



CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
		PHONE (A/C. No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		
INSURED	IG., INC. / RSIG BIGFOOT RECOVERY, LLC PO BOX 76 PROSPERITY SC 29127			

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25764 **REVISION NUMBER:** 17-18Renewal


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	Y		RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE	\$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 5,000,000.00
C	<input type="checkbox"/> AUTOMOBILE LIABILITY	Y		PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	PRODUCTS - COMP/OP AGG	\$ 3,000,000.00
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS						REPO IN TRANSIT	\$ 1,000,000.00
	<input checked="" type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person)	\$
A	<input type="checkbox"/> UMBRELLA LIAB			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> EXCESS LIAB						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE							\$
	DED <input type="checkbox"/> RETENTION \$						E.L. EACH ACCIDENT	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E.L. DISEASE - EA EMPLOYEE	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	N/A			E.L. DISEASE - POLICY LIMIT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							
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: \$300,000.00	
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

CERTIFICATE HOLDER

CANCELLATION

A1 NATIONWIDE, LLC 302-327-4302 / VENDORS@A1NATIONWIDE.COM 1201 N ORANGE STREET SUITE 700 - #7037 WILMINGTON DE 19801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No. Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25774** REVISION NUMBER: **17-18Renewal**

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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)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG DED RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						
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: \$300,000.00
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

CERTIFICATE HOLDER

CANCELLATION

ACS
866-936-0613 / CNORMAN@ACS-CAM.COM
3842 HARLEM ROAD
SUITE #341
BUFFALO NY 14215

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

AUTHORIZED REPRESENTATIVE
David



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		PHONE (A/C. No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25788 **REVISION NUMBER:** 17-18Renewal

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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)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 5,000,000.00
C	<input type="checkbox"/> ANY AUTO			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	AUTOMOBILE LIABILITY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR					BODILY INJURY (Per accident) \$
A	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE		RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	PROPERTY DAMAGE (Per accident) \$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	N/A			OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
A	CRIME/EMP DISHONESTY			RRPMSW00001-02	10/01/2017	10/01/2018	E.L. DISEASE - EA EMPLOYEE \$
A	GARAGEKEEPERS DIRECT PRIMARY			RRPMSW00001-02	10/01/2017	10/01/2018	E.L. DISEASE - POLICY LIMIT \$
B	GARAGEKEEPERS EXCESS			B113610002C160001	10/01/2017	10/01/2018	LIMIT: \$1,000,000.00
							GKDP LIMIT: \$300,000.00
							GKDP EXCESS: \$700,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RSIG MEMBER SINCE: 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
ALLIED FINANCE ADJUSTERS CONFERENCE, INC 888-949-8520 3 PARK LANE SUITE 321 DOUGLASSVILLE PA 19518	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 



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PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25770** REVISION NUMBER: **17-18Renewal**


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C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG WC STATUTORY LIMITS OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
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CERTIFICATE HOLDER

CANCELLATION

ALS RESOLVION 704-705-2396 // 704-935-5702 // COMPLIANCE@USA-ALS.COM 10815 DAVID TAYLOR DRIVE CHARLOTTE NC 28262	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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	PHONE (A/C. No. Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
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	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25782** REVISION NUMBER: **17-18Renewal**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG DED RETENTION \$
	DED RETENTION \$						WC STATU-TORY LIMITS OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER	CANCELLATION
AMERICAN MOTOR CREDIT 678-213-5627 PO BOX 1517 WOODSTOCK GA 30188	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
		PHONE (A/C. No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25778 **REVISION NUMBER:** 17-18Renewal

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 5,000,000.00
C	<input type="checkbox"/> AUTOMOBILE LIABILITY			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	<input type="checkbox"/> ANY AUTO						
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00
	<input checked="" type="checkbox"/> EXCESS LIAB						
	<input type="checkbox"/> OCCUR						
	<input type="checkbox"/> CLAIMS-MADE						
	DED						\$
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							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: \$300,000.00
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

