

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/13/2024

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		CONTACT IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS			
	IG., INC./RSIG	PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636			
	RECOVERY SPECIALIST INSURANCE GROUP	E-MAIL ADDRESS: CERTIFICATES@RSIG.COM			
	GATE ELEVEN SOLUTIONS	INSURER(S) AFFORDING COVERAGE	NAIC#		
	PO BOX 395 GIDDINGS TX 78942	INSURER A: COLONY INSURANCE COMPANY	39993		
INSURED		INSURER B: LLOYDS OF LONDON	15792		
		INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
	STATEWIDE RECOVERY SPECIALISTS 1627	INSURER D: ARGONAUT-MIDWEST INSURANCE COMPANY	19828		
	PO BOX 246	INSURER E:			
	LOMIRA WI 53048	INSURER F:			

COVERAGES

CERTIFICATE NUMBER: COL12119

REVISION NUMBER: 24-25Colony

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 SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		GAT-1000000-00	1		EACH OCCURRENCE \$ 1,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY		ERRORS & OMISSIONS			DAMAGE TO RENTED \$ 100,000.00
	CLAIMS-MADE X OCCUR		WRONGFUL REPO,			MED EXP (Any one person) \$ 5,000.00
l <sub>c</sub>	X CYBLIAB \$2MIL POLICYAGG		REPOSSESSED AUTO,			PERSONAL & ADV INJURY \$ 1,000,000.00
-	X CYBER LIAB - \$100,000		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 PRO- JECT LOC		EKI3537443 - CYBER			REPO IN TRANSIT \$ 1,000,000.00
D	AUTOMOBILE LIABILITY		MC8706063	09/18/2024	09/18/2025	(Ea accident) \$ 1,000,000.00
	ANY AUTO ALL OWNED SCHEDULED		COMP/COLL DED \$1,000			BODILY INJURY (Per person) \$
	AUTOS AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
Α	UMBRELLA LIAB X OCCUR		GAT-1000000-00	09/01/2024	09/01/2025	EACH OCCURRENCE \$ 2,000,000.00
	X EXCESS LIAB CLAIMS-MADE		SEE DESC. OF OPERATIONS			AGGREGATE \$ INC. GEN AGG
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU-   OTH-   TORY LIMITS   ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
Α	EMPLOYEE DISHONESTY&COMP CRIME		GAT-1000000-00	09/01/2024	09/01/2025	LIMIT: \$1,000,000.00
Α			GAT-1000000-00	09/01/2024	09/01/2025	GKDP LIMIT: \$375,000.00
В	GARAGEKEEPERS DIR PRIM EXC		B0507TR2418M001	09/01/2024	09/01/2025	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\*\*\*\* PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY 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

LOCATIONS: LEASED SPACE AT: WI584 COUNTY ROAD H, LOMIRA, WI 53048

SCHEDULED AUTO: 16 DODGE #8196; 15 INT'L #0124; 19 RAM #9715; 22 FORD #6270; 23 RAM #4033; 24 NISSAN #6903; 24 NISSAN #4481

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

Danadoan

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