

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/31/2018

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 holder in lieu of such endorsement(s).											
PROI	DUCER				CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS						
IG., INC./RSIG						PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636					
RECOVERY SPECIALIST INSURANCE GROUP						ADDRESS: CERTIFICATES@RSIG.COM					
GATE ELEVEN SOLUTIONS						INSURER(S) AFFORDING COVERAGE NAIC #					
2500 ONION CREEK PKWY, AUSTIN TX 78747					INSURER A: GUIDEONE MUTUAL INSURANCE CO					15032	
,											
INSURED					INSURER B: LLOYDS OF LONDON 15792						
IG., INC. / RSIG			0 4075			THOUSE CO.				41297	
BIGFOOT RECOVERY, LL		.C 1375			INSURE	INSURER D: HUDSON INSURANCE COMPANY 25054				25054	
PO BOX 76				INSURER E:							
PROSPERITY			SC 29127			INSURER F:					
COVERAGES CER			TIFICATE NUMBER: G1-17312			REVISION NUMBER: 18-19GuideOne					
TH	IIS IS TO CERTIFY THAT THE POLICIES	OF IN	SURA	NCE LISTED BELOW HAVE	BEEN	ISSUED TO T	HE INSURED	NAMED ABOVE FOR THE F	OLICY	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.											
					11/1/1	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
LTR	TYPE OF INSURANCE	INSR	WVD							000 000 00	
	GENERAL LIABILITY			570000001-00		09/01/2018	09/01/2019		. ,	000,000.00	
Α				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			EKS3267429 - CYBER						00.000.00	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		000,000.00	
_	ANY AUTO ALL OWNED X SCHEDULED AUTOS			0041044400	00/40/004	06/13/2019		\$	000,000.00		
D				SBAL010141-00			06/13/2018	` ' '			
	V NON-OWNED			COMP/COLL DED \$10	00			PROPERTY DAMAGE	\$		
	X HIRED AUTOS X NON-OWNED AUTOS							(Per accident)	\$		
									\$		
Α	UMBRELLA LIAB X OCCUR			570000001-00		09/01/2018	09/01/2019	EACH OCCURRENCE	_{\$} 2,	000,000.00	
	X EXCESS LIAB CLAIMS-MADE			SEE DESC. OF OPERATION	ONS			AGGREGATE	\$ INC	C. GEN AGG	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under										
	DESCRIPTION OF OPERATIONS below EMPLOYEE DISHONESTY&COMP CRIME			F70000004 00		00/04/0040	00/04/0040	LIMIT: \$1,000,000.00	\$		
A	GARAGEKEEPERS DIRECT PRIMARY			570000001-00							
A	GARAGEKEEPERS DIR PRIM EXC	0.000001.00					GKDP LIMIT: \$300,000.00				
В				B113610002C170068				GKDP EXCESS: \$700	,000.0)()	
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC							ANALENT OF CANOEL		ON DV	
	G MEMBER SINCE: 06/12/08 -30 I										
	MBER REQUEST & ADDITIONAL I										
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											
				5083							
SCHEDULED AUTO: 14 RAM #2980; 15 RAM #5983											
CERTIFICATE HOLDER						CANCELLATION					
CANCELLATION CANCELLATION											
			SHO	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCEL	LED BEFORE			
	ALLIED FINANCE AD ILLO	TED	2 00	NEEDENICE INC	THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL B			
	ALLIED FINANCE ADJUS	I EK	5 00	INFERENCE, INC	ACC	ACCORDANCE WITH THE POLICY PROVISIONS.					
888-949-8520											
HOMEOFFICE@ALLIEDFINANCEADJUSTERS.COM						AUTHORIZED REPRESENTATIVE					

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