



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/01/2023

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 GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942		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	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: GUIDEONE NATIONAL INSURANCE COMPANY	NAIC # 14167
INSURED TRIANGLE RECOVERY SERVICES LLC 1347 PO BOX 41125 RALEIGH NC 27629		INSURER B: LLOYDS OF LONDON	15792
		INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
		INSURER D: GUIDEONE INSURANCE COMPANY	15032
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER: G1-60433** **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 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	ADDD INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			570000002-00 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY, CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3442250- CYBER	09/01/2022	09/01/2023	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
	<input checked="" type="checkbox"/> CYBLIAB \$2MIL POLICYAGG						PERSONAL & ADV INJURY \$ 1,000,000.00
C	<input checked="" type="checkbox"/> CYBER LIAB - \$100,000						GENERAL AGGREGATE \$ 5,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000.00
D	<input type="checkbox"/> AUTOMOBILE LIABILITY			570000254-04 COMP/COLL DED \$1000	08/02/2023	08/02/2024	REPO IN TRANSIT \$ 1,000,000.00
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB			570000002-00 SEE DESC. OF OPERATIONS	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 2,000,000.00
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ INC. GEN AGG
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / N	<input type="checkbox"/> N / A				WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	EMPLOYEE DISHONESTY&COMP CRIME			570000002-00	09/01/2022	09/01/2023	LIMIT: \$1,000,000.00
A	GARAGEKEEPERS DIRECT PRIMARY			570000002-00	09/01/2022	09/01/2023	GKDP LIMIT: \$375,000.00
B	GARAGEKEEPERS DIR PRIM EXC			B1136TR221716	09/01/2022	09/01/2023	GKDP EXCESS: \$625,000.00

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

RSIG MEMBER SINCE: 05/18/2018 - 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 PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY LOCATION: 518 S WEST STREET, RALIEGH, NC 27601
SCHEDULED AUTOS: 17 FORD #9797; 13 FEATHERLIGHT #7735

CERTIFICATE HOLDER

CANCELLATION

PROOF OF INSURANCE TRIANGLE RECOVERY SERVICES LLC 919-676-0027 PO BOX 41125 RALEIGH NC 27626	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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