



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/22/2018

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).

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 IG., INC. / RSIG NORTHLAND RECOVERY BUREAU INC 1611 1800 HWY 13 WEST BURNSVILLE MN 55337	INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC# 28053
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: PLAZA INSURANCE COMPANY 30945
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: **RRPMSW00001-02-C34254** REVISION NUMBER: **17-18Renewal**

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			RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2017	10/01/2018	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
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 5,000,000.00
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$ 3,000,000.00
C	<input type="checkbox"/> ANY AUTO			PRPSW010532-00 COMP/ COLL DED: \$2,000	02/23/2018	02/23/2019	REPO IN TRANSIT \$ 1,000,000.00
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR					BODILY INJURY (Per person) \$
A	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE		RRPMSW00001-02 SEE DESC. OF OPERATIONS	10/01/2017	10/01/2018	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					PROPERTY DAMAGE (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	COMPUTER CRIME&EMP DISHONESTY			RRPMSW00001-02	10/01/2017	10/01/2018	E.L. DISEASE - POLICY LIMIT \$
A	GARAGEKEEPERS DIRECT PRIMARY			RRPMSW00001-02	10/01/2017	10/01/2018	LIMIT: \$1,000,000.00
B	GARAGEKEEPERS DIR PRIM EXC			B113610002C170001	10/01/2017	10/01/2018	GKDP LIMIT: \$300,000.00 GKDP EXCESS: \$700,000.00

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

RSIG MEMBER SINCE 02/23/2018- 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: 1800 HWY 13 W, BURNSVILLE, MN 55337
SCHEDULED AUTO: 15 CHEV #7129

CERTIFICATE HOLDER	CANCELLATION
PROOF OF INSURANCE NORTHLAND RECOVERY BUREAU INC 952-303-4908/KSERAN@NORTHLANDRECOVERY.US 1800 HWY 13 WEST BURNSVILLE MN 55337	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