



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/12/2025

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		CONTACT NAME: IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C No, Ext): 703-365-0199//LHT03.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942		INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: COLONY INSURANCE COMPANY 39993		
INSURER B: LLOYDS OF LONDON 15792		
INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580		
INSURER D: ARGONAUT-MIDWEST INSURANCE COMPANY 19828		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: COL17069 REVISION NUMBER: 25-26Colony

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	
	GENERAL LIABILITY			GAT-1000000-01	09/01/2025	09/01/2026	EACH OCCURRENCE	\$ 1,000,000.00
A	X COMMERCIAL GENERAL LIABILITY			ERRORS & OMISSIONS			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			WRONGFUL REPO,			MED EXP (Any one person)	\$ 5,000.00
C	X CYBLIAB \$2MIL POLICYAGG			REPOSSESSED AUTO,			PERSONAL & ADV INJURY	\$ 1,000,000.00
	X CYBER LIAB - \$2MILLION			DRIVE-AWAY,CARGO,			GENERAL AGGREGATE	\$ 5,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:			ON-HOOK - EACH \$1MIL LIMIT			PRODUCTS - COMP/OP AGG	\$ 3,000,000.00
	X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC			EKI3537443 - CYBER			REPO-TRANSIT/ DRIVEAWAY	\$ 1,000,000.00
D	AUTOMOBILE LIABILITY			MC8782381	09/18/2025	09/18/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00
	ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS			COMP/COLL DED \$1,000			BODILY INJURY (Per person)	\$
	X HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)	\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			GAT-1000000-01	09/01/2025	09/01/2026	PROPERTY DAMAGE (Per accident)	\$
	X EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			SEE DESC. OF OPERATIONS				\$
	DED <input type="checkbox"/> RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N	N / A				WC STATUTORY LIMITS	OTH- ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>						E.L. EACH ACCIDENT	\$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	EMPLOYEE DISHONESTY&COMP CRIME			GAT-1000000-01	09/01/2025	09/01/2026	LIMIT: \$1,000,000.00	
A	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-01	09/01/2025	09/01/2026	GKDP LIMIT: \$375,000.00	
B	GARAGEKEEPERS DIR PRIM EXC			B0507TR2518M002	09/01/2025	09/01/2026	GKDP EXCESS: \$625,000.00	

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

RSIG MEMBER SINCE 12/05/2018 ***FULL CO NAME IS STATEWIDE INVESTMENT VENTURES LLC DBA STATEWIDE RECOVERY SPECIALISTS*** 30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY MEMBER REQUEST & ADDITIONAL INSURED STATUS & WAIVER OF SUB, APPLY TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACT. PRIMARY LIMITS PROVIDE GL/WRONGFUL REPO/E&O \$3MIL LIMIT WITH A \$5MIL AGG IN LIEU OF SEPARATE EXCESS LIABILITY POLICY LOCATIONS: LEASED SPACE AT: WI1584 COUNTY ROAD H, LOMIRA, WI 53048 SCHEDULED AUTO: 15 INT'L #0124; 22 FORD #6270; 23 RAM #4033; 24 NISSAN #6903; 24 NISSAN #4481; 24 INT'L #6629; 24 FORD #8812

CERTIFICATE HOLDER	CANCELLATION
PROOF OF INSURANCE STATEWIDE RECOVERY SPECIALISTS 920-488-9080 STATEWIDEILWAUKEE@GMAIL.COM PO BOX 246 LOMIRA WI 53048	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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