,00		
		EPARATE EXCESS											
SCI	HED	OULED AUTO: 14 RA	M #2980; 1	5 R/	AM #!	5983							
CEF		FICATE HOLDER						CAN	CELLATION	N			
											ESCRIBED POLICIES BE C		
	SELECT MANAGEMENT RESOURCES THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.												
	678-805-5824												
	3440 PRESTON RIDGE RD AUTHORIZED REPRESENTATIVE												
		SUITE #500								T	~		
		ALPHERTTA				GA	30005	1		6 YAAA	Clair		

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		*										0	9/21/2017
CE TH	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												
ter	ms a	ANT: If the cert and conditions of ate holder in lieu	f the policy, ce	rtain	polic	TIONAL cies may	INSURED, the require an e	e policy(ie endorsem	es) must be e ent. A state	ndorsed. If ment on this	SUBROGATION IS WAI	/ED, s onfer	ubject to the rights to the
	UCER			emen	n(3).			CONTA NAME		RSIG - LIGI	HTHOUSE INSURANC	E SV	CS
		IG., INC./RS											65-0636
					SUR	ANCE	GROUP	E-MAIL ADDRE	ss: CERTIFI	CATES@RS	SIG.COM		
			ANCE SERVICE								DING COVERAGE		NAIC #
		9811 S IH 35, E	BLDG 1, STE 10), AU	ISTIN	, TX 787	44	INSURE	R A: ROCKHI	LL INSURAN	CE COMPANY		28053
INSUF	RED							INSURE	R B: LLOYDS	OF LONDON	1		15792
		IG., INC. / RS						INSURE	R C: PLAZA I	NSURANCE	COMPANY		30945
			ECOVERY, LL	C			1375	INSURE	R D:				
		PO BOX 76	V			SC	29127	INSURE	R E:				
COVERAGES CERTIFICATE NUMBER: RRPMSW000001-												17 40	Ponewal
							-				REVISION NUMBER: NAMED ABOVE FOR THE		BRenewal
INI CE EX		ED. NOTWITHSTA	ANDING ANY REG SUED OR MAY P IONS OF SUCH P	QUIRE ERTAI OLICII	MEN N, T ES. LI	T, TERM THE INSU	OR CONDITION	N OF ANY RDED BY T	CONTRACT O HE POLICIES BEEN REDUCE	R OTHER DO DESCRIBED H D BY PAID CLA	CUMENT WITH RESPECT	TO WH	HICH THIS
INSR LTR													
		RAL LIABILITY				RRPMS	SW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	\$ 1	,000,000.00
A	Xc					- , -	/RSIG MASTE				PREMISES (Ea occurrence)	\$	100,000.00
-		CLAIMS-MADE	X OCCUR			-	RORS & OMIS				MED EXP (Any one person)	\$	5,000.00
-								0			PERSONAL & ADV INJURY		,000,000.00
-							AWAY - \$1MIL /ON-HOOK - \$	1 MII			GENERAL AGGREGATE		,000,000.00
ŀ	14	AGGREGATE LIMIT A POLICY PRO- JECT									PRODUCTS - COMP/OP AGG		,000,000.00
			LOC					• • • • • • •			COMBINED SINGLE LIMIT (Ea accident)		,000,000.00
С		NY AUTO					V008238-01		06/13/2017	06/12/2019		\$,000,000.00
		ALL OWNED X	SCHEDULED AUTOS			-	COLL DED §	\$1000	00/13/2017	00/13/2010	BODILY INJURY (Per accident)	\$	
ľ		HIRED AUTOS X	NON-OWNED AUTOS			001011 /	OOLL DLD (0000			PROPERTY DAMAGE (Per accident)	\$	
ſ			1								(\$	
A	U		X OCCUR			RRPMS	SW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	<u></u> \$ 2	,000,000.00
	ΧE	XCESS LIAB	CLAIMS-MADE			SEE DE	SC. OF OPER	ATIONS			AGGREGATE	\$ IN	C. GEN AGG
		DED RETENTION										\$	
		ERS COMPENSATION									WC STATU- OTH- TORY LIMITS ER		
	ANY P	ROPRIETOR/PARTNER	R/EXECUTIVE	N / A							E.L. EACH ACCIDENT	\$	
		atory in NH) describe under									E.L. DISEASE - EA EMPLOYEE		
_	DESC	RIPTION OF OPERATION							10/04/0047	10/04/0040	E.L. DISEASE - POLICY LIMIT	\$	
		1E/EMP DISHONE AGEKEEPERS DII					SW00001-02 SW00001-02				LIMIT: \$1,000,000.00 GKDP LIMIT: \$300,00		
		AGEKEEPERS EX					10002C16000				GKDP EXCESS: \$70		00
-		N OF OPERATIONS / L		ES (At	tach A						GREI EXOLOG. \$70	3,000.	
				•					•	• •	AYMENT OR CANCE	LLATI	ON BY
											BY WRITTEN CONT		
		ON: 8534 HWY PARATE EXCE				29127.	PRIMARY L	IMITSPR		∟\$3,000,00	0 LIMIT WITH A \$5,00	0,000	AGG IN LIEU
-	-	JLED AUTO: 14		-	-	5983							
			,	-	-	-							
CER	RTIFI	CATE HOLDER	R					CAN	CELLATION				
								SHO			ESCRIBED POLICIES BE C		LED BEFORE
			SING COMPA					THE	EXPIRATION	I DATE THE	REOF, NOTICE WILL		
		945-642-809		UNI L				ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.		
		1410 SW 3F						AUTHO	RIZED REPRESE	NTATIVE			
		STE 200								~	1		
		POMPANO BEACH FL 233069											
									Ô	1988-2010 A	CORD CORPORATION.	All ric	ahts reserved.
