



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/21/2016

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):
		E-MAIL ADDRESS:	CERTIFICATES@RSIG.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	ROCKHILL INSURANCE COMPANY	28053
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES CERTIFICATE NUMBER: RRPMSW000001-01-C18256 REVISION NUMBER: 16-17Renewal

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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			RRPMSW00001-01 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	10/01/2016	10/01/2017	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 IN TRANSIT \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$			RRPMSW00001-01 SEE DESC. OF OPERATIONS	10/01/2016	10/01/2017	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG \$ WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in Nh) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				
A	CRIME/EMP DISHONESTY			RRPMSW00001-01	10/01/2016	10/01/2017	LIMIT: \$1,000,000.00
A	GARAGEKEEPERS DIRECT PRIMARY			RRPMSW00001-01	10/01/2016	10/01/2017	GKDP LIMIT: \$300,000.00
B	GARAGEKEEPERS EXCESS			B113610002C160001	10/01/2016	10/01/2017	GKDP EXCESS: \$700,000.00

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

MEMBER SINCE 11/18/2005

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: 64-5223 KAUAKEA RD KAMUELA, HI 96743 // 111 SAND ISLAND ACCESS RD, #I-3A, HONOLULU, HI 96819. PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

CERTIFICATE HOLDER	CANCELLATION
PROOF OF INSURANCE RT'S SERVICE LLC 808-885-6261 PO BOX 1581 KAMUELA HI 96743	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 