



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/28/2018

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> 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:	HUDSON INSURANCE COMPANY	250254
		INSURER B:	LLOYDS OF LONDON	15792
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

**COVERAGES**      **CERTIFICATE NUMBER:** HUD18-9084      **REVISION NUMBER:** 18-19HudNew


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	<b>GENERAL LIABILITY</b>			SBGL010100-00 IG., INC./RSIG MASTER INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY - \$1MIL CARGO/ON-HOOK - \$1MIL REPOSSESSED AUTO -\$1MIL	03/01/2018	03/01/2019	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
	<input checked="" type="checkbox"/> <b>CYBER LIAB - \$100,000</b>						MED EXP (Any one person) \$ 5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 5,000,000.00
	<b>AUTOMOBILE LIABILITY</b>						PRODUCTS - COMP/OP AGG \$ 3,000,000.00
	<input type="checkbox"/> ANY AUTO						<b>REPO IN TRANSIT</b> \$ 1,000,000.00
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<b>UMBRELLA LIAB</b>	<input checked="" type="checkbox"/> OCCUR		SBGL010100-00 SEE DESC. OF OPERATIONS	03/01/2018	03/01/2019	EACH OCCURRENCE \$ 2,000,000.00
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ INC. GEN AGG
	DED	RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS    OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	EMPLOYEE DISHONESTY&COMP CRIME			SBGL010100-00	03/01/2018	03/01/2019	LIMIT: \$1,000,000.00
A	GARAGEKEEPERS DIRECT PRIMARY			SBGL010100-00	03/01/2018	03/01/2019	GKDP LIMIT: \$300,000.00
B	GARAGEKEEPERS DIR PRIM EXC			B113610002C170001	10/01/2017	03/01/2019	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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
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 

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