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DATE (MM/DD/YYYY) 09/21/2017

		••							09/21/2017				
CERTIFIC THIS C	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. MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the erms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the												
terms ar	nd conditions of the policy, ce	rtain	polic	TIONAL INSURED, the po cies may require an endo	olicy(ie orseme	s) must be e ent. A state	ndorsed. If ment on this	SUBROGATION IS WAIN certificate does not co	ED, subject to the formation of the second s	ne ne			
PRODUCER	te holder in lieu of such endorse	emen	t(s).		CONTA				- 0) (00				
PRODUCER													
	IG., INC./RSIG				(A/C, No	_{b, Ext):} 703-36	5-0199//LH7	03.365.0362 FAX (A/C, No):	703-365-0636				
	RECOVERY SPECIALIS			ANCE GROUP	ADDRE	ss: <u>CERTIFI</u>	CATES@RS	SIG.COM					
	SWBC INSURANCE SERVICES							DING COVERAGE	NAIC #	!			
	9811 S IH 35, BLDG 1, STE 100), AU	STIN	, TX 78744				CE COMPANY	28053				
INSURED						r b: LLOYDS			15792				
	IG., INC. / RSIG	_			INSURE	_{r C:} Plaza II	NSURANCE (COMPANY	30945				
	BIGFOOT RECOVERY, LLC	;		1375	INSURE	R D:							
	PO BOX 76			00 00407	INSURE	R E:							
	PROSPERITY			SC 29127	INSURE								
COVERAG				NUMBER: RRPMSW00				REVISION NUMBER:	17-18Renewal				
INDICATE CERTIFIC	TO CERTIFY THAT THE POLICIES (ED. NOTWITHSTANDING ANY REC CATE MAY BE ISSUED OR MAY PE ONS AND CONDITIONS OF SUCH P(QUIRE ERTAI OLICIE	MEN ⁻ N, T ES. LI	T, TERM OR CONDITION OF THE INSURANCE AFFORDED	= ANY () BY TI	CONTRACT OI HE POLICIES EEN REDUCEI	R OTHER DOO DESCRIBED H D BY PAID CLA	CUMENT WITH RESPECT	TO WHICH THIS				
INSR LTR	TYPE OF INSURANCE	ADDL : INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
GENER				RRPMSW00001-02				EACH OCCURRENCE	\$ 1,000,000.0)0			
A X co	OMMERCIAL GENERAL LIABILITY			IG., INC./RSIG MASTER			-	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.0	00			
	CLAIMS-MADE X OCCUR			INC ERRORS & OMISSIO	NS			MED EXP (Any one person)	\$ 5,000.0	00			
				INC WRONGFUL REPO			-	PERSONAL & ADV INJURY	\$ 1,000,000.0)0			
				DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE	\$ 5,000,000.0)0			
GEN'L A	AGGREGATE LIMIT APPLIES PER:			CARGO/ON-HOOK - \$1MI	L			PRODUCTS - COMP/OP AGG	\$ 3,000,000.0)0			
X PC	DLICY PRO- JECT LOC			REPOSSESSED AUTO -\$	1MIL			REPO IN TRANSIT	\$ 1,000,000.0)0			
AUTON	IOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.0)0			
	NY AUTO			PRPSW008238-01		06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$				
AL	L OWNED X SCHEDULED JTOS X AUTOS			COMP/COLL DED \$10	00			BODILY INJURY (Per accident)	\$				
Хн	RED AUTOS X NON-OWNED AUTOS						-	PROPERTY DAMAGE (Per accident)	\$				
								,	\$				
A	MBRELLA LIAB X OCCUR			RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	\$ 2,000,000.0)0			
ХЕХ	CESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATIO	ONS			AGGREGATE	\$ INC. GEN AG	G			
DE	ED RETENTION \$								\$				
	ERS COMPENSATION MPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER					
		N/A						E.L. EACH ACCIDENT	\$				
	tory in NH)							E.L. DISEASE - EA EMPLOYEE	\$				
If yes, d DESCR	escribe under IPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
	E/EMP DISHONESTY			RRPMSW00001-02				LIMIT: \$1,000,000.00					
	GEKEEPERS DIRECT PRIMARY			RRPMSW00001-02				GKDP LIMIT: \$300,00					
_	GEKEEPERS EXCESS			B113610002C160001				GKDP EXCESS: \$700	,000.00				
RSIG ME MEMBER LOCATIO OF A SEF	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) SIG MEMBER SINCE: 06/12/08 -30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY EMBER REQUEST & ADDITIONAL INSURED STATUS, APPLIES TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACT CATION: 8534 HWY 76, PROSPERITY, SC 29127. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU A SEPARATE EXCESS LIABILITY POLICY CHEDULED AUTO: 14 RAM #2980; 15 RAM #5983												
CERTIEI	CATE HOLDER				CANO		1						
-	TAMPA BAY FEDERAL CF 813-247-2373 3815 N NEBRASKA AVE	REDI	T UN	lion	SHO THE ACC	ULD ANY OF 1 EXPIRATION	THE ABOVE DI DATE THE TH THE POLIC	ESCRIBED POLICIES BE C REOF, NOTICE WILL I Y PROVISIONS.					
					AUTHO	NIZED REFREJEI		1					
	ТАМРА			FL 33673			Dana	clain.		_			
						©	1988-2010 A	CORD CORPORATION.	All rights reserve	ed.			