CERTIFICATE HOLDER	CANCELLATION
AUTO MONEY 803-385-0102 450 MEETING ST CHARLESTON SC 29403	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No. Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25781** REVISION NUMBER: **17-18Renewal**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00	MED EXP (Any one person) \$ 5,000.00	PERSONAL & ADV INJURY \$ 1,000,000.00	GENERAL AGGREGATE \$ 5,000,000.00
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	BODILY INJURY (Per person) \$				
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS									BODILY INJURY (Per accident) \$	PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00				
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE									AGGREGATE \$ INC. GEN AGG	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS \$	OTHER \$	E.L. EACH ACCIDENT \$	E.L. DISEASE - EA EMPLOYEE \$	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: \$300,000.00				
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

CERTIFICATE HOLDER

CANCELLATION

AUTO USE 978-749-2797 / WSANTANA@AUTOUSE.COM 45 HAVERHILL ST ANDOVER MA 01810	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25759** REVISION NUMBER: **17-18Renewal**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER

CANCELLATION

BRANCH BANKING AND TRUST COMPANY, ISAOA 3200 BEECHLEAF COURT STE 1000 RALEIGH NC 27604	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>David</i>



CERTIFICATE OF LIABILITY INSURANCE

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

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25754** REVISION NUMBER: **17-18Renewal**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG WC STATU-TORY LIMITS OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER

CANCELLATION

BURNS NATIONAL LLC 616-662-8140 5132 37TH AVENUE HUDSONVILLE MI 49426	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--



CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
		PHONE (A/C. No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		
INSURED	IG., INC. / RSIG BIGFOOT RECOVERY, LLC PO BOX 76 PROSPERITY SC 29127			

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25760 **REVISION NUMBER:** 17-18Renewal

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 5,000,000.00
C	<input type="checkbox"/> AUTOMOBILE LIABILITY			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	<input type="checkbox"/> ANY AUTO						
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00
	<input checked="" type="checkbox"/> EXCESS LIAB						
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							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: \$300,000.00
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

CERTIFICATE HOLDER	CANCELLATION
BUTLER & ASSOCIATES	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1314 W. MCDERMOTT DRIVE	AUTHORIZED REPRESENTATIVE
SUITE #106-703	<i>David</i>
ALLEN TX 75013	



CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
		PHONE (A/C. No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25787 **REVISION NUMBER:** 17-18Renewal

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 5,000,000.00
C	<input type="checkbox"/> AUTOMOBILE LIABILITY			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	<input type="checkbox"/> ANY AUTO						
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00
	<input checked="" type="checkbox"/> EXCESS LIAB						
	<input type="checkbox"/> OCCUR						
	<input type="checkbox"/> CLAIMS-MADE						
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						
	If yes, describe under DESCRIPTION OF OPERATIONS below						
	Y/N						
	N/A						
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: \$300,000.00
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

CERTIFICATE HOLDER	CANCELLATION
CAPITAL RECOVERY GROUP, LLC 520-615-4115 / INFO@CRGOFUSA.COM 1790 E RIVER RD SUITE #101 TUCSON AZ 85718	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
		PHONE (A/C. No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25772 **REVISION NUMBER:** 17-18Renewal

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 5,000,000.00
C	<input type="checkbox"/> AUTOMOBILE LIABILITY			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	<input type="checkbox"/> ANY AUTO						
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00
	<input checked="" type="checkbox"/> EXCESS LIAB						
	<input type="checkbox"/> OCCUR						
	<input type="checkbox"/> CLAIMS-MADE						
	DED						\$
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							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: \$300,000.00
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

CERTIFICATE HOLDER	CANCELLATION
CAPROCK AUTO REMARKETING 817-764-2258 6750 LOCKE AVE SUITE #203 FORT WORTH TX 76116	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25766** REVISION NUMBER: **17-18Renewal**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	Y		PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG DED RETENTION \$
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER

CANCELLATION

CAROLINA TITLE LOANS, INC 770-587-5798 8601 DUNWOODY PLACE SUITE #406 ATLANTA GA 30350	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No. Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25776** REVISION NUMBER: **17-18Renewal**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$ INC. GEN AGG
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER

