

THIS CERTIFICATE IS ISSUED AS A M	ATTE	R OF	INFORMATION ONLY A		IFERS NO R		N THE CERTIFICATE HO		THIS
CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU	RANC	E DO	ES NOT CONSTITUTE A						
REPRESENTATIVE OR PRODUCER, AI								-	
IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject									
this certificate does not confer rights to					•			Statem	
PRODUCER				CONTAC	T Jaime Bra	ıdley			
Insure It All				PHONE (A/C, No,	Ext).		FAX (A/C, No):		
919 S 25th East				E-MAIL ADDRES	· · ·	overyourstuff.c			
						URER(S) AFFOR			NAIC #
Ammon			ID 83406	INSURE	A: NATIO	NAL SPECIAL	TY INSURANCE COMPA	NY	
INSURED				INSURE	В:				
Gotcha Recovery Services, LLC	C			INSURE	C :				
PO BOX 623				INSURE	2 D :				
				INSURE	E:				
PARKER			CO 80134	INSURE	1 F :				
			NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PEF EXCLUSIONS AND CONDITIONS OF SUCH F	UIREN TAIN,	IENT, <sup>-</sup> THE II	TERM OR CONDITION OF A NSURANCE AFFORDED BY	ANY CON <sup>.</sup> ( THE POI	TRACT OR OT LICIES DESCI	THER DOCUM	ENT WITH RESPECT TO WH	ІСН ТН	
INSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1000	0000
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000	000
							MED EXP (Any one person)	\$ 5000	0
A			TBD		08-01-2016	08-01-2017	PERSONAL & ADV INJURY	\$ 1000	0000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ŷ	0000
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	Ŷ	0000
OTHER:							COMBINED SINGLE LIMIT	\$	
							(Ea accident)	\$ 1000	0000
ANY AUTO							BODILY INJURY (Per person)	\$	
A AUTOS ONLY AUTOS			TBD		08-01-2016	08-01-2017	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
AUTOS ONLY							(Per accident)	\$	
								\$	
UMBRELLA LIAB OCCUR EXCESS LIAB							EACH OCCURRENCE	\$	
CLAINIS-MADE	-						AGGREGATE	\$	
DED RETENTION \$							PER OTH-	\$	
AND EMPLOYERS' LIABILITY									
ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		
DESCRIPTION OF OPERATIONS below		$\left  \right $					E.L. DISEASE - POLICY LIMIT GARAGE KEEPERS	\$ \$374	5,000
A GARAGE KEEPERS			TBD		08-01-2016	08-01-2017	OARAGE KEELEKS ON HOOK	100,	·
					20 01 2010	55 51 <u>201</u> /	5	100,	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORD	0 101, Additional Remarks Sche	dule, may l	e attached if m	ore space is req	uired)		
Certificate holder is an additional inst							•	ontract	or
agreement as per policy terms and co			U	5		5	1 5		
CERTIFICATE HOLDER				CANCE	LLATION				
Alternative Collection Solution	na Inc			THE	EXPIRATION I	DATE THEREC	ESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIV		
Anternative Concetion Solution	, 1110.	•		ACCO	ORDANCE WI	TH THE POLIC	Y PROVISIONS.		
3842 Harlem Road				AUTUOD					
Suite #341				54607.05	IZED REPRESE				
Buffalo, NY 14125				Jain	ve Bradley	1			
				1	-	4000 00		A ·	
					©	1988-2015 A	CORD CORPORATION.	All rig	nts reserved.



THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIV	ELY (	OR NE	GATIVELY AMEND, EX	TEND C	R ALTER T	HE COVERA	GE AFFORDED BY THE F	DER.	IES
BELOW. THIS CERTIFICATE OF INSUF REPRESENTATIVE OR PRODUCER, AN	ID TH	IE CEI	RTIFICATE HOLDER.				ζ,μ		
IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject t	o the	terms	s and conditions of the	policy, o	certain polic	ies may requ			
this certificate does not confer rights to	the	certifi	cate holder in lieu of su			•			
PRODUCER				CONTAC NAME:	Jaime Bra	ıdley	FAN		
Insure It All				PHONE (A/C, No,	Ext):		FAX (A/C, No):		
919 S 25th East				E-MAIL ADDRES	s: jaime@co	overyourstuff.c	om		
					INS	URER(S) AFFOR	DING COVERAGE		NAIC #
Ammon			ID 83406	INSURE	RA: NATION	NAL SPECIAL	TY INSURANCE COMPAN	IΥ	
INSURED				INSURE	ЯΒ:				
Gotcha Recovery Services, LLC	2			INSURE	RC:				
PO BOX 623				INSURE	RD:				
				INSURE	RE:				
PARKER			CO 80134	INSURE	RF:				
COVERAGES CER	<b>FIFIC</b>	ATE N	IUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	JIREM TAIN,	IENT, T THE IN ES. LIN	ERM OR CONDITION OF A	ANY CON 7 THE POI 8EEN RED	TRACT OR O LICIES DESCI UCED BY PAI	THER DOCUME RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WHI	СН ТН	
INSR TYPE OF INSURANCE	INSD		POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
							MED EXP (Any one person) \$	5000	)
A			TBD		08-01-2016	08-01-2017	PERSONAL & ADV INJURY \$	; 1000	0000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	; 3000	0000
							PRODUCTS - COMP/OP AGG \$	; 3000	0000
OTHER:							\$	5	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	5 1000	0000
ANY AUTO							BODILY INJURY (Per person) \$	6	
A OWNED AUTOS ONLY SCHEDULED			TBD		08-01-2016	08-01-2017	BODILY INJURY (Per accident) \$	5	
HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	6	
							(i el accident)	3	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
DED RETENTION \$									
WORKERS COMPENSATION							IPER L LOTH-	)	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT \$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$		
DESCRIPTION OF OPERATIONS below		$\vdash$					E.L. DISEASE - POLICY LIMIT \$ GARAGE KEEPERS	\$375	000
A GARAGE KEEPERS			TBD		08-01-2016	08-01 2017	ON HOOK	\$373 100,	
			UU		00-01-2010	08-01-2017	UN HUUK	100,	000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Certificate holder is an additional insu agreement as per policy terms and co	red f	for co						ntract	or
CERTIFICATE HOLDER				CANCE	ELLATION				
American Lending Solutions				THE	EXPIRATION I	DATE THEREO	ESCRIBED POLICIES BE CAI IF, NOTICE WILL BE DELIVE Y PROVISIONS.		
8927 JM Keynes Drive				AUTHOR	IZED REPRESE	NTATIVE			
Suite #360				24920713					
Charlotte, NC 28262				Jain	ne Bradley				
				1		1099-2015 4	CORD CORPORATION.	A 11	hto reconved



DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A M. CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSUI	ELY ( RANC	or n E do	EGATIVELY AMEND, EX DES NOT CONSTITUTE A	TEND C	OR ALTER T	HE COVERA	GE AFFORDED BY THE	LDER. POLIC	IES
REPRESENTATIVE OR PRODUCER, AI IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject	s an A		IONAL INSURED, the p						
this certificate does not confer rights t				uch end	orsement(s).				
PRODUCER				CONTAC NAME:	т Jaime Bra	dley			
Insure It All				PHONE (A/C, No	, Ext):		FAX (A/C, No):		
919 S 25th East				É-MÁIL ADDRES	s: jaime@cc	veryourstuff.c	om		
					INS	URER(S) AFFOR	DING COVERAGE		NAIC #
Ammon			ID 83406	INSURE	RA: NATION	JAL SPECIAL	TY INSURANCE COMPA	NY	
INSURED				INSURE	RB:				
Gotcha Recovery Services, LLC	2			INSURE	RC:				
PO BOX 623				INSURE	RD:				
				INSURE	RE:				
PARKER			CO 80134	INSURE	RF:				
COVERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PEF EXCLUSIONS AND CONDITIONS OF SUCH F	UIREN TAIN, OLICI	IENT, THE I	TERM OR CONDITION OF A NSURANCE AFFORDED BY MITS SHOWN MAY HAVE B	ANY CON ( THE PO	TRACT OR OT LICIES DESCF DUCED BY PAI	THER DOCUMI RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	ІСН ТН	
		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
							EACH OCCURRENCE DAMAGE TO RENTED	\$ 1000	
							PREMISES (Ea occurrence)	\$ 1000	
					00.01.2016	00 01 2017	MED EXP (Any one person)	\$ 5000	
A			TBD		08-01-2016	08-01-2017	PERSONAL & ADV INJURY	\$ 1000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3000	
							PRODUCTS - COMP/OP AGG	\$ 3000	0000
OTHER:							COMBINED SINGLE LIMIT	\$	
							(Ea accident)	\$ 1000	0000
ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
			TBD		08-01-2016	08-01-2017	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
AUTOS ONLY							(Per accident)	\$	
								\$	
							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE	4						AGGREGATE	\$	
DED RETENTION \$ WORKERS COMPENSATION							PER   OTH-	\$	
AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below								\$	
GARAGE KEEPERS							GARAGE KEEPERS		5,000
A GARAGE REEPERS			TBD		08-01-2016	08-01-2017	ON HOOK	100,	000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Certificate holder is an additional inst agreement as per policy terms and co	ured	for c				• •		ontract	or
				CANC					
CERTIFICATE HOLDER					ELLATION				
AMI Asset Management, Inc.				THE	EXPIRATION [	DATE THEREC	ESCRIBED POLICIES BE CA FF, NOTICE WILL BE DELIVI Y PROVISIONS.		
PO Box 429				AUTHOR	RIZED REPRESE	NTATIVE			
Big Bend, WI 53103				84807.03	ne Bradley				
				-	©	1988-2015 A	CORD CORPORATION.	All ria	hts reserved



DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A M. CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSUF REPRESENTATIVE OR PRODUCER, A	ELY C RANCI ND TH	DR NEGATIVELY AMEND, EX E DOES NOT CONSTITUTE A E CERTIFICATE HOLDER.	TEND OR ALTER T CONTRACT BETW	HE COVERA	GE AFFORDED BY THE POL SUING INSURER(S), AUTHOF	CIES
IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	o the	terms and conditions of the	policy, certain polic	ies may requ		
PRODUCER	o the c	certificate holder in lieu of st				
			NAME: Jaime Bra	idley	FAX	
Insure It All			(A/C, No, Ext):		AX (A/C, No):	
919 S 25th East			ADDRESS: jaime@co	overyourstuff.c	om	-
			INS	URER(S) AFFOR	DING COVERAGE	NAIC #
Ammon		ID 83406	INSURER A: NATION	NAL SPECIAL	TY INSURANCE COMPANY	
NSURED			INSURER B :			
Gotcha Recovery Services, LLC	2		INSURER C :			
PO BOX 623			INSURER D :			
			INSURER E :			
PARKER		CO 80134	INSURER F :			
	TIFIC		INSURER F :		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	<sup>-</sup> Insu Jirem Tain, Olicie	ENT, TERM OR CONDITION OF A THE INSURANCE AFFORDED BY ES. LIMITS SHOWN MAY HAVE B	ANY CONTRACT OR O THE POLICIES DESCI EEN REDUCED BY PA	NSURED NAME THER DOCUME RIBED HEREIN D CLAIMS.	ED ABOVE FOR THE POLICY PER ENT WITH RESPECT TO WHICH T	HIS
NSR LTR TYPE OF INSURANCE	ADDL		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY						00000
						00
A		TBD	08-01-2016	08-01-2017	····== =··· (· ···) •··• p•··••··) +	00000
			00 01 2010	00 01 2017		00000
GEN'L AGGREGATE LIMIT APPLIES PER:						00000
					PRODUCTS - COMP/OP AGG \$ 30	00000
					(Ea accident) \$ 10	00000
					BODILY INJURY (Per person) \$	
A OWNED AUTOS ONLY SCHEDULED AUTOS		TBD	08-01-2016	08-01-2017	BODILY INJURY (Per accident) \$	
HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	
					\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	
DED RETENTION \$	1				\$	
WORKERS COMPENSATION					IPER L LOTH-	
AND EMPLOYERS' LIABILITY						
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$	
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	
CADACE REEDEDC						75,000
A GARAGE KEEPERS		TBD	08-01-2016	08-01-2017	ON HOOK 10	0,000
escription of operations / Locations / vehic Certificate holder is an additional insi agreement as per policy terms and co	ured f	or commercial general liab	· •	• •		ct or
ERTIFICATE HOLDER			CANCELLATION			
Assets Recovered, LLC				DATE THEREC	ESCRIBED POLICIES BE CANCE DF, NOTICE WILL BE DELIVERED Y PROVISIONS.	
PO Box 59938			AUTHORIZED REPRESE	NTATIVE		
Dallas, TX 75229			Jaime Bradley			
I			©	1988-2015 A	CORD CORPORATION. All r	ahts reserve



CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDE 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(les) 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).         NODUCER Insure It All 19 S 25th East       Immon ID 83406       Immon ID 83406       Immon INSURER(S) AFFORDING COVERAGE       NAC #         Gotcha Recovery Services, LLC PO BOX 623       Insure R : Insure R : PAKER       Insure R : Insure R : PAKER       CO 80134       Insure R : Insure R	THIS CERTIFICATE IS ISSUED AS A M	ATTE	R OF					N THE CERTIFICATE HO		/1/2016 THIS
REPRESENTATURE OR PRODUCER, AND THE CERTIFICATE HOLDER. WINDERTAIL: If the certificate holder is an ADDITONAL INSURCE the policy (es) must have ADDITIONAL INSURCE D provisions or be endorsed. If SUBROATION IS WAIVED, subject to the certificate holder in file of sub-on endorsement (s). GOULDER MARCE SOLUCE MARCELLED BELOW THE POLICY PRODUCES MARCELLED BELOW THE BELOW BELOW ADDITIONAL INFORMATION TO THE ADDIVE SHE WAILED BELOW MARCELLED BELOW M	CERTIFICATE DOES NOT AFFIRMATIV	ELY (	OR NE	EGATIVELY AMEND, EX	TEND OR	ALTER T	HE COVERA	GE AFFORDED BY THE	POLIC	IES
IMPORTATY: If the certificate holder is an ADDITIONAL INSURED provides may require an endorsement. A statement on this certificate holder in lieu of such endorsement(a).       Addition of the endorsement on this certificate holder in lieu of such endorsement(a).         Sources       Important and the endorsement on this certificate holder in lieu of such endorsement(a).       Important and the endorsement on this certificate holder in lieu of such endorsement(a).         Sources       Important and the endorsement on this certificate holder in lieu of such endorsement(a).       Important and the endorsement on this certificate holder in lieu of such endorsement(a).         Sources       Important and the endorsement on the endorseme					A CONTRA	CT BETW	EEN THE IS	SUING INSURER(S), AUT	THORIZ	ZED
If SUBCOATION IS WAILED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this conditionates on to only rights to the certificate holder in lise of such endorsement(s).       Junce Brailey         SOUCCER       Base IA All Mark State I	-					must have			or ho o	adorsed
SECURITY IN THE PART OF THE P										
And Part All     Source House     Source     Source House     Source House     Source     Sour	· •				uch endor	•				
	PRODUCER				NAME:	Jaime Bra	dley			
109 52 fb Ball     100 52	Insure It All				(A/C, No, E	xt):		FAX (A/C, No):		
Names     ID     84006     INSURER 1:     NATIONAL SPECTALTY INSURANCE COMPANY       BURED     Golda Beovery Services, LLC     Insurer 0:     Insurer 0:     Insurer 0:       PARKER     CO 80134     Insurer 0:     Insurer 0:       Insurer 0:     Insurer 0:     Insurer 0:       PARKER     CO 80134     Insurer 0:     Insurer 0:       Insurer 0:     Insurer 0:     Insurer 0:     Insurer 0:       Insurer 0:     Insurer 0:     Insurer 0:     Insurer 0:       Insurer 0:     Insurer 0:     Insurer 0:     Insurer 0:       Insurer 0:     CO 80134     Insurer 0:     Insurer 0:       Insurer 1:     Insurer 0:     Insurer 0:     Insurer 0:       Insurer	919 S 25th East				É-MÁIL ADDRESS:	jaime@cc	overyourstuff.c	om		
SURED Gridula Rowery Scruce, LLC PO BOX 623 PARKER CO 80134 BAURER E BAURER E BAURER E CO 80134 BAURER E BAURER E BAURER E CO 80134 BAURER E BAURE						INS	URER(S) AFFOR	DING COVERAGE		NAIC #
Golda Beorery Services, LLC PO IDX 623  PARCER C 0 8014 BOURGE 0: BOURGE 7: BOURG 7: B	Ammon			ID 83406	INSURER A	. NATION	VAL SPECIAL	TY INSURANCE COMPA	NY	
PD BOX 033  PARKE CO 8014  PARKE CO 8014 PARKE CO 8014 PARKE PA	INSURED				INSURER E	8:				
PARKER     CO 8014     MUMBER      PARKER     CO 8014     MUMBER      MUM	Gotcha Recovery Services, LLC	2			INSURER C	:				
PARKER         CO. 80134         INSURE F.         EVISION NUMBER:           THIS ISTO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN USEDED TO THE INSURED NUMBER ADDRESS OF RAY THE POLICY PERIOD INFORMATION OF ANY CONTRACT OR OTHER DOLUMENT WITH RESPONDED TO THE POLICY PERIOD INFORMATION OF ANY CONTRACT OR OTHER DOLUMENT WITH RESPONDED TO THE POLICY NUMBER USED TO ALL THE TERMS.           EXCLUSIONS AND CONTONS OF SUCH POLICIES LINKS         POLICY NUMBER         INFORMATION OF ANY CONTRACT OR OTHER DOLUMENT WITH RESPONDED TO THE POLICY DEVISION THE POLICY DEVISION OF ANY CONTRACT OR OTHER DOLUMENT WITH RESPONDED AND THE POLICY TO WHICH THE POLICY NUMBER         INFORMATION OF ANY CONTRACT OR OTHER DOLUMENT WITH RESPONDED AND THE POLICY TO WHICH THE RESULT TO WHICH RESULT TO WHICH THE RESULT TO WHICH RESULT TO WHICH THE RESULT TO	PO BOX 623				INSURER D	):				
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THIS IS TO CERTRY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME BACKE FOR THE POLICY PERIOD         INDICATE.       INDICATE.	PARKER			CO 80134	INSURER F	:				
INDICATED. NOTWITHSTANDING AWY REQUIREMENT, TERM OR CONDITION OF AWY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR AWY PERTAIN, THE INSURANCE AFFORDED BY THE POLICISE DESCRIPTION SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. THE DEFINITION OF ORDER LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. THE DEFINITION OF THE INSURANCE AFFORDED BY THE POLICY NUMBER COMMERCIAL GENERAL LIMIT. THE DEFINITION OF THE INSURANCE AFFORDED BY THE POLICY NUMBER CLAMS-MADE COLOR CLAMS-MADE COLOR CLAM										
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BR     TUPE OF NSURANCE     MUCLEVERT INSURVEY     COULEVERT (MMDDYYY)     COULEVERT (MMDDYYY)     COULEVERT (MMDDYYY)     COULEVERT (MMDDYYY)     COULEVERT (MMDDYYY)       CLAMS MADE     OCCUR     Image: Coule of the second of the	CERTIFICATE MAY BE ISSUED OR MAY PER	RTAIN,	THE	NSURANCE AFFORDED BY	THE POLI	CIES DESCR	RIBED HEREIN			0
COMMERCAL CONTRAL LABILITY       TBD       08-01-2016       08-01-2016       08-01-2016       08-01-2017       EACH OCCURRENCE S 1000000         CENT. AGREGATE LIMIT APPLIES PER:       DOCUM       08-01-2016       08-01-2016       08-01-2017       ERESONAL ADV INJURY S 1000000         CONTRECT CONTROL       DOCUM       DESCRIPTION OF OPERATIONS S 1000000       ERESONAL ADV INJURY S 1000000       ERESONAL ADV INJURY S 1000000         ATTOMOSINE LIABILITY       TBD       08-01-2016       08-01-2016       08-01-2017       ERESONAL ADV INJURY S 1000000         ATTOMOSINE LIABILITY       TBD       08-01-2016       08-01-2016       08-01-2017       ERESONAL ADVITION OF THE ERESONAL A			-	MITS SHOWN MAY HAVE BI	-					
CLAIMS-MADE       OCCUR         CLAIMS-MADE       OCCUR         CLAIMS-MADE       OCCUR         TBD       08-01-2016         08-01-2016       08-01-2017         PERSONLS ADV MUKEY S. 10000000         GENERAL AGGREGATE LIMITY       S000000         AUTOORDELE LIABLITY       S         AUTORDETORNEL       S         AUTORDETORNE	EIK			POLICY NUMBER	(M	M/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
CLAMS-MADE     OCCUR     OCCUR     Introduction									Ŷ	
A       Image: Control of the control of	CLAIMS-MADE OCCUR								Ŷ	
GRNL AGGREGATE LIMT APPLIES PER:       GRNEAL AGGREGATE       3000000         OULCY       SCHEDULED       SCHEDULED       SCHEDULED         AUTOMOBILE LABILITY       SCHEDULED       SCHEDULED       SCHEDULED         ANY AUTO       SCHEDULED       TBD       08-01-2016       08-01-2017       DODLY NURY (Per person) IS         AWAY AUTO       SCHEDULED       TBD       08-01-2016       08-01-2017       DODLY NURY (Per person) IS         AWAY AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       SCHEDULED       TBD         OB-01-2017       DODLY NURY (Per person) IS       SCHEDULED       SCHEDULED       SCHEDULED         WORKERS CORRENCE       AUTOS ONLY       AUTOS ONLY       SCHEDULED       SCHEDULED         DEED       RETENTION S       WORKERS COLOUR       SCHEDULY DAWAY (PER schedul)       SCHEDULY DAWAY (PER schedul)         DEED       RETENTION S       WORKERS COLOUR       SCHEDULY DAWAY (PER schedul)       SCHEDULY DAWAY (PER schedul)       SCHEDULY DAWAY (PER schedul)       SCHEDULY DAWAY (PER schedul)         DEED       RETENTION S WORKER       TBD       08-01-2016       08-01-2017       NORKERS COLOUX (MIT SCHEDULY (MIT SC								MED EXP (Any one person)	\$ 5000	)
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AND PERFORMATION PARTY REVECUTIVE       Y/N       N/A         ANY PROPRETOR/PARTNER/SECUTIVE       N/A       EL. EACH ACCIDENT       \$         DESCRIPTIOR MATHING PARTNER/SECUTIVE       N/A       EL. CACH ACCIDENT       \$         DESCRIPTIOR MATHING PARTNER/SECUTIVE       N/A       EL. CACH ACCIDENT       \$         DESCRIPTION OF OPERATIONS below       N/A       EL. DISEASE - EA EMPLOYEE \$       EL. DISEASE - EA EMPLOYEE \$         A       GARAGE KEEPERS       TBD       08-01-2016       08-01-2017       ON HOOK       100,000         ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Certificate holder is an additional insured for commercial general liability and automobile liability if required by written contract or agreement as per policy terms and conditions.         ERTIFICATE HOLDER       CANCELLATION         A dutoNation, Inc.       Its Dealership Subsidiaries       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         Its Dealership Subsidiaries       1925 W John Carpentry Fwy Suite #140       AuthoRized Representative         Irving, TX 75063       Jaime Bradley       Jaime Bradley								IPER I I OTH-	\$	
(Madatory in NH)       EL. DISEASE - EA.EMPLOYEE \$         If yes, describe under       EL. DISEASE - POLICY LIMIT \$         GARAGE KEEPERS       TBD         08-01-2016       08-01-2017         ON HOOK       100,000         ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES       (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         Certificate holder is an additional insured for commercial general liability and automobile liability if required by written contract or agreement as per policy terms and conditions.         ERTIFICATE HOLDER       CANCELLATION         AutoNation, Inc.       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         Its Dealership Subsidiaries       1925 W John Carpentry Fwy Suite #140         Irving, TX 75063       Authonal remarks schedule	AND EMPLOYERS' LIABILITY									
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A       GARAGE KEEPERS       TBD       08-01-2016       08-01-2017       GARAGE KEEPERS ON HOOK       \$375,000 100,000         ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Certificate holder is an additional insured for commercial general liability and automobile liability if required by written contract or agreement as per policy terms and conditions.         ERTIFICATE HOLDER       CANCELLATION         AutoNation, Inc.       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         Its Dealership Subsidiaries       1925 W John Carpentry Fwy Suite #140         Irving, TX 75063       AutoNation, Inc.	If yes, describe under									
A       GARAGE KEEPERS       TBD       08-01-2016       08-01-2017       ON HOOK       100,000         ESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Certificate holder is an additional insured for commercial general liability and automobile liability if required by written contract or agreement as per policy terms and conditions.         ERTIFICATE HOLDER       CANCELLATION         AutoNation, Inc.       Should Any of THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         Its Dealership Subsidiaries       1925 W John Carpentry Fwy Suite #140         Irving, TX 75063       AutoNation & TT 75063	UESCRIPTION OF OPERATIONS below								-	5.000
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Its Dealership Subsidiaries     AUTHORIZED REPRESENTATIVE       1925 W John Carpentry Fwy Suite #140     Jaime Bradley	AutoNation, Inc.									I
1925 W John Carpentry Fwy Suite #140     Jaime Bradley       Irving, TX 75063     Jaime Bradley					ACCOR					
1925 W John Carpentry Fwy Suite #140     Jaime Bradley       Irving, TX 75063     Jaime Bradley	*				AUTHORIZ	ED REPRESE	NTATIVE			
	1925 W John Carpentry Fwy S	uite #1	40		\$28007.05					
	Irving, TX 75063				Jarma	bradley				
					1	0	1088-2015 4		Allric	hts reserved