DATE (MM/DD/YYYY) 09/21/2017

	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS																			
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IM ter	POR ms	TANT: If the certificate holder is	an /	ADDI' polic	TIONAL INSURED, the po	olicy(ie orseme	s) must be e ent. A state	ndorsed. If ment on this	SUBROGATION IS WAIV certificate does not co	ΈD, sι onfer r	ubject to the ights to the									
	UCEF		men	u(s).					HTHOUSE INSURANC		2									
		IG., INC./RSIG							03.365.0362 FAX (A/C, No):											
		RECOVERY SPECIALIS		SUR				CATES@RS												
		SWBC INSURANCE SERVICES				ADDRE			DING COVERAGE		NAIC #									
		9811 S IH 35, BLDG 1, STE 100			, TX 78744	INSURF					28053									
INSU	RED		, -	-	, -						15792									
		IG., INC. / RSIG						NSURANCE (30945									
		BIGFOOT RECOVERY, LLC)		1375	INSURE														
		PO BOX 76				INSURE														
		PROSPERITY			SC 29127	INSURE														
CO	/ER/	AGES CERT	FIFIC	ATE	NUMBER: RRPMSW00	00001-	02-C25773		REVISION NUMBER:	17-18	Renewal									
		TO CERTIFY THAT THE POLICIES (
CE	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																				
	GENERAL LIABILITY RRPMSW00001-02 10/01/2017 10/01/2018 EACH OCCURRENCE \$ 1,000,000.00 X DAMAGE TO RENTED LO. IN/O (POLO MARTER) 10/01/2017 10/01/2018 EACH OCCURRENCE \$ 1,000,000.00																			
A	Х	COMMERCIAL GENERAL LIABILITY			IG., INC./RSIG MASTER				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00									
											5,000.00									
					INC WRONGFUL REPO			-	PERSONAL & ADV INJURY		000,000.00									
					DRIVE-AWAY - \$1MIL			-	GENERAL AGGREGATE		000,000.00									
		L AGGREGATE LIMIT APPLIES PER:			CARGO/ON-HOOK - \$1MI				PRODUCTS - COMP/OP AGG		000,000.00									
		POLICY PRO- JECT LOC			REPOSSESSED AUTO -\$	1MIL					000,000.00									
_	AUI	OMOBILE LIABILITY						-	COMBINED SINGLE LIMIT (Ea accident)	,	000,000.00									
С		ANY AUTO ALL OWNED V SCHEDULED			PRPSW008238-01		06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$										
	X				COMP/COLL DED \$100	00		-	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$										
	Х	HIRED AUTOS X AUTOS						-	(Per accident)	\$										
•							40/04/0047	40/04/0040		\$	000,000.00									
A					RRPMSW00001-02 SEE DESC. OF OPERATIO	ONS	10/01/2017	10/01/2018	EACH OCCURRENCE	φ ,	C. GEN AGG									
	~				OLE DEGO. OF OF ERATIO			-	AGGREGATE	Ŷ	S. GEN AGG									
		DED RETENTION \$							WC STATU- OTH- TORY LIMITS ER	\$										
		EMPLOYERS' LIABILITY Y / N PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$										
	OFFI	CER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	-										
	If ves	, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT											
Α		ME/EMP DISHONESTY			RRPMSW00001-02		10/01/2017	10/01/2018	LIMIT: \$1,000,000.00	*										
A		RAGEKEEPERS DIRECT PRIMARY			RRPMSW00001-02				GKDP LIMIT: \$300,00	0.00										
В	GAF	RAGEKEEPERS EXCESS			B113610002C160001				GKDP EXCESS: \$700		00									
		ON OF OPERATIONS / LOCATIONS / VEHICL	•			hedule,	if more space is	required)												
		EMBER SINCE: 06/12/08 -30 D																		
		R REQUEST & ADDITIONAL IN NN: 8534 HWY 76, PROSPER																		
		EPARATE EXCESS LIABILITY I			29127. PRIMART LIMI	IS PR		L \$3,000,00		0,000	AGG IN LIEU									
		ULED AUTO: 14 RAM #2980; 1			5983															
<u> </u>																				
CEF		ICATE HOLDER				CAN	ELLATION	N												
						SHO	ULD ANY OF	THE ABOVE DI	ESCRIBED POLICIES BE C	ANCEL	LED BEFORE									
		TRANSAMERICA ADJUST	FRS	INC		THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL E											
		800-465-7460 /J.GRIFFITH@T				ACC	ORDANCE WI	IN THE POLIC	Y PROVISIONS.											
		PO BOX 458				AUTHO	RIZED REPRESE	NTATIVE												
								T	1											
		CENTER			TX 75935			L Jan	dan.											
							©	1988-2010 A	CORD CORPORATION.	CENTER TX 75935 CENTER TX 75935 CENTER 0 1988-2010 ACORD CORPORATION. All rights reserved.										



DATE (MM/DD/YYYY) 09/21/2017

		e									09/2	21/2017	
CE TH	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												
ter	ms a	ANT: If the cert nd conditions of the holder in lieu	f the policy, ce	rtain	polic	ITIONAL INSURED, the pe cies may require an end	olicy(ie orseme	es) must be e ent. A state	ndorsed. If ment on this	SUBROGATION IS WAIN certificate does not co	/ED, sub onfer rig	pject to the phts to the	
