



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/24/2025

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 have **ADDITIONAL INSURED** provisions or 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).

<b>PRODUCER</b> Harding Brooks Insurance Agency 441 Commerce Road Vestal NY 13850  License#: PC-1123577 SOUTREC-01	<b>CONTACT NAME:</b> Certificate Department Service <b>PHONE (A/C, No, Ext):</b> 315-214-5822 <b>FAX (A/C, No):</b> 607-798-6693 <b>E-MAIL ADDRESS:</b> service@hardingbrooks.com  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A : CUMIS Insurance Society, Inc.</td> <td>10847</td> </tr> <tr> <td>INSURER B : Underwriters At Lloyds</td> <td>32727</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : CUMIS Insurance Society, Inc.	10847	INSURER B : Underwriters At Lloyds	32727	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : CUMIS Insurance Society, Inc.	10847														
INSURER B : Underwriters At Lloyds	32727														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**COVERAGES**      **CERTIFICATE NUMBER: 149680360**      **REVISION NUMBER:**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y		316208-006	4/1/2025	4/1/2026	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	<input checked="" type="checkbox"/> WRONGFUL REPO						MED EXP (Any one person)	\$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 3,000,000	
	OTHER:						PRODUCTS - COMP/OP AGG	\$ 3,000,000	
							Wrongsful Repo (E&O)	\$ 1,000,000	
A	<b>AUTOMOBILE LIABILITY</b>	Y		316207-009	4/1/2025	4/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY						<input checked="" type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> Drive Away						<input checked="" type="checkbox"/> PIP	PIP	\$ 10,000
	<b>UMBRELLA LIAB</b>						<input type="checkbox"/> OCCUR		EACH OCCURRENCE
<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE	\$					
	DED	RETENTION \$							
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		Y/N	N/A				<input type="checkbox"/>	PER STATUTE	OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									
If yes, describe under DESCRIPTION OF OPERATIONS below									
A	Garagekeepers Direct Prim			316207-009	4/1/2025	4/1/2026	\$500/\$2,500 Ded	\$1,200,000	
A	Cargo/ On-Hook Cargo			316208-006	4/1/2025	4/1/2026	\$1,000 Ded	\$100,000	
B	Employee Dishonesty/ Crime			UC14502163.25	4/1/2025	4/1/2026	3rd Party Theft	\$1,000,000	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
Cyber Liability: \$1,000,000 Limit Insurer Scottsdale Indemnity Company Policy #ESM0039916059 Effective 04/1/2025 - 04/01/2026. Certificate holder is added as additional insured as required by written contract or agreement. Garagekeepers Direct Primary Includes Wind / Hail / Flood Coverage. Lot Locations: 3061 Cardiff St Punta Gorda FL 33983

Driver has 4 Drive Away Tags used solely for repossession purposes only.

**CERTIFICATE HOLDER**      **CANCELLATION**

Proof of Insurance USA	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
---------------------------	---

© 1988-2015 ACORD CORPORATION. All rights reserved.