DATE (MM/DD/YYYY)

CE BE	IS CERTIFICATE IS ISSUED AS A MA RTIFICATE DOES NOT AFFIRMATIVE LOW. THIS CERTIFICATE OF INSUR	ELY ( ANC	or n e do	EGATIVELY AMEND, EX ES NOT CONSTITUTE A	TEND C	R ALTER TI	HE COVERA	GE AFFORDED BY THE	LDER. POLIC	ES
IMF	PRESENTATIVE OR PRODUCER, AN PORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to	an A	DDIT	IONAL INSURED, the po						
this	s certificate does not confer rights to	the	certif	icate holder in lieu of su						
PROD	UCER				CONTAC NAME:	T Jaime Bra	dley			
Insur	re It All				PHONE (A/C, No	Ext):		FAX (A/C, No):		
919 \$	S 25th East				E-MAIL ADDRES	s: jaime@co	overyourstuff.c	om		
						INS	URER(S) AFFOR	DING COVERAGE		NAIC #
Amn	non			ID 83406	INSURE	RA: NATION	VAL SPECIAL	TY INSURANCE COMPA	NY	
INSUR	ED				INSURE	₹В:				
	Gotcha Recovery Services, LLC				INSURE	R C :				
	PO BOX 623				INSURE	R D :				
					INSURE	RE:				
	PARKER			CO 80134	INSURE	RF:				
COV	ERAGES CERT	<b>IFIC</b>	ATE	NUMBER:	-			REVISION NUMBER:		
IND CEI EXC	S IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PERT CLUSIONS AND CONDITIONS OF SUCH PO	IREM AIN, DLICII	IENT, THE I	TERM OR CONDITION OF A NSURANCE AFFORDED BY	NY CON THE PO	TRACT OR OT LICIES DESCR	THER DOCUME RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	IICH TH	
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
-	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000 \$ 1000	
								MED EXP (Any one person)	\$ 5000	1
А				TBD		08-01-2016	08-01-2017	PERSONAL & ADV INJURY	\$ 1000	000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3000	000
Ē	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3000	000
Ē	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1000	000
F	ANY AUTO							BODILY INJURY (Per person)	\$	
А	OWNED AUTOS ONLY X SCHEDULED AUTOS			TBD		08-01-2016	08-01-2017	BODILY INJURY (Per accident)	\$	
F	X HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
F									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
F	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
F	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ŷ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
C	DFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	f yes, describe under DESCRIPTION OF OPERATIONS below								\$	
								GARAGE KEEPERS	\$375	.000
A	GARAGE KEEPERS			TBD		08-01-2016	08-01-2017	ON HOOK	100,	,
				-					100,	
Cer	RIPTION OF OPERATIONS / LOCATIONS / VEHICL tificate holder is an additional insu- eement as per policy terms and con	red f	for co						ontract	or
CEPT	TIFICATE HOLDER				CANC					
	BHFC Financial Services				SHOU THE	ILD ANY OF T EXPIRATION [	DATE THEREO	ESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVI Y PROVISIONS.		
	1				2422773	ized Represe ve Bradley		CORD CORPORATION.		



THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIV								LDER.	
BELOW. THIS CERTIFICATE OF INSUF REPRESENTATIVE OR PRODUCER, AI	RANC	E DO	ES NOT CONSTITUTE A						
IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject									
this certificate does not confer rights to	o the	certif	icate holder in lieu of su						
PRODUCER				CONTAC NAME:	Jaime Bra	adley			
Insure It All				PHONE (A/C, No	, Ext):		FAX (A/C, No):		
919 S 25th East				E-MAIL ADDRES	s: jaime@co	overyourstuff.c	om		
					INS	SURER(S) AFFOR	DING COVERAGE		NAIC #
Ammon			ID 83406	INSURE	RA: NATIO	NAL SPECIAL	TY INSURANCE COMPAN	٧Y	
INSURED				INSURE	₹В:				
Gotcha Recovery Services, LLC	2			INSURE	۲C:				
PO BOX 623				INSURE	RD:				
				INSURE	RE:				
PARKER			CO 80134	INSURE	RF:				
COVERAGES CER	TIFIC	ATE	NUMBER:	-			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	JIREN TAIN, OLICI	IENT, THE I	TERM OR CONDITION OF A NSURANCE AFFORDED BY	ANY CON 7 THE PO BEEN RED	TRACT OR O LICIES DESCI DUCED BY PA	THER DOCUMI RIBED HEREIN ID CLAIMS.	ENT WITH RESPECT TO WH	ICH TH	
INSR TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	6	
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 1000 \$ 1000	
							MED EXP (Any one person)	\$ 5000	)
Α			TBD		08-01-2016	08-01-2017	PERSONAL & ADV INJURY	\$ 1000	0000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3000	0000
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3000	0000
OTHER:							:	\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1000	0000
ANY AUTO							BODILY INJURY (Per person)	\$	
A OWNED AUTOS ONLY SCHEDULED AUTOS			TBD		08-01-2016	08-01-2017	BODILY INJURY (Per accident)	\$	
HIRED AUTOS ONLY X AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
							, ,	\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION \$	1							\$	
WORKERS COMPENSATION							PER OTH- STATUTE ER	•	
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								\$	
(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
							GARAGE KEEPERS	-	5,000
A GARAGE KEEPERS			TBD		08-01-2016	08-01-2017	ON HOOK	100,	
			And Additional Demoder C 1		ha attach 1 M		(he al)		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC									
Certificate holder is an additional inst			sinnerciai general nab	mity an	u automobi	ie naointy i	required by written co	mract	UI
agreement as per policy terms and co	101110	ons.							
CERTIFICATE HOLDER				CANC	ELLATION				
							ESCRIBED POLICIES BE CA		
Broad Street Realty, LLC							Y PROVISIONS.		-
c/o Sessions Group, LLC				AUT/10-					
936 E. 18th Avenue				36822713	IZED REPRESE				
Denver, CO 80218				Jain	ne Bradley	1			
				11 11 11 11 11 11 11 11 11 11 11 11 11	under eine einer eine Statische Berkert 2800	* 00			
					©	1988-2015 A	CORD CORPORATION.	All ria	hts reserved.