	UCER		or such endors	enter	n(3).		CONTA NAME		RSIG - LIGI	HTHOUSE INSURANC	E SVC	3	
		IG., INC./RS								703.365.0362 FAX (A/C, No):			
				т ім	SUR	ANCE GROUP		ss: CERTIFI					
			ANCE SERVICES				ADDICE			DING COVERAGE		NAIC #	
		9811 S IH 35, E	BLDG 1, STE 100), AL	JSTIN	I, TX 78744	INSURE		1 /	CE COMPANY		28053	
INSUR	RED		·					R B: LLOYDS				15792	
		IG., INC. / RS	SIG					R C: PLAZA II				30945	
		BIGFOOT RE	ECOVERY, LLO	С		1375	INSURE						
		PO BOX 76					INSURE						
		PROSPERIT	Y			SC 29127	INSURE						
COV	/ERA	GES	CER	TIFIC	ATE	NUMBER: RRPMSW00	00001	-02-C25777		REVISION NUMBER:	17-18R	Renewal	
INE CE EX	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 INSUR	RANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY Y RRPMSW00001-02 10/01/2017 10/01/2018 EACH OCCURRENCE \$ 1,000,000.00												
A	Xc	OMMERCIAL GENERA	AL LIABILITY			IG., INC./RSIG MASTER				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1	00,000.00	
		CLAIMS-MADE	X OCCUR			INC ERRORS & OMISSIC	ONS			MED EXP (Any one person)	\$	5,000.00	
-						INC WRONGFUL REPO				PERSONAL & ADV INJURY	· · ·	00,000.00	
						DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE	. ,	00,000.00	
		AGGREGATE LIMIT A	PPLIES PER:			CARGO/ON-HOOK - \$1MI				PRODUCTS - COMP/OP AGG	/	00,000.00	
		POLICY PRO- JECT	LOC			REPOSSESSED AUTO -\$	1MIL			REPO IN TRANSIT		00,000.00	
-	AUTO	MOBILE LIABILITY		Y						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,0	00,000.00	
C						PRPSW008238-01		06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$		
-		UTOS X	SCHEDULED AUTOS			COMP/COLL DED \$10	00			BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
-	X	IIRED AUTOS X	NON-OWNED AUTOS							(Per accident)	\$		
											\$		
A		F	X OCCUR			RRPMSW00001-02	0.10	10/01/2017	10/01/2018	EACH OCCURRENCE	· · · · ·	00,000.00	
-	XE	XCESS LIAB	CLAIMS-MADE			SEE DESC. OF OPERATION	ONS			AGGREGATE	\$ INC.	GEN AGG	
		ED RETENTION								WC STATU- OTH-	\$		
	AND E	MPLOYERS' LIABILITY	Y Y/N							TORY LIMITS ER			
	OFFIC	ROPRIETOR/PARTNER ER/MEMBER EXCLUDE		N / A						E.L. EACH ACCIDENT	\$		
	If yes,	atory in NH) describe under								E.L. DISEASE - EA EMPLOYEE			
	DÉSC	RIPTION OF OPERATIO						10/04/0047	10/04/0040		\$		
		1E/EMP DISHONE AGEKEEPERS DII				RRPMSW00001-02 RRPMSW00001-02				LIMIT: \$1,000,000.00 GKDP LIMIT: \$300,00			
· ·	-	AGEKEEPERS EX	-			B113610002C160001				GKDP LIMIT: \$300,00 GKDP EXCESS: \$700		h	
-				ES (A	tach A	CORD 101, Additional Remarks S	chedule			UNDE LAGE00. \$700	5,000.00	5	
RSI MEN LOC	g me Mbef Catio	EMBER SINCE: R REQUEST & A	06/12/08 -30 E ADDITIONAL I 76, PROSPEF	DAY NSU RITY	CAN RED , SC	CELLATION NOTICE E STATUS, APPLIES TO 29127. PRIMARY LIMI	XCEP THE	T IN CASES	S OF NON-F DER AS REC	BY WRITTEN CONT	RACT		
-	-	JLED AUTO: 14		-	-	5983							
	-		,		-								
CER	TIFI	CATE HOLDER	R				CAN	CELLATION					
	US AUTO CREDIT SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 904-899-1773												
			SIDE PAKR PL	ACE			AUTHO	RIZED REPRESE	NTATIVE				
		SUITE 200							~	1			
	JACKSONVILLE FL 32204												
							<u> </u>	0	1988-2010 ^	CORD CORPORATION.	All righ	ts reserved	
								U	1000-2010 A	SORE CONFORMION.	~ uuyu		



DATE (MM/DD/YYYY) 09/21/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS												
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IMPORTANT: If the certificate holder is an terms and conditions of the policy, certai certificate holder in lieu of such endorsem.	in polic	FIONAL INSURED, the po ies may require an endo	olicy(ie orseme	s) must be e ent. A stater	ndorsed. If ment on this	SUBROGATION IS WAIV certificate does not co	ED, subject to the onfer rights to the					
PRODUCER	oni(o)i		CONTAC NAME			HTHOUSE INSURANC	E SVCS					
IG., INC./RSIG						703.365.0362 FAX (A/C, No):						
RECOVERY SPECIALIST I	NGUD				CATES@RS							
SWBC INSURANCE SERVICES IN		ANCL GROUP	ADDRES			DING COVERAGE	NAIC #					
9811 S IH 35, BLDG 1, STE 100, A		TX 78744					28053					
INSURED					OF LONDON		15792					
IG., INC. / RSIG					NSURANCE (30945					
BIGFOOT RECOVERY, LLC		1375	INSURE									
PO BOX 76			INSURE									
PROSPERITY		SC 29127	INSURE									
COVERAGES CERTIF	ICATE	NUMBER: RRPMSW00				REVISION NUMBER:	17-18Renewal					
THIS IS TO CERTIFY THAT 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.												
