



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/16/2015

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 SWBC INSURANCE SERVICES INC. 9811 S IH 35, BLDG 1, STE 100 AUSTIN, TX 78744 | CONTACT NAME: IG., INC./RSIG | |
| | PHONE (A/C, No., Ext): 703-365-0199 | FAX (A/C, No): 703-365-0636 |
| | E-MAIL ADDRESS: CERTIFICATES@RSIG.COM | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A: ROCKHILL INSURANCE COMPANY | 28053 |
| INSURED IG., INC. / RSIG OMNI RECOVERY SVCS OF AL INC 622 PO BOX 55423 BIRMINGHAM AL 35255-5423 | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES CERTIFICATE NUMBER: RRPMSW000001-00-C6078 REVISION NUMBER: 15-16Renewal

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 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 | | | RRPMSW00001-00 INC ERRORS & OMISSIONS INC WRONGFUL REPO DRIVE-AWAY, CARGO/ON-HOOK REPOSSESSED AUTO | 10/01/2015 | 10/01/2016 | EACH OCCURRENCE \$ 3,000,000.00 |
| | <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 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY \$ 3,000,000.00 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE \$ 5,000,000.00 |
| | AUTOMOBILE LIABILITY | | | | | | PRODUCTS - COMP/OP AGG \$ SUB TO GEN |
| | <input type="checkbox"/> ANY AUTO | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> HIRED AUTOS | <input type="checkbox"/> NON-OWNED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | EACH OCCURRENCE \$ |
| | DED | RETENTION \$ | | | | | AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATUTORY LIMITS |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y/N | N/A | | | | OTHER |
| | if yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. EACH ACCIDENT \$ |
| A | COMMERCIAL CRIME | | | RRPMSW00001-00 | 10/01/2015 | 10/01/2016 | LIMIT: \$1,000,000.00 |
| | EMPLOYEE DISHONESTY BOND | | | RRPMSW00001-00 | 10/01/2015 | 10/01/2016 | GK LIMIT: \$250,000.00 |
| | GARAGEKEEPERS DIRECT PRIMARY | | | | | | |

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

MEMBER SINCE 6/9/00

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

LOCATION: 2602 ALTON RD., BIRMINGHAM, AL // 2012 FISHER ST., SW, HUNTSVILLE, AL. 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 OMNI RECOVERY SERVICES OF ALABAMA INC 205-838-1160 PO BOX 55423 BIRMINGHAM AL 35255 | 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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