CANCELLATION

COMPUTER INFORMATION DEVELOPMENT, LLC
626-448-8708 / NPALMA@CIDSKIP.COM
713 W DUARTE RD
SUITE #106
ARCADIA CA 91007

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

AUTHORIZED REPRESENTATIVE




CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25750** REVISION NUMBER: **17-18Renewal**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG WC STATUTORY LIMITS OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER

CANCELLATION

CONSOLIDATED ASSET RECOVERY SYSTEMS, INC 919-573-0321 // INSURANCE@EZ-RECOVERY.COM 4800 SIX FORKS RD STE 350 RALEIGH NC 27609	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
		PHONE (A/C. No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		
INSURED	IG., INC. / RSIG BIGFOOT RECOVERY, LLC PO BOX 76 PROSPERITY SC 29127			

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25756 **REVISION NUMBER:** 17-18Renewal


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	Y		RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE	\$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 5,000,000.00
	AUTOMOBILE LIABILITY	Y		PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	PRODUCTS - COMP/OP AGG	\$ 3,000,000.00
	<input type="checkbox"/> ANY AUTO						REPO IN TRANSIT	\$ 1,000,000.00
	<input type="checkbox"/> ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB							\$
	<input checked="" type="checkbox"/> EXCESS LIAB			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE	\$ 2,000,000.00
	<input type="checkbox"/> OCCUR						AGGREGATE	\$ INC. GEN AGG
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED RETENTION \$						WC STATU-TORY LIMITS	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
A	CRIME/EMP DISHONESTY			RRPMSW00001-02	10/01/2017	10/01/2018	E.L. DISEASE - POLICY LIMIT	\$
A	GARAGEKEEPERS DIRECT PRIMARY			RRPMSW00001-02	10/01/2017	10/01/2018	LIMIT: \$1,000,000.00	
B	GARAGEKEEPERS EXCESS			B113610002C160001	10/01/2017	10/01/2018	GKDP LIMIT: \$300,000.00	
							GKDP EXCESS: \$700,000.00	

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

CREDIT ACCEPTANCE CORPORATION 855-373-2251/RDNNETWORK@CREDITACCEPTANCE.COM 25505 WEST TWELVE MILE ROAD SUITE #3000 SOUTHFIELD MI 48034	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
		PHONE (A/C. No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25779 **REVISION NUMBER:** 17-18Renewal

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	Y		RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE	\$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 5,000,000.00
C	<input type="checkbox"/> AUTOMOBILE LIABILITY	Y		PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	PRODUCTS - COMP/OP AGG	\$ 3,000,000.00
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS						<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	REPO IN TRANSIT
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)	\$
	DED <input type="checkbox"/> RETENTION \$						BODILY INJURY (Per accident)	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PROPERTY DAMAGE (Per accident)	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	N/A				\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
A	CRIME/EMP DISHONESTY			RRPMSW00001-02	10/01/2017	10/01/2018	E.L. DISEASE - EA EMPLOYEE	\$
A	GARAGEKEEPERS DIRECT PRIMARY			RRPMSW00001-02	10/01/2017	10/01/2018	E.L. DISEASE - POLICY LIMIT	\$
B	GARAGEKEEPERS EXCESS			B113610002C160001	10/01/2017	10/01/2018	LIMIT: \$1,000,000.00	
							GKDP LIMIT: \$300,000.00	
							GKDP EXCESS: \$700,000.00	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
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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
FIND JOHN DOE 916-404-7013 / SUPPORT@FINDJOHNDOE.COM 9701 FAIR OAKS BLVD SUITE #201 FAIR OAKS CA 95628	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
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INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25749** REVISION NUMBER: **17-18Renewal**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER FORD MOTOR CREDIT COMPANY 877-729-3673 ATTN: COE GROUP / REPO PROCESS PO BOX 64400 COLORADO SPRINGS CO 80962-4400	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>David</i>
--	--



CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
		PHONE (A/C. No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25784 **REVISION NUMBER:** 17-18Renewal