SR IR TYPE OF INSURANCE ADDL INSR SUBR WVD POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) CENERAL MENTS ADDL SUBR POLICY NUMBER POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY)												
GENERAL LIABILITY RRPMSW00001-02 10/01/2017 10/01/2018 EACH OCCURRENCE \$ 1,000,000.00												
A X COMMERCIAL GENERAL LIABILITY		IG., INC./RSIG MASTER				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00					
CLAIMS-MADE X OCCUR		INC ERRORS & OMISSIO	NS			MED EXP (Any one person)	\$ 5,000.00					
		INC WRONGFUL REPO				PERSONAL & ADV INJURY	\$ 1,000,000.00					
		DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE	\$ 5,000,000.00					
GEN'L AGGREGATE LIMIT APPLIES PER:		CARGO/ON-HOOK - \$1MI				PRODUCTS - COMP/OP AGG	\$ 3,000,000.00					
X POLICY PRO- JECT LOC		REPOSSESSED AUTO -\$	1MIL			REPO IN TRANSIT	\$ 1,000,000.00					
						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00					
		PRPSW008238-01		06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$					
ALLOWNED X SCHEDULED AUTOS X AUTOS X HIRED AUTOS X NON-OWNED AUTOS		COMP/COLL DED \$100	00			BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$					
							\$					
A UMBRELLA LIAB X OCCUR		RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	\$ 2,000,000.00					
X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATION	JNS			AGGREGATE	\$ INC. GEN AGG					
DED RETENTION \$						WC STATU- OTH-	\$					
AND EMPLOYERS' LIABILITY Y / N												
ANY PROPRIETOR/PARTNER/EXECUTIVE	Α					E.L. EACH ACCIDENT	\$					
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE						
DÉSCRIPTION OF OPERATIONS below				10/01/0047	10/01/0040		\$					
A CRIME/EMP DISHONESTY A GARAGEKEEPERS DIRECT PRIMARY		RRPMSW00001-02 RRPMSW00001-02				LIMIT: \$1,000,000.00 GKDP LIMIT: \$300,00	0.00					
B GARAGEKEEPERS EXCESS		B113610002C160001				GKDP EXCESS: \$700						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES							,,000.00					
RSIG MEMBER SINCE: 06/12/08 -30 DAY		CELLATION NOTICE E	XCEP	T IN CASES	S OF NON-F	AYMENT OR CANCEL	LATION BY					
MEMBER REQUEST & ADDITIONAL INS	URED	STATUS, APPLIES TO	THE (CERT HOLD	DER AS REC	BY WRITTEN CONT	RACT					
LOCATION: 8534 HWY 76, PROSPERIT		29127. PRIMARY LIMI	rs pr	OVIDE FUL	L \$3,000,00	0 LIMIT WITH A \$5,00	0,000 AGG IN LIEU					
OF A SEPARATE EXCESS LIABILITY PC		-002										
SCHEDULED AUTO: 14 RAM #2980; 15 F		0903										
CERTIFICATE HOLDER	ERTIFICATE HOLDER CANCELLATION											
US TRANSNET						REOF, NOTICE WILL E Y PROVISIONS.	DE DELIVERED IN					
386-274-3333												
PO BOX 9426			AUTHOR	RIZED REPRESE	NTATIVE							
DAYTONA BEACH		FL 32120			Nan	- Acar						
				©	1988-2010 A	CORD CORPORATION.	All rights reserved.					



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CERTII THIS	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. MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the erms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the												
						e) must be a	ndorsod If		ED e	ubject to the			
terms a		rtain	polic										
PRODUCEF	2				CONTA	^{CT} IG INC /	RSIG - LIGI	HTHOUSE INSURANC	F SV	CS			
	IG., INC./RSIG							703.365.0362 FAX (A/C, No):					
	RECOVERY SPECIALIS					ss: <u>CERTIFI</u>							
	SWBC INSURANCE SERVICES				ADDILL			DING COVERAGE		NAIC #			
	9811 S IH 35, BLDG 1, STE 100). AU	STIN	. TX 78744	INSURE		()			28053			
INSURED		, -	-	, -		R B: LLOYDS				15792			
	IG., INC. / RSIG					RC: PLAZA II				30945			
	BIGFOOT RECOVERY, LLC	2		1375	INSURE								
	PO BOX 76				INSURE								
	PROSPERITY			SC 29127	INSURE								
COVERA	AGES CER	TIFIC	ATE	NUMBER: RRPMSW00				REVISION NUMBER:	17-18	Renewal			
	TO CERTIFY THAT THE POLICIES												
CERTIF	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													
GEN	ERAL LIABILITY			RRPMSW00001-02				EACH OCCURRENCE	\$ 1	,000,000.00			
A X	COMMERCIAL GENERAL LIABILITY			IG., INC./RSIG MASTER				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00			
	CLAIMS-MADE X OCCUR			INC ERRORS & OMISSIO	NS			MED EXP (Any one person)	\$	5,000.00			
				INC WRONGFUL REPO				PERSONAL & ADV INJURY	\$ 1	,000,000.00			
				DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE	\$ 5	,000,000.00			
	LAGGREGATE LIMIT APPLIES PER:			CARGO/ON-HOOK - \$1MI				PRODUCTS - COMP/OP AGG		,000,000.00			
	POLICY PRO- JECT LOC			REPOSSESSED AUTO -\$	1MIL			REPO IN TRANSIT		,000,000.00			
	DMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		,000,000.00			
				PRPSW008238-01		06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$				
	ALL OWNED X SCHEDULED AUTOS NON OWNED			COMP/COLL DED \$10	00			BODILY INJURY (Per accident) PROPERTY DAMAGE	\$				
X	HIRED AUTOS X NON-OWNED AUTOS							(Per accident)	\$				
									\$	000 000 00			
	UMBRELLA LIAB X OCCUR			RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	Ψ	,000,000.00			
	EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATION	500			AGGREGATE	Ŷ	C. GEN AGG			
	DED RETENTION \$ KERS COMPENSATION							WC STATU- TORY LIMITS ER	\$				
AND	EMPLOYERS' LIABILITY Y / N												
OFFI		N / A						E.L. EACH ACCIDENT	\$				
If yes	datory in NH) describe under							E.L. DISEASE - EA EMPLOYEE					
	CRIPTION OF OPERATIONS below ME/EMP DISHONESTY			RRPMSW00001-02		10/01/2017	10/01/2019	E.L. DISEASE - POLICY LIMIT	φ				
	AGEKEEPERS DIRECT PRIMARY			RRPMSW00001-02 RRPMSW00001-02				GKDP LIMIT: \$300,00	0.00				
	AGEKEEPERS EXCESS			B113610002C160001				GKDP EXCESS: \$700		00			
_	ON OF OPERATIONS / LOCATIONS / VEHICL	ES (At	tach A		chedule,				,				
RSIG M	EMBER SINCE: 06/12/08 -30 E	AY (CAN	CELLATION NOTICE E	XCEP	T IN CASES	OF NON-F	AYMENT OR CANCEL	LATI	ON BY			
	R REQUEST & ADDITIONAL II												
	ON: 8534 HWY 76, PROSPER			29127. PRIMARY LIMI	TS PR	OVIDE FUL	L \$3,000,00	0 LIMIT WITH A \$5,00	0,000	AGG IN LIEU			
	EPARATE EXCESS LIABILITY ULED AUTO: 14 RAM #2980; 1			5983									
	C	5 1.7	π·										
CERTIF	ICATE HOLDER				CANO	CELLATION							
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN												
	VICTORY RECOVERY SE							Y PROVISIONS.					
