



CERTIFICATE OF LIABILITY INSURANCE

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

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

PRODUCER	CONTACT NAME: IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS
IG., INC./RSIG	PHONE (A/C. No, Ext): 703-365-0199/LH703.365.0362 FAX (A/C. No): 703-365-0636
RECOVERY SPECIALIST INSURANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
GATE ELEVEN SOLUTIONS	INSURER(S) AFFORDING COVERAGE
2500 ONION CREEK PKWY, AUSTIN TX 78747	INSURER A: GUIDEONE MUTUAL INSURANCE CO
	INSURER B: LLOYDS OF LONDON
	INSURER C: SCOTTSDALE INDEMNITY COMPANY
	INSURER D:
	INSURER E:
	INSURER F:
INSURED	NAIC #
BIGFOOT RECOVERY, LLC	15032
PO BOX 76	15792
PROSPERITY SC 29127	15580

COVERAGES **CERTIFICATE NUMBER: G1-28448** **REVISION NUMBER: 19-20GuideOne**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			570000001-01 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY, CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3302364 - CYBER	09/01/2019	09/01/2020	EACH OCCURRENCE	\$ 1,000,000.00
	<input checked="" type="checkbox"/> CYBLIAB \$2MIL POLICYAGG						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00
	<input checked="" type="checkbox"/> CYBER LIAB - \$100,000						MED EXP (Any one person)	\$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			570000231-00 COMP/COLL DED \$1000	06/13/2019	06/13/2020	GENERAL AGGREGATE	\$ 5,000,000.00
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PRODUCTS - COMP/OP AGG	\$ 3,000,000.00
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			570000001-01 SEE DESC. OF OPERATIONS	09/01/2019	09/01/2020	REPO IN TRANSIT	\$ 1,000,000.00
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A <small>(Mandatory in Nh) If yes, describe under DESCRIPTION OF OPERATIONS below</small>						BODILY INJURY (Per person)	\$
A	EMPLOYEE DISHONESTY&COMP CRIME			570000001-01	09/01/2019	09/01/2020	BODILY INJURY (Per accident)	\$
A	GARAGEKEEPERS DIRECT PRIMARY			570000001-01	09/01/2019	09/01/2020	PROPERTY DAMAGE (Per accident)	\$
B	GARAGEKEEPERS DIR PRIM EXC			B1136P0406719	09/01/2019	09/01/2020	WC STATUTORY LIMITS	\$
							OTHER	\$
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
							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 HOMEOFFICE@ALLIEDFINANCEADJUSTERS.COM PO BOX 3853 MIDLAND TX 79702	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Dawson</i>