THIS CERTIFICATE IS ISSUED AS A M					RIGHTS LIPO	N THE CERTIFICATE HO		/1/2016 THIS
CERTIFICATE DOES NOT AFFIRMATIV		-						-
BELOW. THIS CERTIFICATE OF INSUF				CONTRACT BETV	VEEN THE IS	SUING INSURER(S), AUT	THORIZ	ED
REPRESENTATIVE OR PRODUCER, AN				P. (2. ) (1				
IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject t								
this certificate does not confer rights to				• • •		une an endersement. A	Statem	
PRODUCER				CONTACT NAME: Jaime Bi	adley			
Insure It All				PHONE (A/C, No, Ext):		FAX (A/C, No):		
919 S 25th East				É MÁII	overyourstuff.c			
								NAIC #
Ammon			ID 83406		( )	LTY INSURANCE COMPA	NY	
INSURED				INSURER B :				
Gotcha Recovery Services, LLC	2			INSURER C :				
PO BOX 623				INSURER D :				
				INSURER E :				
PARKER			CO 80134	INSURER F :				
COVERAGES CER	TIFIC		IUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES O								
INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER	TAIN,	THEIN	SURANCE AFFORDED BY	THE POLICIES DESC	RIBED HEREIN			IS
EXCLUSIONS AND CONDITIONS OF SUCH P	ADDL	SUBR			ID CLAIMS.	LIMIT	<u> </u>	
COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER				s \$ 1000	000
						DAMAGE TO RENTED	\$ 1000 \$ 1000	
						( ,	\$ 5000	
A			TBD	08-01-2016	08-01-2017		\$ 1000	
GEN'L AGGREGATE LIMIT APPLIES PER:			100	00 01 2010	00 01 2017		\$ 3000	
							\$ 3000	
							\$ 5000	,000
		+				COMBINED SINGLE LIMIT	\$ 1000	0000
ANY AUTO						(Ea accident)	\$ 1000	,000
			TBD	08-01-2016	08-01-2017	,	\$	
HIRED NON-OWNED			100	00 01 2010	00 01 2017	PROPERTY DAMAGE	\$	
						(Per accident)	\$	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							\$	
DED RETENTION \$							\$	
WORKERS COMPENSATION						PER OTH- STATUTE ER	φ	
							\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below							\$ \$	
						GARAGE KEEPERS		5,000
A GARAGE KEEPERS			TBD	08-01-2016	08-01-2017	ON HOOK	100,	·
						-	,	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Sched	dule, may be attached if r	nore space is req	uired)		
Certificate holder is an additional insu	ared f	for co	mmercial general liab	ility and automob	ile liability i	f required by written co	ontract	or
agreement as per policy terms and co			C	•	•	1 6		
CERTIFICATE HOLDER				CANCELLATION				
-								
						ESCRIBED POLICIES BE CA		
Certificate Agents Specialists A	Associa	ations		ACCORDANCE W		OF, NOTICE WILL BE DELIVI CY PROVISIONS.	EKEDIN	1
CASA				AUTHORIZED REPRES	ENTATIVE			
PO Box 75282				Jaime Bradle	и			
Colorado Springs, CO 80970				and a fundame	5			
<u>!</u>					0 1988-2015 A	CORD CORPORATION.	All ria	hts reserved.



THIS CERTIFICATE IS ISSUED AS A M		R OF	INFORMATION ONLY A		FERS NO R	IGHTS UPO	N THE CERTIFICATE HO	-	THIS
CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSUF REPRESENTATIVE OR PRODUCER, AN	RANC	E DO	ES NOT CONSTITUTE A						
IMPORTANT: If the certificate holder is				olicy(ies)	must have	ADDITIONA	L INSURED provisions of	or be er	ndorsed.
If SUBROGATION IS WAIVED, subject t	o the	term	s and conditions of the	policy, c	ertain polic	ies may req			
this certificate does not confer rights to PRODUCER	o the	certif	icate holder in lieu of su	CONTAC	r ()				
				NAME: PHONE	Jaime Bra	dley	FAX		
Insure It All 919 S 25th East				(A/C, No, E-MAIL	· · ·	overyourstuff.c	FAX (A/C, No):		
919 S 25th East				ADDRES		2			NAIO #
Ammon			ID 83406			. ,	R <b>DING COVERAGE</b> TY INSURANCE COMPA	NY	NAIC #
INSURED			112 02 100	INSURER		and or bearing			
Gotcha Recovery Services, LLC	2			INSURER					
PO BOX 623				INSURER					
				INSURER	E:				
PARKER			CO 80134	INSURER	F:				
COVERAGES CER	TIFIC	ATE I	NUMBER:	-			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	JIREM TAIN, OLICII	IENT, THE I ES. LII	TERM OR CONDITION OF A NSURANCE AFFORDED BY	ANY CONT ( THE POL BEEN RED	RACT OR OT ICIES DESCI UCED BY PAI	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	ІСН ТН	
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	(	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
							EACH OCCURRENCE DAMAGE TO RENTED	\$ 1000	0000
CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$ 1000	
. – – – – – – – – – – – – – – – – – – –			TDD		00.01.001(	00.01.0017	MED EXP (Any one person)	\$ 5000	
A			TBD		08-01-2016	08-01-2017	PERSONAL & ADV INJURY	\$ 1000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3000 \$ 3000	
							PRODUCTS - COMP/OP AGG	\$ 3000 \$	1000
OTHER: AUTOMOBILE LIABILITY								\$ 1000	000
ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	,000
A OWNED AUTOS ONLY SCHEDULED AUTOS			TBD		08-01-2016	08-01-2017	BODILY INJURY (Per accident)	\$	
HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION \$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	N/A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT GARAGE KEEPERS	\$	. 000
A GARAGE KEEPERS			TBD		08-01-2016	08-01-2017	ON HOOK	\$373 100,	5,000 000
· · ·			עני		00-01-2010	00-01-201/	ONTIOUR	100,	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORE	0 101, Additional Remarks Schee	dule, may b	e attached if m	ore space is req	uired)		
Certificate holder is an additional insu								ontract	or
agreement as per policy terms and con			-				· ·		
CERTIFICATE HOLDER				CANCE					
Credit Acceptance Co				THEE	XPIRATION I	DATE THEREC	ESCRIBED POLICIES BE CA		
				ACCO	NDANCE WI		Y PROVISIONS.		
25505 W 12 Mile Rd #300				AUTHOR	ZED REPRESE	NTATIVE			
Southfield, MI 48034				Jaim	e Bradley	R			
1				Jugar	- oraney				
ļ					©	1988-2015 A	CORD CORPORATION.	All ria	hts reserved.



THIS CERTIFICATE IS ISSUED AS A M	ATTE	R OF	INFORMATION ONLY A		IFERS NO R	IGHTS UPO	N THE CERTIFICATE HO		/1/2016 THIS
CERTIFICATE DOES NOT AFFIRMATIV									
BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, A				A CONTR	RACIBEIW	EEN THE IS	SUING INSURER(S), AU	HORIZ	ED
IMPORTANT: If the certificate holder is				olicy(ies	) must have	ADDITIONA	L INSURED provisions of	or be ei	ndorsed.
If SUBROGATION IS WAIVED, subject	to the	e term	s and conditions of the	policy, o	certain polic	ies may req			
this certificate does not confer rights t	o the	certif	icate holder in lieu of su	UCh endo	<del>т ( /</del>				
PRODUCER				NAME: PHONE	Jaime Bra	dley	FAX		
Insure It All				(A/C, No, E-MAIL	· · ·		FAX   (A/C, No):		
919 S 25th East				ADDRES		overyourstuff.c			
Ammon			ID 83406			. ,	R <b>ding coverage</b> LTY INSURANCE COMPA	NV	NAIC #
INSURED			ID 83400	INSURER		AL SI LUIAI	111 INSUKANCE COMI A	1 1	
Gotcha Recovery Services, LL	7			INSURER					
PO BOX 623	-			INSURER					
				INSURER					
PARKER			CO 80134	INSURER					
COVERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES O									
INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PEF EXCLUSIONS AND CONDITIONS OF SUCH F	TAIN,	THE	NSURANCE AFFORDED BY	THE POL	LICIES DESCI	RIBED HEREIN			15
INSR LTR TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
					,	,,	EACH OCCURRENCE	\$ 1000	0000
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000	000
							MED EXP (Any one person)	\$ 5000	)
A			TBD		08-01-2016	08-01-2017	PERSONAL & ADV INJURY	\$ 1000	0000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3000	
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3000	0000
OTHER:							COMBINED SINGLE LIMIT	\$	
							(Ea accident)	\$ 1000	0000
ANY AUTO					00.01.2016	00 01 2017	,	\$ \$	
A AUTOS ONLY AUTOS			TBD		08-01-2016	08-01-2017	PROPERTY DAMAGE	\$ \$	
							(Per accident)	\$	
		$\left  \right $						-	
EXCESS LIAB OCCUR							EACH OCCURRENCE AGGREGATE	\$ \$	
DED RETENTION \$	1						AGGILGATE	\$	
WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ	
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below								\$	
							GARAGE KEEPERS	\$375	5,000
A GARAGE KEEPERS			TBD		08-01-2016	08-01-2017	ON HOOK	100,	000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC							•		
Certificate holder is an additional ins			ommercial general liab	oility and	a automobi	le hability i	t required by written co	ontract	or
agreement as per policy terms and co	nditio	ons.							
				0.110					
CERTIFICATE HOLDER					ELLATION				
				SHOU	JLD ANY OF 1	HE ABOVE D	ESCRIBED POLICIES BE CA	NCELL	ED BEFORE
Deerwoods Real Estate Manag	ement	, LLC					OF, NOTICE WILL BE DELIVI	ERED IN	I
510 E 51st Ave.									
Suite #205				\$266.07.05	IZED REPRESE				
Denver, CO 80216				Jain	ne Bradley				
				a 1000 2255	en non en transis plan juit	(m)			
					©	1988-2015 A	CORD CORPORATION.	All rig	hts reserved.