	770-945-3757 // <u>AGENTIN</u>	FO@	VRS	S-CORP.COM									
	PO BOX 1025				AUTHO	RIZED REPRESE	NTATIVE						
	BUFORD GA 30515												
				GA 30013			Nuna	- Ann		-			
						©	1988-2010 A	CORD CORPORATION.	All rig	hts reserved.			



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terms	and conditions of the policy, ce	rtain	polic										
	cate holder in lieu of such endors	emen	t(s).		CONTA								
PRODUCE								HTHOUSE INSURANC					
	IG., INC./RSIG							03.365.0362	/03-3	65-0636			
	RECOVERY SPECIALIS			ANCE GROUP	ADDRE	ss: <u>CERTIFI</u>	CATES@RS	SIG.COM					
	SWBC INSURANCE SERVICES						()	DING COVERAGE		NAIC #			
	9811 S IH 35, BLDG 1, STE 100), AU	SIIN	, 1X /8/44				CE COMPANY		28053			
INSURED						R B: LLOYDS				15792			
	IG., INC. / RSIG	~		1075	INSURE	_{R C:} PLAZA II	NSURANCE (COMPANY		30945			
	BIGFOOT RECOVERY, LL	;		1375	INSURE	R D:							
	PO BOX 76			00 00407	INSURE	R E:							
	PROSPERITY			SC 29127	INSURE								
COVER				NUMBER: RRPMSW00						Renewal			
INDICA CERTI	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR LTR													
GE	GENERAL LIABILITY BRPMSW/00001-02 10/01/2017 10/01/2018 EACH OCCURRENCE \$ 1,000.000.00												
ΑΧ	DAMAGE TO BENTED												
	CLAIMS-MADE X OCCUR INC ERRORS & OMISSIONS MED EXP (Any one person) \$ 5,000.00												
	INC WRONGFUL REPO PERSONAL & ADV INJURY \$ 1,000,000.00												
				DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE	\$ 5	,000,000.00			
GEN	VL AGGREGATE LIMIT APPLIES PER:			CARGO/ON-HOOK - \$1MI	L			PRODUCTS - COMP/OP AGG	\$ 3	,000,000.00			
X	POLICY PRO- JECT LOC			REPOSSESSED AUTO -\$*	1MIL			REPO IN TRANSIT	\$ 1	,000,000.00			
AU.	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1	,000,000.00			
С	ANY AUTO			PRPSW008238-01		06/13/2017	06/13/2018		\$				
	ALL OWNED X SCHEDULED AUTOS X AUTOS			COMP/COLL DED \$100	00			BODILY INJURY (Per accident)	\$				
X	HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$				
								,	\$				
A	UMBRELLA LIAB X OCCUR			RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	_{\$} 2	,000,000.00			
X	EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATIO	SNC			AGGREGATE	\$ IN	C. GEN AGG			
	DED RETENTION \$								\$				
	RKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER					
ANY		N/A						E.L. EACH ACCIDENT	\$				
(Ma	FICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$				
If ye	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
	IME/EMP DISHONESTY			RRPMSW00001-02		10/01/2017	10/01/2018	LIMIT: \$1,000,000.00					
A GA	RAGEKEEPERS DIRECT PRIMARY			RRPMSW00001-02				GKDP LIMIT: \$300,00					
-	RAGEKEEPERS EXCESS			B113610002C160001				GKDP EXCESS: \$700	,000.	00			
	TION OF OPERATIONS / LOCATIONS / VEHICL MEMBER SINCE: 06/12/08 -30 [•				•	• •						
	ER REQUEST & ADDITIONAL I												
	ION: 8534 HWY 76, PROSPER												
	SEPARATE EXCESS LIABILITY								,				
SCHEE	DULED AUTO: 14 RAM #2980; 1	5 R/	\M #	5983									
05070													
CERTI	FICATE HOLDER				CAN	CELLATION							
					SHO			ESCRIBED POLICIES BE C		LED BEFORE			
		ve			THE	EXPIRATION	I DATE THE	REOF, NOTICE WILL E					
	VENDOR TRANSPARENC 908-290-3856 // INFO@VT				ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.					
	340 S LEMON AVE	SUL			A 1 177 1 C								
	340 S LEMON AVE AUTHORIZED REPRESENTATIVE #8999												
				CA 01790			Dan	down.					
	WALNUT			CA 91789			Nava	- Marin					
						©	1988-2010 A	CORD CORPORATION.	All rig	hts reserved.			



