



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/21/2017

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 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): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM |
| INSURED IG., INC. / RSIG RT'S SERVICE LLC 1288 PO BOX 1581 KAMUELA HI 96743 | INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY NAIC # 28053 |
| | INSURER B: LLOYDS OF LONDON 15792 |
| | INSURER C: |
| | INSURER D: |
| | INSURER E: |
| | INSURER F: |

COVERAGES CERTIFICATE NUMBER: **RRPMSW000001-02-C31807** REVISION NUMBER: **17-18Renewal**

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 <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | RRPMSW00001-02 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL | 10/01/2017 | 10/01/2018 | EACH OCCURRENCE \$ 1,000,000.00 | | | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | | 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 |
| A | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | RRPMSW00001-02 SEE DESC. OF OPERATIONS | 10/01/2017 | 10/01/2018 | EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG | | | | | | |
| | <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ | | | | | | |
| A | CRIME/EMP DISHONESTY | | | RRPMSW00001-02 | 10/01/2017 | 10/01/2018 | LIMIT: \$1,000,000.00 | | | | | | |
| A | GARAGEKEEPERS DIRECT PRIMARY | | | RRPMSW00001-02 | 10/01/2017 | 10/01/2018 | GKDP LIMIT: \$300,000.00 | | | | | | |
| B | GARAGEKEEPERS EXCESS | | | B113610002C160001 | 10/01/2017 | 10/01/2018 | 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, #1-3A , 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

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| 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  |