CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/05/2025

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 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
GATE ELEVEN SOLUTIONS
PO BOX 395 GIDDINGS TX 78942

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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: COLONY INSURANCE COMPANY	39993
INSURER B: LLOYDS OF LONDON	15792
INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
INSURER D: ARGONAUT-MIDWEST INSURANCE COMPANY	19828
INSURER E:	
INSURER F:	

INSURED

SOUTHWEST RECOVERY INC. 1735
3061 CARDIFF ST
PUNTA GORDA FL 33983

COVERAGES **CERTIFICATE NUMBER:** COL21537 **REVISION NUMBER:** 25-26Colony

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** X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CYBLIAB $2MIL POLICYAGG C X CYBER LIAB - $2MILLION GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			GAT-1000000-01 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY,CARGO, ON-HOOK - EACH $1MIL LIMIT EKI3537442 - CYBER	09/01/2025	09/01/2026	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-TRANSIT/ DRIVEAWAY	$ 1,000,000.00
D	**AUTOMOBILE LIABILITY** ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			MC8781783 COMP/COLL DED $2500	09/15/2025	09/15/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000.00
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							PIP	$ UP TO $10,000
A	**UMBRELLA LIAB** X OCCUR X **EXCESS LIAB** CLAIMS-MADE DED RETENTION $			GAT-1000000-01 SEE DESC. OF OPERATIONS	09/01/2025	09/01/2026	EACH OCCURRENCE	$ 2,000,000.00
							AGGREGATE	$ INC. GEN AGG
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A **(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	EMPLOYEE DISHONESTY&COMP CRIME			GAT-1000000-01	09/01/2025	09/01/2026	LIMIT: $1,000,000.00	
A	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-01	09/01/2025	09/01/2026	GKDP LIMIT: $375,000.00	
B	GARAGEKEEPERS DIR PRIM EXC			B0507TR2518M002	09/01/2025	09/01/2026	GKDP EXCESS: $625,000.00	

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

RSIG MEMBER SINCE 09/15/2025 30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY MEMBER REQUEST & ADDITIONAL INSURED STATUS & WAIVER OF SUB, APPLY TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACT. PRIMARY LIMITS PROVIDE GL/WRONGFUL REPO/E&O $3MIL LIMIT WITH A $5MIL AGG IN LIEU OF SEPARATE EXCESS LIABILITY POLICY
LOCATION: 3061 CAARDIFF ST., PUNTA GORDA FL 33983
SCHEDULED AUTOS: 24 RAM #0147; 17 RAM #0416

CERTIFICATE HOLDER

PROOF OF INSURANCE
SOUTWEST RECOVERY INC.
INFO@SOUTHWESTRECOVERYINC.COM
3061 CARDIFF ST
PUNTA GORDA FL 33983

CANCELLATION

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

Dana Loan