

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/19/2022

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

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

Certificate	: noider in neu of Such endorsement(s)).				
PRODUCER		CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS				
	IG., INC./RSIG		PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636			
RECOVERY SPECIALIST INSURANCE GROUP			E-MAIL ADDRESS: CERTIFICATES@RSIG.COM			
	GATE ELEVEN SOLUTIONS		INSURER(S) AFFORDING COVERAGE	NAIC#		
	PO BOX 395 GIDDINGS TX 78942		INSURER A: GUIDEONE NATIONAL INSURANCE COMPANY	14167		
INSURED			INSURER B: LLOYDS OF LONDON	15792		
			INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	BIGFOOT RECOVERY, LLC	1375	INSURER D: GUIDEONE INSURANCE COMPANY	15032		
	PO BOX 76		INSURER E:			
	PROSPERITY	SC 29127	INSURER F:			

COVERAGES CERTIFICATE NUMBER: G1-56439 REVISION NUMBER: 22-23GuideOne
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

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)	LIMIT	S
	GENERAL LIABILITY			570000002-00	09/01/2022	09/01/2023	EACH OCCURRENCE	\$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00
	CLAIMS-MADE X OCCUR			WRONGFUL REPO,			MED EXP (Any one person)	\$ 5,000.00
	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,			PERSONAL & ADV INJURY	\$ 1,000,000.00
С	X CYBER LIAB - \$100,000			DRIVE-AWAY,CARGO,			GENERAL AGGREGATE	\$ 5,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL LIMIT			PRODUCTS - COMP/OP AGG	\$ 3,000,000.00
	X POLICY PRO- JECT LOC			EKI344250- CYBER			REPO IN TRANSIT	\$ 1,000,000.00
D	AUTOMOBILE LIABILITY			570000231-03	06/13/2022	06/13/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00
	ANY AUTO			COMP/COLL DED \$1000			BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
Α	UMBRELLA LIAB X OCCUR			570000002-00	09/01/2022	09/01/2023	EACH OCCURRENCE	\$ 2,000,000.00
	X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATIONS			AGGREGATE	\$ INC. GEN AGG
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							\$
Α				570000002-00	09/01/2022	09/01/2023	LIMIT: \$1,000,000.00	
Α				570000002-00			GKDP LIMIT: \$375,00	
В	B GARAGEKEEPERS DIR PRIM EXC			B1136TR221716			GKDP EXCESS: \$625	,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; 07 JEEP #3064

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

HOMEOFFICE@ALLIEDFINANCEADJUSTERS.COM PO BOX 3853

FO BOX 3033

MIDLAND TX 79702

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

AUTHORIZED REPRESENTATIVE

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