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00	MED EXP (Any one person) \$ 5,000.00	PERSONAL & ADV INJURY \$ 1,000,000.00
C	<input type="checkbox"/> AUTOMOBILE LIABILITY			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	BODILY INJURY (Per person) \$			
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS						<input checked="" type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident) \$	PROPERTY DAMAGE (Per accident) \$	
A	<input type="checkbox"/> UMBRELLA LIAB			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00			
	<input checked="" type="checkbox"/> EXCESS LIAB						<input checked="" type="checkbox"/> OCCUR	AGGREGATE \$ INC. GEN AGG		
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$			
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER \$			
	<input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$			
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: \$300,000.00			
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

CERTIFICATE HOLDER	CANCELLATION
GLAS, LLC 716-995-7401 / ACCOUNTS@GLASSETLLC.COM 315 BEWLEY BUILDING LOCKPORT NY 78691	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>David</i>



CERTIFICATE OF LIABILITY INSURANCE

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

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
		PHONE (A/C. No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25793 **REVISION NUMBER:** 17-18Renewal

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 5,000,000.00
C	<input type="checkbox"/> AUTOMOBILE LIABILITY			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	<input type="checkbox"/> ANY AUTO						
	<input checked="" type="checkbox"/> ALL OWNED AUTOS		<input checked="" type="checkbox"/> SCHEDULED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input checked="" type="checkbox"/> HIRED AUTOS		<input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$
A	<input type="checkbox"/> UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR	RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				
	DED		RETENTION \$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			WC STATUTORY LIMITS
If yes, describe under DESCRIPTION OF OPERATIONS below							OTHER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							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: \$300,000.00
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

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



CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No. Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25755** REVISION NUMBER: **17-18Renewal**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						AGGREGATE \$ INC. GEN AGG
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER

CANCELLATION

LENDER RECOVERY SERVICES
512-382-0208
PO BOX 91147

AUSTIN TX 78709

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

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
		PHONE (A/C. No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25771 **REVISION NUMBER:** 17-18Renewal

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 5,000,000.00
C	<input type="checkbox"/> AUTOMOBILE LIABILITY			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	<input type="checkbox"/> ANY AUTO						
	<input checked="" type="checkbox"/> ALL OWNED AUTOS		<input checked="" type="checkbox"/> SCHEDULED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input checked="" type="checkbox"/> HIRED AUTOS		<input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$
A	<input type="checkbox"/> UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR	RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				
	DED		RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
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: \$300,000.00
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

CERTIFICATE HOLDER	CANCELLATION
LOAN PORTFOLIO SERVICING 817-764-2258 6750 LOCKE AVE SUITE #302 FT WORTH TX 76116	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No. Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25769** REVISION NUMBER: **17-18Renewal**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG \$
	DED <input type="checkbox"/> RETENTION \$						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER

CANCELLATION

MICHIGAN RECOVERY SERVICES, INC 989-776-1771 3164 FREEWAY LANE SAGINAW MI 48601	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
		PHONE (A/C. No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25767 **REVISION NUMBER:** 17-18Renewal

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	Y		RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 5,000,000.00
C	<input type="checkbox"/> AUTOMOBILE LIABILITY	Y		PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS						REPO IN TRANSIT \$ 1,000,000.00
	<input checked="" type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ INC. GEN AGG
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
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: \$300,000.00
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

CERTIFICATE HOLDER MILLENNIUM CAPITAL AND RECOVERY CORP IS ADDITIONAL INSURED 330-342-4959 / ASHLEY.WISE@MCRC.BIZ 95 EXECUTIVE PKWY HUDSON OH 44236	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25785** REVISION NUMBER: **17-18Renewal**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG \$
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER

CANCELLATION

MINITER GROUP 877-486-4618 / SKIPS@MINITER.COM 400 HINGHAM ST ROCKLAND MA 02370	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25753** REVISION NUMBER: **17-18Renewal**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER MVRECOVERY, OFFICERS CLIENTS & EMPLOYEES 847-789-8825 / VENDORMANAGEMENT@MVTRAC.COM 260 EAST HELEN RD PALATINE IL 60067	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

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09/21/2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No. Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25758** REVISION NUMBER: **17-18Renewal**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER NICHOLAS FINANCIAL 727-431-6132 2454 MCMULLEN BOOTH ROAD BUILDING C CLEARWATER FL 33759	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No. Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25768** REVISION NUMBER: **17-18Renewal**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG DED RETENTION \$
	DED RETENTION \$						WC STATUTORY LIMITS OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER

CANCELLATION

NATIONAL RECOVERY SPECIALIST, INC 479-755-6299 PO BOX 11344 FORT SMITH AR 72917	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25752** REVISION NUMBER: **17-18Renewal**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG WC STATUTORY LIMITS OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER

CANCELLATION

PAR NORTH AMERICA 866-667-0296/VENDORRELATIONS@PARNORTHAMERICA.COM 7835 WOODLAND DR SUITE #150 INDIANAPOLIS IN 46278	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
		PHONE (A/C. No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25792 **REVISION NUMBER:** 17-18Renewal

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	Y		RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 5,000,000.00
C	<input type="checkbox"/> AUTOMOBILE LIABILITY	Y		PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	<input type="checkbox"/> ANY AUTO						REPO IN TRANSIT \$ 1,000,000.00
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ INC. GEN AGG
	<input type="checkbox"/> OCCUR						
	<input type="checkbox"/> CLAIMS-MADE						
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				WC STATUTORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTHER
							E.L. EACH ACCIDENT \$
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: \$300,000.00
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

CERTIFICATE HOLDER	CANCELLATION
PARADIGM INCITE, INC 904-512-0259 150 KENT ST SUITE #2B ST AUGUSTINE FL 32086	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No. Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25757** REVISION NUMBER: **17-18Renewal**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER PATHFINDER SERVICES 916-235-5772./ VENDORSERVICES@PRALS.COM 2365 IRON POINT ROAD SUITE #160 FOLSOM CA 95630	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25780** REVISION NUMBER: **17-18Renewal**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG WC STATU-TORY LIMITS OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER

CANCELLATION

PRIMERITUS FIN SVCS INC, USA RECOVERY HOLDINGS INC, AND RENOVO SERVICES, LLC
615-332-6005 / VENDOR.RELATIONS@PRIMERITUS.COM
435 METROPLEX DR
NASHVILLE TN 37211

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

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25747** REVISION NUMBER: **17-18Renewal**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$ INC. GEN AGG
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER

CANCELLATION

PROOF OF INSURANCE BIGFOOT RECOVERY, LLC 803-364-0248 PO BOX 76 PROSPERITY SC 29127	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No. Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25762** REVISION NUMBER: **17-18Renewal**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00	MED EXP (Any one person) \$ 5,000.00	PERSONAL & ADV INJURY \$ 1,000,000.00	GENERAL AGGREGATE \$ 5,000,000.00
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	BODILY INJURY (Per person) \$				
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$	PROPERTY DAMAGE (Per accident) \$			
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00				
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ INC. GEN AGG				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS \$	OTHER \$	E.L. EACH ACCIDENT \$	E.L. DISEASE - EA EMPLOYEE \$	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: \$300,000.00				
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

CERTIFICATE HOLDER	CANCELLATION
RECOVERY COMPLIANCE SOLUTIONS 314-732-1478 / NBARNARD@RECOVERYCOMPLIANCE.COM 10805 SUNSET OFFICE DR SUITE #300 ST LOUIS MO 63127	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25765** REVISION NUMBER: **17-18Renewal**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER

CANCELLATION

SOUTHERN AUTO FINANCE COMPANY
954-556-9238
PO BOX 592277

ORLANDO FL 32859

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

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
		PHONE (A/C. No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25789 **REVISION NUMBER:** 17-18Renewal

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE	\$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 5,000,000.00
	AUTOMOBILE LIABILITY			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	PRODUCTS - COMP/OP AGG	\$ 3,000,000.00
C	<input type="checkbox"/> ANY AUTO							
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB							\$
A	<input checked="" type="checkbox"/> EXCESS LIAB			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE	\$ 2,000,000.00
	<input type="checkbox"/> OCCUR						AGGREGATE	\$ INC. GEN AGG
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED						WC STATU-TORY LIMITS	
	RETENTION \$						OTH-ER	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E.L. EACH ACCIDENT	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						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: \$300,000.00	
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

