



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/21/2016

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 IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100, AUSTIN, TX 78744 | | 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 | |
| INSURED GEORGIA COLLATERAL REC BUR INC. 1054 PO BOX 71491 ALBANY GA 31708 | | INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053 INSURER B: LLOYDS OF LONDON 15792 INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES **CERTIFICATE NUMBER:** RRPMSW000001-01-C15189 **REVISION NUMBER:** 16-17Renewal

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | RRPMSW00001-01 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL | 10/01/2016 | 10/01/2017 | EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | RRPMSW00001-01 SEE DESC. OF OPERATIONS | 10/01/2016 | 10/01/2017 | EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | CRIME/EMP DISHONESTY | | | RRPMSW00001-01 | 10/01/2016 | 10/01/2017 | LIMIT: \$1,000,000.00 |
| A | GARAGEKEEPERS DIRECT PRIMARY | | | RRPMSW00001-01 | 10/01/2016 | 10/01/2017 | GKDP LIMIT: \$300,000.00 |
| B | GARAGEKEEPERS EXCESS | | | B113610002C160001 | 10/01/2016 | 10/01/2017 | GKDP EXCESS: \$700,000.00 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RSIG MEMBER SINCE: 09/20/00 -
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: 623 FUSSELL RD, LEESBURG, GA 31763 - . PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

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| CERTIFICATE HOLDER PROOF OF INSURANCE GEORGIA COLLATERAL REC BUREAU, INC 229-432-7221 PO BOX 71491 ALBANY GA 31708 | 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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