



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/13/2021

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).

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| PRODUCER | | CONTACT NAME: IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS | |
| IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942 | | 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 | NAIC # |
| | | INSURER A: GUIDEONE INSURANCE COMPANY | 15032 |
| INSURED | | INSURER B: LLOYDS OF LONDON | 15792 |
| TRIANGLE RECOVERY SERVICES LLC 1347 PO BOX 41125 RALEIGH NC 27629 | | INSURER C: SCOTTSDALE INDEMNITY COMPANY | 15580 |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |

COVERAGES CERTIFICATE NUMBER: G1-49742 REVISION NUMBER: 21-22GuideOne

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 | | | 570000001-03 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY, CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3392513- CYBER | 09/01/2021 | 09/01/2022 | 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 |
| C | <input checked="" type="checkbox"/> CYBLIAB \$2MIL POLICYAGG | | | | | | PERSONAL & ADV INJURY \$ 1,000,000.00 |
| | <input checked="" type="checkbox"/> CYBER LIAB - \$100,000 | | | | | | GENERAL AGGREGATE \$ 5,000,000.00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG \$ 3,000,000.00 |
| | <input checked="" type="checkbox"/> POLICY | <input type="checkbox"/> PRO-JECT | <input type="checkbox"/> LOC | | | | REPO IN TRANSIT \$ 1,000,000.00 |
| A | AUTOMOBILE LIABILITY | | | 570000254-02 COMP/COLL DED \$1000 | 08/02/2021 | 08/02/2022 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input checked="" type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| A | UMBRELLA LIAB | <input checked="" type="checkbox"/> OCCUR | | 570000001-03 | 09/01/2021 | 09/01/2022 | EACH OCCURRENCE \$ 2,000,000.00 |
| | <input checked="" type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | SEE DESC. OF OPERATIONS | | | AGGREGATE \$ INC. GEN AGG |
| | DED | RETENTION \$ | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATUTORY LIMITS OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | <input type="checkbox"/> Y / N | | | | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | N / A | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| A | EMPLOYEE DISHONESTY&COMP CRIME | | | 570000001-03 | 09/01/2021 | 09/01/2022 | LIMIT: \$1,000,000.00 |
| A | GARAGEKEEPERS DIRECT PRIMARY | | | 570000001-03 | 09/01/2021 | 09/01/2022 | GKDP LIMIT: \$375,000.00 |
| B | GARAGEKEEPERS DIR PRIM EXC | | | B1136TR215943 | 09/01/2021 | 09/01/2022 | 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: 12 DODGE #4083; 17 FORD #9797; 17 FORD #7289

| | |
|--|--|
| CERTIFICATE HOLDER | CANCELLATION |
| PROOF OF INSURANCE TRIANGLE RECOVERY SERVICES LLC 919-676-0027 PO BOX 41125 RALEIGH NC 27629 | 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 |