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	DUCER		emer	n(s).		CONTA NAME					`C		
1 1101	JUULIN												
		IG., INC./RSIG				A/C, N E-MAIL	o, Ext): 703-30 ss: CERTIFI	3-0199//LH/	03.365.0362 FAX (A/C, No):	703-30	0000		
					ANCE GROUP	ADDRE					1		
		SWBC INSURANCE SERVICES	-		TV 70744			()			NAIC #		
		9811 S IH 35, BLDG 1, STE 100), AL	5111	I, IX /8/44				CE COMPANY		28053		
INSU	RED						R B: LLOYDS				15792		
		IG., INC. / RSIG	_		4075	INSURE	_{RC:} PLAZA II	NSURANCE (COMPANY		30945		
		BIGFOOT RECOVERY, LLC	<i>.</i>		1375	INSURE	R D:						
		PO BOX 76 PROSPERITY			SC 29127	INSURE	R E:						
						INSURE							
					NUMBER: RRPMSW00			REVISION NUMBER:	-	Renewal			
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NSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER (MM/DD/YYYY) LIMITS													
	GENERAL LIABILITY Y RRPMSW00001-02 10/01/2017 10/01/2018 EACH OCCURRENCE \$ 1,000,000.00 A X DAMAGE TO RENTED 10/01/2017 10/01/2018 EACH OCCURRENCE \$ 1,000,000.00												
А	X	COMMERCIAL GENERAL LIABILITY			IG., INC./RSIG MASTER				PREMISES (Ea occurrence)	\$	100,000.00		
		CLAIMS-MADE X OCCUR			INC ERRORS & OMISSIC	NS			MED EXP (Any one person)	\$	5,000.00		
					INC WRONGFUL REPO				PERSONAL & ADV INJURY	\$1,	000,000.00		
					DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE	\$5,	000,000.00		
		AGGREGATE LIMIT APPLIES PER:			CARGO/ON-HOOK - \$1MI				PRODUCTS - COMP/OP AGG	\$3,	000,000.00		
		POLICY PRO- JECT LOC			REPOSSESSED AUTO -\$	1MIL			REPO IN TRANSIT	\$1,	000,000.00		
	AUTO	DMOBILE LIABILITY	Υ						COMBINED SINGLE LIMIT (Ea accident)	\$1,	000,000.00		
С					PRPSW008238-01		06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$			
		ALL OWNED X SCHEDULED AUTOS X AUTOS			COMP/COLL DED \$10	00			BODILY INJURY (Per accident)	\$			
	X	HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
										\$			
А	·	JMBRELLA LIAB X OCCUR			RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	_{\$} 2,	000,000.00		
	XE	EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATION	ONS			AGGREGATE	\$ INC	C. GEN AGG		
		DED RETENTION \$								\$			
		KERS COMPENSATION EMPLOYERS' LIABILITY							WC STATU- OTH TORY LIMITS ER				
	ANY F		N/A						E.L. EACH ACCIDENT	\$			
	(Manc	Jatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$			
	DESC	describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
А	CRIN	ME/EMP DISHONESTY			RRPMSW00001-02		10/01/2017	10/01/2018	LIMIT: \$1,000,000.00	I			
А	-	AGEKEEPERS DIRECT PRIMARY			RRPMSW00001-02				GKDP LIMIT: \$300,0				
		AGEKEEPERS EXCESS			B113610002C160001				GKDP EXCESS: \$70	0,000.0	00		
RSI ME LOC OF	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) SIG MEMBER SINCE: 06/12/08 -30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY EMBER REQUEST & ADDITIONAL INSURED STATUS, APPLIES TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACT OCATION: 8534 HWY 76, PROSPERITY, SC 29127. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU F A SEPARATE EXCESS LIABILITY POLICY CHEDULED AUTO: 14 RAM #2980; 15 RAM #5983												
0.51						CAN		1					
CE	K I I F	ICATE HOLDER				CAN	CELLATION						
		WELLS FARGO DEALER	SER	VICE	ES	THE	EXPIRATION	I DATE THE TH THE POLIC	ESCRIBED POLICIES BE C REOF, NOTICE WILL Y PROVISIONS.				
	ATTN: T-9017-021 6061 NORTH STATE HIGHWAY 161 IRVING TX 75038												

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CE TH RE	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												
ter	ms		the policy, ce	rtain	polic								
PROD			or such endors	men	ц <u>э</u> ј.		CONTA NAME			HTHOUSE INSURANC		21	
										03.365.0362 FAX (A/C, No):			
		IG., INC./RS		-			E-MAIL	ss: CERTIFI		NG COM	100-00	00-0000	
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		,	COVERY, LL			1375			130KANCE (30343	
		PO BOX 76		, ,		10/0	INSURE						
		PROSPERIT	Y			SC 29127	INSURE						
CO	/ER/	AGES	CER	TIFIC	ATE	NUMBER: RRPMSW00				REVISION NUMBER:	17-18	Renewal	
						NCE LISTED BELOW HAVE					-		
CE	RTIF	ICATE MAY BE ISS	UED OR MAY PI	ERTAI	Ν, Τ	T, TERM OR CONDITION OF THE INSURANCE AFFORDED MITS SHOWN SHOWN MAY I	D BY T	HE POLICIES	DESCRIBED F D BY PAID CLA	IEREIN IS SUBJECT TO A			
INSR LTR		TYPE OF INSUR	ANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	GEN	ERAL LIABILITY				RRPMSW00001-02				EACH OCCURRENCE	s 1,	000,000.00	
A	Х	COMMERCIAL GENERA	L LIABILITY			IG., INC./RSIG MASTER				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00	
		CLAIMS-MADE	X OCCUR			INC ERRORS & OMISSIO	NS			MED EXP (Any one person)	\$	5,000.00	
						INC WRONGFUL REPO				PERSONAL & ADV INJURY	\$1,	000,000.00	
						DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE	\$5,	000,000.00	
	GEN'	LAGGREGATE LIMIT A	PPLIES PER:			CARGO/ON-HOOK - \$1MI				PRODUCTS - COMP/OP AGG	\$3,	000,000.00	
		POLICY PRO- JECT	LOC			REPOSSESSED AUTO -\$	1MIL			REPO IN TRANSIT	\$1,	000,000.00	
	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$1,	000,000.00	
С		ANY AUTO				PRPSW008238-01		06/13/2017	06/13/2018	BODILY INJURY (Per person)	\$		
		ALL OWNED X	SCHEDULED AUTOS			COMP/COLL DED \$10	00			BODILY INJURY (Per accident)	\$		
	Х	HIRED AUTOS X	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
											\$		
A		UMBRELLA LIAB	X OCCUR			RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	φ ,	000,000.00	
	Х	EXCESS LIAB	CLAIMS-MADE			SEE DESC. OF OPERATION	ONS			AGGREGATE	\$ INC	C. GEN AGG	
		DED RETENTION	\$								\$		
		KERS COMPENSATION EMPLOYERS' LIABILITY	Ý Y/N							WC STATU- OTH- TORY LIMITS ER			
	ANY	PROPRIETOR/PARTNER	EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Man	datory in NH) , describe under								E.L. DISEASE - EA EMPLOYEE	\$		
	DÉS	CRIPTION OF OPERATIO						10/01/07	10/0 1/2	E.L. DISEASE - POLICY LIMIT	\$		
		ME/EMP DISHONE				RRPMSW00001-02				LIMIT: \$1,000,000.00			
		RAGEKEEPERS DII RAGEKEEPERS EX				RRPMSW00001-02 B113610002C160001				GKDP LIMIT: \$300,00 GKDP EXCESS: \$700		20	
-	-			ES (A+	ach A		shodulo			GKDP EXCESS: \$700),000.0	00	
RSI MEN LOC OF	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) SIG MEMBER SINCE: 06/12/08 -30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY EMBER REQUEST & ADDITIONAL INSURED STATUS, APPLIES TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACT ICATION: 8534 HWY 76, PROSPERITY, SC 29127. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU A SEPARATE EXCESS LIABILITY POLICY SHEDULED AUTO: 14 RAM #2980; 15 RAM #5983												
CER	(I I F	ICATE HOLDER	K				CAN	CELLATION					
		WESTLAKE 323-692-897 4751 WILSH	-	ERV	ICES	5	THE ACC	EXPIRATION	I DATE THE TH THE POLIC	ESCRIBED POLICIES BE C REOF, NOTICE WILL Y PROVISIONS.			