CERTIFICATE HOLDER	CANCELLATION
SAFECO 954-556-9320 PO BOX 590188 FT LAUDERDALE FL 33359	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
		PHONE (A/C. No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25783 **REVISION NUMBER:** 17-18Renewal

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 5,000,000.00
C	<input type="checkbox"/> AUTOMOBILE LIABILITY			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	<input type="checkbox"/> ANY AUTO						
	<input checked="" type="checkbox"/> ALL OWNED AUTOS		<input checked="" type="checkbox"/> SCHEDULED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input checked="" type="checkbox"/> HIRED AUTOS		<input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				PROPERTY DAMAGE (Per accident) \$
	DED <input type="checkbox"/>		RETENTION \$ <input type="checkbox"/>				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N		N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
A	CRIME/EMP DISHONESTY			RRPMSW00001-02	10/01/2017	10/01/2018	E.L. DISEASE - EA EMPLOYEE \$
A	GARAGEKEEPERS DIRECT PRIMARY			RRPMSW00001-02	10/01/2017	10/01/2018	E.L. DISEASE - POLICY LIMIT \$
B	GARAGEKEEPERS EXCESS			B113610002C160001	10/01/2017	10/01/2018	LIMIT: \$1,000,000.00
							GKDP LIMIT: \$300,000.00
							GKDP EXCESS: \$700,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RSIG MEMBER SINCE: 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
SELECT MANAGEMENT RESOURCES 678-805-5824 3440 PRESTON RIDGE RD SUITE #500 ALPHERTTA GA 30005	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
		PHONE (A/C. No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		
INSURED	IG., INC. / RSIG BIGFOOT RECOVERY, LLC PO BOX 76 PROSPERITY SC 29127			

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25791 **REVISION NUMBER:** 17-18Renewal


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 5,000,000.00
C	<input type="checkbox"/> AUTOMOBILE LIABILITY			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	<input type="checkbox"/> ANY AUTO						
	<input checked="" type="checkbox"/> ALL OWNED AUTOS		<input checked="" type="checkbox"/> SCHEDULED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input checked="" type="checkbox"/> HIRED AUTOS		<input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				PROPERTY DAMAGE (Per accident) \$
	DED <input type="checkbox"/>		RETENTION \$ <input type="checkbox"/>				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
A	CRIME/EMP DISHONESTY			RRPMSW00001-02	10/01/2017	10/01/2018	E.L. DISEASE - EA EMPLOYEE \$
A	GARAGEKEEPERS DIRECT PRIMARY			RRPMSW00001-02	10/01/2017	10/01/2018	E.L. DISEASE - POLICY LIMIT \$
B	GARAGEKEEPERS EXCESS			B113610002C160001	10/01/2017	10/01/2018	LIMIT: \$1,000,000.00
							GKDP LIMIT: \$300,000.00
							GKDP EXCESS: \$700,000.00

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

SPEED LEASING COMPANY LLC 945-642-8095 1410 SW 3RD STREET STE 200 POMPANO BEACH FL 233069	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No. Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25775** REVISION NUMBER: **17-18Renewal**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG DED RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						
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: \$300,000.00
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

CERTIFICATE HOLDER TAMPA BAY FEDERAL CREDIT UNION 813-247-2373 3815 N NEBRASKA AVE TAMPA FL 33673	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Daudon</i>
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CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
		PHONE (A/C. No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25773 **REVISION NUMBER:** 17-18Renewal

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 5,000,000.00
C	<input type="checkbox"/> AUTOMOBILE LIABILITY			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	<input type="checkbox"/> ANY AUTO						
	<input checked="" type="checkbox"/> ALL OWNED AUTOS		<input checked="" type="checkbox"/> SCHEDULED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input checked="" type="checkbox"/> HIRED AUTOS		<input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$
A	<input type="checkbox"/> UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR	RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				
	DED		RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
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: \$300,000.00
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

CERTIFICATE HOLDER	CANCELLATION
TRANSAMERICA ADJUSTERS INC 800-465-7460 /J.GRIFFITH@TRANSAMERICAADJUSTERS.COM PO BOX 458 CENTER TX 75935	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No. Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25777** REVISION NUMBER: **17-18Renewal**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER

