



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	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
INSURED	STATEWIDE RECOVERY SPECIALISTS 1627 PO BOX 246 LOMIRA WI 53048	INSURER(S) AFFORDING COVERAGE 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 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 <input checked="" type="checkbox"/> CYBLIAB \$2MIL POLICYAGG <input checked="" type="checkbox"/> CYBER LIAB - \$2MILLION GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			GAT-1000000-01 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY, CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3537443 - CYBER	09/01/2025	09/01/2026	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-TRANSIT/ DRIVEAWAY \$ 1,000,000.00
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			MC8782381 COMP/COLL DED \$1,000	09/18/2025	09/18/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 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 \$			GAT-1000000-01 SEE DESC. OF OPERATIONS	09/01/2025	09/01/2026	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				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	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: WI584 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 STATEWIDEMILWAUKEE@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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