DATE (MM/DD/YYYY)

									/1/2016
THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSUF	ELY C	OR NEGAT	IVELY AMEND, E	XTEND (	OR ALTER T	HE COVERA	GE AFFORDED BY THE	POLIC	IES
REPRESENTATIVE OR PRODUCER, AI	ND TH	IE CERTIFI	CATE HOLDER.						
IMPORTANT: If the certificate holder is									
If SUBROGATION IS WAIVED, subject				•	•		uire an endorsement. A	statem	ent on
this certificate does not confer rights to	o the d	certificate	noider in lieu of s	CONTAC	<u>~т ( /</u>				
PRODUCER				NAME: PHONE	Jaime Bra	idley	EAX		
Insure It All				(A/C, No	, Ext):		FAX (A/C, No):		
919 S 25th East				É-MÁIL ADDRES	ss: jaime@co	overyourstuff.c	om		
					INS	SURER(S) AFFOR	NDING COVERAGE		NAIC #
Ammon			ID 83406	INSURE	RA: NATIO	NAL SPECIAI	TY INSURANCE COMPA	NY	
NSURED				INSURE	RB:				
Gotcha Recovery Services, LLC	2			INSURE	RC:				
PO BOX 623				INSURE					
				INSURE					
PARKER			CO 80134						
				INSURE	к <b>г</b> :				
COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES O		ATE NUMB					REVISION NUMBER:		חו
INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	JIREM TAIN,	IENT, TERM THE INSUR	OR CONDITION OF	ANY CON	ITRACT OR O LICIES DESCI DUCED BY PAI	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	нсн тн	
INSR   TYPE OF INSURANCE	ADDL		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1000	0000
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000	000
							MED EXP (Any one person)	\$ 5000	)
A		TBD			08-01-2016	08-01-2017	PERSONAL & ADV INJURY	\$ 1000	
					00 01 2010	00 01 2017		\$ 3000	
							GENERAL AGGREGATE	•	
POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3000 \$	1000
							COMBINED SINGLE LIMIT	-	
							(Ea accident)	\$ 1000	0000
ANY AUTO							BODILY INJURY (Per person)	\$	
A AUTOS ONLY AUTOS		TBD			08-01-2016	08-01-2017	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$	
								\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION \$	1							\$	
WORKERS COMPENSATION							PER OTH- STATUTE ER	•	
							E.L. EACH ACCIDENT	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below									
DESURITION OF OPERATIONS below	$\left  \right $						E.L. DISEASE - POLICY LIMIT GARAGE KEEPERS	\$ \$375	000
GARAGE KEEPERS		TDD			08 01 2017	08 01 2017			<i>,</i>
A GARAGE REFERS		TBD			08-01-2016	08-01-2017	ON HOOK	100,	000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC						• •	•		
Certificate holder is an additional inst			ercial general lia	bility an	d automobi	le hability i	t required by written co	ontract	or
agreement as per policy terms and co	nditio	ons.							
CERTIFICATE HOLDER				CANC	ELLATION				
				<b>SHO</b>	ULD ANY OF 1	THE ABOVE D	ESCRIBED POLICIES BE C		ED BEFORE
Global Investigative Services,				THE	EXPIRATION I	DATE THEREC	OF, NOTICE WILL BE DELIV		
Giobar nivesugative Services,				ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.		
1203 Sigma Ct.									
Rockwall, TX 75087				AUTHO	RIZED REPRESE	NTATIVE			
KOCKWAII, 177 / 500/				Jais	me Bradley	1			
I				111111		V2			
				-	©	1988-2015 A	CORD CORPORATION.	All rial	hts reserved



DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A M								LDER.	
CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSUF REPRESENTATIVE OR PRODUCER, AI	RANC	E DO	ES NOT CONSTITUTE A						
IMPORTANT: If the certificate holder is				olicy(ies)	must have	ADDITIONA	L INSURED provisions of	or be er	ndorsed.
If SUBROGATION IS WAIVED, subject	to the	term	s and conditions of the	policy, c	ertain polic	ies may req			
this certificate does not confer rights to PRODUCER	o the	certif	icate holder in lieu of su	CONTAC	r ()				
				NAME: PHONE	Jaime Bra	dley	FAX		
Insure It All				(A/C, No, F-MAII	· · ·		FAX (A/C, No):		
919 S 25th East				ADDRES		overyourstuff.c			
Ammon			ID 92406			. ,	R <b>DING COVERAGE</b> TY INSURANCE COMPA	NIV	NAIC #
Ammon INSURED			ID 83406			NAL SPECIAL	11 INSURANCE COMPA	INI	
Gotcha Recovery Services, LLC	-			INSURER					
PO BOX 623	-			INSURER					
10 00/ 025				INSURER					
PARKER			CO 80134	INSURER					
	TIFIC		NUMBER:	INSORER	г.		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF				EEN ISSU	ED TO THE I			Y PERIC	D
INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	TAIN,	THE I	NSURANCE AFFORDED BY	THE POL	ICIES DESCR	RIBED HEREIN			IS
INSR LTR TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	(	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
			-				EACH OCCURRENCE	\$ 1000	0000
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000	000
							MED EXP (Any one person)	\$ 5000	)
A			TBD		08-01-2016	08-01-2017	PERSONAL & ADV INJURY	\$ 1000	0000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3000	
							PRODUCTS - COMP/OP AGG	\$ 3000	0000
OTHER:							COMBINED SINGLE LIMIT	\$	
							(Ea accident)	\$ 1000	0000
ANY AUTO OWNED							BODILY INJURY (Per person)	\$	
			TBD		08-01-2016	08-01-2017	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
AUTOS ONLY							(Per accident)	\$ \$	
								-	
							EACH OCCURRENCE	\$	
CLAIMS-MADE	-						AGGREGATE	\$	
DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
								¢	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below								ծ \$	
							GARAGE KEEPERS		5,000
A GARAGE KEEPERS			TBD		08-01-2016	08-01-2017	ON HOOK	100,	·
								,	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORE	0 101, Additional Remarks Schee	dule, may b	e attached if m	ore space is req	uired)		
Certificate holder is an additional inst	ured f	for co	ommercial general liab	oility and	l automobi	le liability i	f required by written co	ontract	or
agreement as per policy terms and co	nditic	ons.							
CERTIFICATE HOLDER				CANCE					
				8401					
							ESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIV		
Great Lakes Asset Solutions							Y PROVISIONS.		
315 Bewley Building				AUTUOS		NT A TIV/-			
Lockport, NY 14094				84807.05	ZED REPRESE				
<b>*</b> *				Jaim	ve Bradley	l.			
									•
					©	1988-2015 A	CORD CORPORATION.	All ria	hts reserved.



