



# 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 DESCRIBED HEREIN. 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 constitute an endorsement. A statement on this certificate does not constitute an endorsement in lieu of such endorsement(s).

<b>PRODUCER</b>  <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 PHONE (A/C. No. Ext): 703-365-0199//LH703.365.0362 FAX (A/C. No.): 703-365-0030 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
<b>INSURED</b>  <b>IG., INC. / RSIG</b> CTP ENTERPRISES LLC 8148 FM 749 PAMPA TX 79065		INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHILL INSURANCE COMPANY 28053 INSURER B: LLOYDS OF LONDON 15792 INSURER C: PLAZA INSURANCE COMPANY 30945 INSURER D: INSURER E: INSURER F:	


**COVERAGES**      **CERTIFICATE NUMBER:** RRPMSW000001-02-C27222      **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 VVVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			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 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 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
C	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			PRPSW007310-02 COMP/COLL DED \$1000	09/12/2017	09/12/2018	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <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 \$ WC STATUTORY LIMITS      OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below							
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)**  
RSIG MEMBER SINCE; 05/25/07 -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: 316 E. 34TH STREET, LUBBOCK, TX 79404 // LEASED SPACE AT: 4033 MAPLE AVE., ODESSA, TX 79762  
PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY  
SCHEDULED AUTO: 15 RAM #9774

<b>CERTIFICATE HOLDER</b>  PROOF OF INSURANCE CTP ENTERPRISES LLC 866-895-5802 8148 FM 749 PAMPA TX 76031	<b>CANCELLATION</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.  AUTHORIZED REPRESENTATIVE 
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