CANCELLATION

US AUTO CREDIT 904-899-1773 701 RIVERSIDE PAKR PLACE SUITE 200 JACKSONVILLE FL 32204	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--



CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25790** REVISION NUMBER: **17-18Renewal**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG DED RETENTION \$
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER	CANCELLATION
US TRANSNET 386-274-3333 PO BOX 9426 DAYTONA BEACH FL 32120	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25761** REVISION NUMBER: **17-18Renewal**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG DED RETENTION \$
	DED RETENTION \$						WC STATUTORY LIMITS OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER	CANCELLATION
VICTORY RECOVERY SERVICES, INC 770-945-3757 // AGENTINFO@VRS-CORP.COM PO BOX 1025 BUFORD GA 30515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
	PHONE (A/C. No. Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED IG., INC. / RSIG BIGFOOT RECOVERY, LLC 1375 PO BOX 76 PROSPERITY SC 29127	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C25786** REVISION NUMBER: **17-18Renewal**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS \$ OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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: \$300,000.00
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

CERTIFICATE HOLDER

CANCELLATION

VENDOR TRANSPARENCY SOLUTIONS, LLC
908-290-3856 // INFO@VTSCHECK.COM
340 S LEMON AVE
#8999
WALNUT CA 91789

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



CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
		PHONE (A/C. No. Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No.):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25748 **REVISION NUMBER:** 17-18Renewal

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	Y		RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 5,000,000.00
C	<input type="checkbox"/> AUTOMOBILE LIABILITY	Y		PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	<input type="checkbox"/> ANY AUTO						REPO IN TRANSIT \$ 1,000,000.00
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ INC. GEN AGG
	<input type="checkbox"/> OCCUR						
	<input type="checkbox"/> CLAIMS-MADE						
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				WC STATUTORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTHER
							E.L. EACH ACCIDENT \$
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: \$300,000.00
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

CERTIFICATE HOLDER	CANCELLATION
WELLS FARGO DEALER SERVICES 972-870-8215 ATTN: T-9017-021 6061 NORTH STATE HIGHWAY 161 IRVING TX 75038	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
		PHONE (A/C. No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		
INSURED	IG., INC. / RSIG BIGFOOT RECOVERY, LLC PO BOX 76 PROSPERITY SC 29127			

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25751 **REVISION NUMBER:** 17-18Renewal

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 5,000,000.00
C	<input type="checkbox"/> AUTOMOBILE LIABILITY			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS						
	<input checked="" type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00
	<input checked="" type="checkbox"/> EXCESS LIAB						
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							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: \$300,000.00
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

CERTIFICATE HOLDER WESTLAKE FINANCIAL SERVICES 323-692-8976 4751 WILSHIRE BLVD SUITE #100 LOS ANGELES CA 90010	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744	CONTACT NAME	IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS	
		PHONE (A/C. No, Ext):	703-365-0199//LH703.365.0362	FAX (A/C. No):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:	PLAZA INSURANCE COMPANY	30945
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-02-C25763 **REVISION NUMBER:** 17-18Renewal

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000.00
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC				PERSONAL & ADV INJURY \$ 1,000,000.00
C	<input type="checkbox"/> AUTOMOBILE LIABILITY			PRPSW008238-01 COMP/COLL DED \$1000	06/13/2017	06/13/2018	GENERAL AGGREGATE \$ 5,000,000.00
	<input type="checkbox"/> ANY AUTO						<input checked="" type="checkbox"/> SCHEDULED AUTOS
	<input checked="" type="checkbox"/> ALL OWNED AUTOS			<input checked="" type="checkbox"/> NON-OWNED AUTOS			REPO IN TRANSIT \$ 1,000,000.00
	<input checked="" type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
A	<input type="checkbox"/> UMBRELLA LIAB			RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> EXCESS LIAB						<input checked="" type="checkbox"/> OCCUR
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					PROPERTY DAMAGE (Per accident) \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y/N	N/A				WC STATUTORY LIMITS
If yes, describe under DESCRIPTION OF OPERATIONS below							OTHER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							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: \$300,000.00
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

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