DATE (MM/DD/YYYY)

								/1/2016
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIN BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, A	'ELY RANC	or n E do	EGATIVELY AMEND, EX DES NOT CONSTITUTE A	TEND OR ALTER T	HE COVERA	GE AFFORDED BY THE P	OLICI	ES
IMPORTANT: If the certificate holder in If SUBROGATION IS WAIVED, subject	s an A to the	ADDI e term	FIONAL INSURED, the pons and conditions of the	policy, certain polic	ies may req			
this certificate does not confer rights t	o the	certi	ficate holder in lieu of su					
PRODUCER				CONTACT NAME: Jaime Bra	ıdley	FAX		
Insure It All				(A/C, No, Ext):		(A/C, No):		
919 S 25th East				ADDRESS: jaime@co	overyourstuff.c	com		
						RDING COVERAGE		NAIC #
Ammon			ID 83406	INSURER A: NATION	NAL SPECIAI	LTY INSURANCE COMPAN	Y	
INSURED	~			INSURER B :				
Gotcha Recovery Services, LL	2			INSURER C :				
PO BOX 623				INSURER D :				
			CO 00124	INSURER E :				
PARKER			CO 80134	INSURER F :				
COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES O			NUMBER:			REVISION NUMBER:		<u> </u>
INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PEF EXCLUSIONS AND CONDITIONS OF SUCH F	UIREN RTAIN,	/ENT, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CONTRACT OR O THE POLICIES DESCI EEN REDUCED BY PA	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WHI	CH THI	
INSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
						MED EXP (Any one person) \$		
A			TBD	08-01-2016	08-01-2017	PERSONAL & ADV INJURY \$		000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$		000
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$	3000	000
OTHER:						\$		
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	1000	000
ANY AUTO						BODILY INJURY (Per person) \$	;	
A OWNED AUTOS ONLY SCHEDULED			TBD	08-01-2016	08-01-2017	BODILY INJURY (Per accident) \$	;	
HIRED         NON-OWNED           AUTOS ONLY         AUTOS ONLY						PROPERTY DAMAGE \$	;	
						\$	;	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	;	
EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	;	
DED RETENTION \$	1					\$		
WORKERS COMPENSATION						PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT \$	;	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE \$		
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$		
						GARAGE KEEPERS	\$375	,000
A GARAGE KEEPERS			TBD	08-01-2016	08-01-2017	ON HOOK	100,0	000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI		ACOR	D 101. Additional Remarks School	lule, may be attached if m	ore space is reg	uired)		
Certificate holder is an additional ins agreement as per policy terms and co	ured	for c			• •	,	ntract	or
CERTIFICATE HOLDER				CANCELLATION				
JRL 51st Street, LLC					DATE THEREC	ESCRIBED POLICIES BE CAN DF, NOTICE WILL BE DELIVER Y PROVISIONS.		
510 E 51st Avenue				AUTHORIZED REPRESE	NTATIVE			
Suite #205				2000 ISB 200				
Denver, CO 80216				Jaime Bradley				
I				©	1988-2015 A	CORD CORPORATION.	All riał	nts reserved.



THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMAT CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY					DER.	
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT COREPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE	ONSTITUTE A CON					
IMPORTANT: If the certificate holder is an ADDITIONAL INS If SUBROGATION IS WAIVED, subject to the terms and cond						
this certificate does not confer rights to the certificate holde						
PRODUCER		Jaime Bra	dley			
Insure It All	PHON (A/C.	E No, Ext):		FAX (A/C, No):		
919 S 25th East	É-MAI ADDR		overyourstuff.c			
			URER(S) AFFOR	DING COVERAGE		NAIC #
Ammon ID	83406 INSUE		( )	TY INSURANCE COMPAN	JΥ	
INSURED		ER B :				
Gotcha Recovery Services, LLC		ER C :				
PO BOX 623		ER D :				
		ERE:				
PARKER CO	00104					
		ERF:				
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED B	ELOW HAVE BEEN IS	SUED TO THE I		REVISION NUMBER: ED ABOVE FOR THE POLICY	PERIC	D
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN	AFFORDED BY THE F	OLICIES DESCH	RIBED HEREIN			IS
INSR ADDLSUBR LTR TYPE OF INSURANCE INSD WVD PO		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5	
COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED	\$ 1000 \$ 1000	
				( ,	\$ 5000	
A TBD		08-01-2016	08-01-2017	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	§ 1000	
GEN'L AGGREGATE LIMIT APPLIES PER:					§ 3000	
					\$ 3000	
				FRODUCTS - COMF/OF AGG	*	
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$ 1000	000
				(Ea accident) SODILY INJURY (Per person)		000
		00.01.2016	00 01 2017	BODILY INJURY (Per accident)		
A AUTOS ONLY AUTOS		08-01-2016	08-01-2017	BBODEDTV DAMA OF		
AUTOS ONLY AUTOS ONLY				(Per accident)	\$	
					\$	
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	
DED RETENTION \$					\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$	
(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$	
				GARAGE KEEPERS	\$375	5,000
A GARAGE KEEPERS TBD		08-01-2016	08-01-2017	ON HOOK	100,	000
	al Damastra Oak	when effective inter	'	ire d)		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Addition						
Certificate holder is an additional insured for commercial	general liability a	ind automobi	ie hability if	required by written co	ntract	or
agreement as per policy terms and conditions.						
CERTIFICATE HOLDER	CAN	CELLATION				
					=	
Mobile Mini, Inc.	тн		DATE THEREO	ESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVE Y PROVISIONS.		
7420 South Kryene Road	AUTH	ORIZED REPRESE	NTATIVE			
Suite #101	la.	ime Bradley	R.			
Guadalupe, AZ 85283	Ja	ere grainey	8			
			1000 2015 4	CORD CORPORATION.	Allria	



DATE (MM/DD/YYYY)

CE BE	RT	CERTIFICATE IS ISSUED AS A M. IFICATE DOES NOT AFFIRMATIV W. THIS CERTIFICATE OF INSUI	ELY	or n E do	EGATIVELY AMEND, EX DES NOT CONSTITUTE A	TEND O	OR ALTER T	HE COVERA	GE AFFORDED BY THE	DER.	IES
IM	POF	ESENTATIVE OR PRODUCER, AI RTANT: If the certificate holder is BROGATION IS WAIVED, subject	s an A		FIONAL INSURED, the po						
		ertificate does not confer rights t				ich end	orsement(s)			otatom	
PROD	UCE	R				CONTAC	Jaime Bra	ıdley			
Insu	re It	All				PHONE (A/C, No	, Ext):		FAX (A/C, No):		
919	S 25	5th East				É-MÁIL ADDRES	s: jaime@co	overyourstuff.c	om		
							INS	URER(S) AFFOR	NDING COVERAGE		NAIC #
Am	mon				ID 83406	INSURE	RA: NATION	NAL SPECIAI	TY INSURANCE COMPA	NY	
INSU	RED					INSURE	RB:				
		Gotcha Recovery Services, LLC	2			INSURE	RC:				
		PO BOX 623				INSURE	R D :				
						INSURE	RE:				
		PARKER			CO 80134	INSURE	RF:				
cov	'ER	AGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
INI CE EX		S TO CERTIFY THAT THE POLICIES O TED. NOTWITHSTANDING ANY REQ FICATE MAY BE ISSUED OR MAY PER ISIONS AND CONDITIONS OF SUCH F	JIREN TAIN, OLICI	IENT, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY MITS SHOWN MAY HAVE BE	NY CON THE PC	ITRACT OR OT LICIES DESCE DUCED BY PAI	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	нсн тн	
INSR LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1000	
									PREMISES (Ea occurrence)	\$ 1000	
									MED EXP (Any one person)	\$ 5000	
А		]			TBD		08-01-2016	08-01-2017	PERSONAL & ADV INJURY	\$ 1000	
	GEN	VL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3000	
									PRODUCTS - COMP/OP AGG	\$ 3000	0000
		OTHER:							COMBINED SINGLE LIMIT	\$	
	AUT								(Ea accident)	\$ 1000	0000
		ANY AUTO							BODILY INJURY (Per person)	\$	
А					TBD		08-01-2016	08-01-2017	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	×								(Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE	4						AGGREGATE	\$	
									PER   OTH-	\$	
	AND	RKERS COMPENSATION EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANY OFFI		N/A						E.L. EACH ACCIDENT	\$	
	(Man	idatory in NH)							E.L. DISEASE - EA EMPLOYEE		
	DÉS	s, describe under CRIPTION OF OPERATIONS below								\$	
	G	ARAGE KEEPERS					00.01.11		GARAGE KEEPERS	\$375	
А	0				TBD		08-01-2016	08-01-2017	ON HOOK	100,	000
DEC	D.5-	ION OF OPERATIONS / LOCATIONS / VEHIC				4.4.	h				
Ce	rtifi	icate holder is an additional inst nent as per policy terms and co	ured	for c						ontract	or
	TIE	ICATE HOLDER				CANC	ELLATION				
		MPH2 Funding / Square One				THE	EXPIRATION I	DATE THEREC	ESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVI Y PROVISIONS.		
		3605 S Tamarac Drive				AUTHOR	RIZED REPRESE	NTATIVE			
		Denver, CO 80237				24227.03	ne Bradley				
		I						1000 201E A	CORD CORPORATION.		



