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).

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	NAIC #
INSURER A: GUIDEONE NATIONAL INSURANCE COMPANY	14167
INSURER B: LLOYDS OF LONDON	15792
INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
INSURER D: GUIDEONE INSURANCE COMPANY	15032
INSURER E:	
INSURER F:	

INSURED

TRIANGLE RECOVERY SERVICES LLC 1347
PO BOX 41125
RALEIGH NC 27629

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY** X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X CYBLIAB $2MIL POLICYAGG C X CYBER LIAB - $100,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			570000002-00 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY,CARGO, ON-HOOK - EACH $1MIL LIMIT EKI344250- CYBER	09/01/2022	09/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG REPO IN TRANSIT	$ 1,000,000.00 $ 100,000.00 $ 5,000.00 $ 1,000,000.00 $ 5,000,000.00 $ 3,000,000.00 $ 1,000,000.00
D	**AUTOMOBILE LIABILITY** ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			570000254-03 COMP/COLL DED $1000	08/02/2022	08/02/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000.00 $ $ $
A	**UMBRELLA LIAB** X OCCUR X **EXCESS LIAB** CLAIMS-MADE DED RETENTION $			570000002-00 SEE DESC. OF OPERATIONS	09/01/2022	09/01/2023	EACH OCCURRENCE AGGREGATE	$ 2,000,000.00 $ INC. GEN AGG
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
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: 7 FORD #9797; 13 FEATHERLIGHT #7735; 89 FORD #6974

CERTIFICATE HOLDER

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

CANCELLATION

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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