		SUITE #100							T	1			
		LOS ANGEL	.ES			CA 90010			L'ans	Clair.			
		LOS ANGELES CA 90010 © 1988-2010 ACORD CORPORATION. All rights reserved.											



DATE (MM/DD/YYYY) 09/21/2017

									08	/21/2017			
	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. MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the erms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the												
certi	ificate holder in lieu of such endorse	emen	it(s).							•			
PRODU	CER				CONTA NAME	^{CT} IG., INC./	RSIG - LIGH	HTHOUSE INSURANC	E SVO	CS			
	IG., INC./RSIG				PHONE (A/C, No	p. Ext): 703-36	5-0199//LH7	03.365.0362	703-3	65-0636			
	RECOVERY SPECIALIS		SUR	ANCE GROUP		ss: CERTIFI							
	SWBC INSURANCE SERVICES							DING COVERAGE		NAIC #			
	9811 S IH 35, BLDG 1, STE 100	, AU	STIN	, TX 78744	INSURE		()	CE COMPANY		28053			
INSURE	D			·	INSURE	R B: LLOYDS		 J		15792			
	IG., INC. / RSIG					R C: PLAZA II				30945			
	BIGFOOT RECOVERY, LLC)		1375	INSURE								
	PO BOX 76				INSURE								
	PROSPERITY			SC 29127	INSURE								
COVE	RAGES CER	FIFIC	ATE	NUMBER: RRPMSW00				REVISION NUMBER:	17-18	Renewal			
	S IS TO CERTIFY THAT THE POLICIES (
CER	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													
G				RRPMSW00001-02				EACH OCCURRENCE	\$ 1	,000,000.00			
AΣ	COMMERCIAL GENERAL LIABILITY			IG., INC./RSIG MASTER				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00			
	CLAIMS-MADE X OCCUR			INC ERRORS & OMISSIC	ONS			MED EXP (Any one person)	\$	5,000.00			
				INC WRONGFUL REPO				PERSONAL & ADV INJURY	\$ 1	,000,000.00			
				DRIVE-AWAY - \$1MIL				GENERAL AGGREGATE	\$ 5	,000,000.00			
G	EN'L AGGREGATE LIMIT APPLIES PER:			CARGO/ON-HOOK - \$1MI	L			PRODUCTS - COMP/OP AGG	\$ 3	,000,000.00			
				REPOSSESSED AUTO -\$	1MIL			REPO IN TRANSIT	\$ 1	,000,000.00			
Δ	UTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1	,000,000.00			
сГ	ANY AUTO			PRPSW008238-01		06/13/2017	06/13/2018		\$	·			
	ALL OWNED X SCHEDULED AUTOS			COMP/COLL DED \$10	00			BODILY INJURY (Per accident)	\$				
	K HIRED AUTOS X NON-OWNED AUTOS			• • • • •				PROPERTY DAMAGE (Per accident)	\$				
								(\$				
A	UMBRELLA LIAB X OCCUR			RRPMSW00001-02		10/01/2017	10/01/2018	EACH OCCURRENCE	s 2	,000,000.00			
>	CLAIMS-MADE			SEE DESC. OF OPERATION	ONS			AGGREGATE	\$ IN	C. GEN AGG			
	DED RETENTION \$								\$				
	ORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER					
A		NI / A						E.L. EACH ACCIDENT	\$				
O (N	FFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	-				
lf	yes, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
	RIME/EMP DISHONESTY			RRPMSW00001-02		10/01/2017	10/01/2018	LIMIT: \$1,000,000.00					
AG	ARAGEKEEPERS DIRECT PRIMARY			RRPMSW00001-02		10/01/2017	10/01/2018	GKDP LIMIT: \$300,00	0.00				
BG	ARAGEKEEPERS EXCESS			B113610002C160001		10/01/2017	10/01/2018	GKDP EXCESS: \$700	,000.	00			
	PTION OF OPERATIONS / LOCATIONS / VEHICL	•				if more space is	required)						
	MEMBER SINCE: 06/12/08 -30 D												
	BER REQUEST & ADDITIONAL II												
	ATION: 8534 HWY 76, PROSPER			29127. PRIMARY LIMI	IS PR	OVIDE FUL	L \$3,000,00	0 LIMIT WITH A \$5,000),000	AGG IN LIEU			
	SEPARATE EXCESS LIABILITY EDULED AUTO: 14 RAM #2980; 1			5002									
JOILE	-DOLLD AOTO. 14 MAIN #2900, 1	5 11/	VIVI #3	0000									
CERT	ERTIFICATE HOLDER CANCELLATION												
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN												
	WINDSOR EQUITY GROU	P						REOF, NOTICE WILL E Y PROVISIONS.	E DE	LIVERED IN			
	469-533-6475												
	PO BOX 835487				AUTHO	RIZED REPRESE	NTATIVE						
	RICHARDSON			TX 75083			L Jan	Olan.					
					I	©	1988-2010 A	CORD CORPORATION.	All ria	hts reserved.			
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