



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/11/2023

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  <b>IG., INC./RSIG</b> <b>RECOVERY SPECIALIST INSURANCE GROUP</b> GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME <b>IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS</b>
	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: GUIDEONE NATIONAL INSURANCE COMPANY NAIC # 14167
	INSURER B: LLOYDS OF LONDON 15792
	INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580
	INSURER D: GUIDEONE INSURANCE COMPANY 15032
	INSURER E:
	INSURER F:

**COVERAGES** CERTIFICATE NUMBER: G1-68191 REVISION NUMBER: 23-24GuideOne

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			570000002-01 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY, CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI33490957- CYBER	09/01/2023	09/01/2024	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
	<input checked="" type="checkbox"/> CYBLIAB \$2MIL POLICYAGG						PERSONAL & ADV INJURY \$ 1,000,000.00
C	<input checked="" type="checkbox"/> CYBER LIAB - \$100,000						GENERAL AGGREGATE \$ 5,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000.00
D	<input type="checkbox"/> AUTOMOBILE LIABILITY			570000100-05 COMP/COLL DED \$1,000	09/18/2023	09/18/2024	REPO IN TRANSIT \$ 1,000,000.00
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			570000002-01 SEE DESC. OF OPERATIONS	09/01/2023	09/01/2024	PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ INC. GEN AGG
	DED RETENTION \$						
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	EMPLOYEE DISHONESTY&COMP CRIME			570000002-01	09/01/2023	09/01/2024	LIMIT: \$1,000,000.00
A	GARAGEKEEPERS DIRECT PRIMARY			570000002-01	09/01/2023	09/01/2024	GKDP LIMIT: \$375,000.00
B	GARAGEKEEPERS DIR PRIM EXC			B0831TR23180358M	09/01/2023	09/01/2024	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; 19 CHEV #5016

### 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  
--	--

© 1988-2010 ACORD CORPORATION. All rights reserved.