THIS CERTIFICATE IS ISSUED AS A MA		R OF	INFORMATION ONLY A		ERS NO R	IGHTS UPOI	N THE CERTIFICATE HO		/1/2016 THIS
CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSUF	RANC	E DO	ES NOT CONSTITUTE A						
REPRESENTATIVE OR PRODUCER, AN									<u> </u>
IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject t									
this certificate does not confer rights to					•			otaton	
PRODUCER				CONTACT NAME:	Jaime Bra	dley			
Insure It All				PHONE (A/C, No, E)	(t):		FAX (A/C, No):		
919 S 25th East				E-MAIL ADDRESS:	· · ·	veryourstuff.c			
					INS	URER(S) AFFOR	DING COVERAGE		NAIC #
Ammon			ID 83406	INSURER A	: NATION	JAL SPECIAL	TY INSURANCE COMPA	NY	
INSURED				INSURER B	:				
Gotcha Recovery Services, LLC	2			INSURER C	::				
PO BOX 623				INSURER D	:				
				INSURER E	:				
PARKER			CO 80134	INSURER F	•				
			NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	JIREM TAIN,	IENT, <sup>-</sup> THE II	TERM OR CONDITION OF A NSURANCE AFFORDED BY	ANY CONTR ( THE POLIC	RACT OR OT	HER DOCUMI	ENT WITH RESPECT TO WH	ІСН ТН	
INSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	P (M	OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
COMMERCIAL GENERAL LIABILITY				T I	,	,	DAMAGE TO RENTED	\$ 1000	
CLAIMS-MADE OCCUR								\$ 1000	
A			TBD		8-01-2016	08 01 2017		\$ 5000	
			IBD	0	8-01-2010	08-01-2017		\$ 1000 \$ 3000	
								•	
								\$ 3000 \$	,000
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1000	0000
ANY AUTO							(Ea accident)	\$	,000
			TBD	0	8-01-2016	08-01-2017	,	\$	
HIRED NON-OWNED			100	Ű	0 01 2010	00 01 2017		\$	
							· /	\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE								\$	
DED RETENTION \$								\$	
WORKERS COMPENSATION							PER OTH- STATUTE ER	·	
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE	N. / A							\$	
(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
							GARAGE KEEPERS	\$375	5,000
A GARAGE KEEPERS			TBD	0	8-01-2016	08-01-2017	ON HOOK	100,	000
						-			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	•					• •		nter - 1	<b></b>
Certificate holder is an additional insu			minercial general hab	mity and a	automobi	ie nadility i	r required by written co	mract	UI
agreement as per policy terms and con	uanti	0115.							
				CANCE					
CERTIFICATE HOLDER				CANCEL	LATION				
							ESCRIBED POLICIES BE CA		
MVRecovery							OF, NOTICE WILL BE DELIVI	ERED IN	l
_									
Its Officers, Clients & Employe	es			AUTHORIZE	ED REPRESE	NTATIVE			
260 E. Helen Road				laima	Bradley				
Palatine, IL 60067				Jugane	Granney				
l.					©	1988-2015 A	CORD CORPORATION.	All ria	hts reserved.



THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSUF	ELY (	or Ni	EGATIVELY AMEND, EX	KTEND O	R ALTER T	HE COVERA	GE AFFORDED BY THE P	.DER. Polici	ES
REPRESENTATIVE OR PRODUCER, AN IMPORTANT: If the certificate holder is	ND TH s an A	IE CE	RTIFICATE HOLDER.	olicy(ies)	) must have	ADDITIONA	L INSURED provisions or	be er	ndorsed.
If SUBROGATION IS WAIVED, subject this certificate does not confer rights to							uire an endorsement. A s	tatem	ent on
PRODUCER	Jule	Certii		CONTAC	( )				
Insure It All				NAME: PHONE		ulcy	FAX (A/C, No):		
919 S 25th East				(A/C, No, E-MAIL		overyourstuff.c			
919 5 25th East				ADDRES	<b>.</b> , , ,	2			
Ammon			ID 83406			. ,	<b>DING COVERAGE</b> TY INSURANCE COMPAN	v	NAIC #
INSURED			ID 85400	-		NAL SFECIAL	11 INSUKANCE COMPAN	1	
Gotcha Recovery Services, LLC	-			INSURER					
PO BOX 623	-			INSURER					
FO BOX 023				INSURER					
PARKER			CO 80134	INSURER					
				INSURER	F:				
COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES OF			NUMBER:				REVISION NUMBER:	DEDIO	D
INDICATED. NOTWITHSTANDING ANY REAL CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	JIREN TAIN, OLICI	IENT, THE II ES. LIN	TERM OR CONDITION OF A NSURANCE AFFORDED BY	ANY CONT Y THE POL	TRACT OR OT LICIES DESCR UCED BY PAI	THER DOCUME RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WHI	CH THI	
INSR LTR TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
							MED EXP (Any one person) \$	5000	)
A			TBD		08-01-2016	08-01-2017	PERSONAL & ADV INJURY \$		000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		000
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2000	000
OTHER:							\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	1000	000
ANY AUTO							BODILY INJURY (Per person) \$		
A OWNED AUTOS ONLY SCHEDULED AUTOS			TBD		08-01-2016	08-01-2017	BODILY INJURY (Per accident) \$		
HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)		
							(i el accident) \$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
DED RETENTION \$							\$\$ \$		
WORKERS COMPENSATION							PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE									
OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$		
							E.L. DISEASE - POLICY LIMIT \$ GARAGE KEEPERS	\$375	000
A GARAGE KEEPERS			TBD		08-01-2016	08-01-2017	OARAGE KEEPERS ON HOOK	100,0	,
			עני		00-01-2010	00-01-201/	UNHOUK	100,0	500
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Certificate holder is an additional insu agreement as per policy terms and con	ured	for co						ntract	or
CERTIFICATE HOLDER				CANCE					
PRA LocationServices				THEE	XPIRATION I	DATE THEREO	ESCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		
2365 Iron Point Road				AUTHOR	ZED REPRESE	NTATIVE			
Suite #160				\$2607.03					
Folsom, CA 95630				Jain	ve Bradley	l.			
					0	1099-2015 4	CORD CORPORATION.	Allria	ate received



THIS CERTIFICATE IS ISSUED AS A M		R OF			FERS NO R		N THE CERTIFICATE HO		THIS
CERTIFICATE DOES NOT AFFIRMATIV	ELY (	or n	EGATIVELY AMEND, EX	TEND O	R ALTER T	HE COVERA	GE AFFORDED BY THE	POLIC	IES
BELOW. THIS CERTIFICATE OF INSUF REPRESENTATIVE OR PRODUCER, AN				A CONTR	ACTBEIW	EEN THE IS	SUING INSURER(S), AU	HORIZ	ED
IMPORTANT: If the certificate holder is				olicy(ies)	must have	ADDITIONA	L INSURED provisions of	or be er	ndorsed.
If SUBROGATION IS WAIVED, subject t							uire an endorsement. A	statem	ent on
this certificate does not confer rights to PRODUCER	o the	certif	icate holder in lieu of su	UCh endo	· · · · ·				
				NAME: PHONE	Jaime Bra	idley	FAX		
Insure It All				(A/C, No, I			FAX   (A/C, No):		
919 S 25th East				ADDRESS	. , _	overyourstuff.c			
			ID 02407			.,	DING COVERAGE		NAIC #
Ammon INSURED			ID 83406			NAL SPECIAL	TY INSURANCE COMPA	INY	
Gotcha Recovery Services, LLC	-			INSURER					
PO BOX 623	~			INSURER					
10 BOX 025				INSURER					
PARKER			CO 80134	INSURER					
	TIFIC		NUMBER:	INSUKER	г.		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF				EEN ISSU				Y PERIC	D
INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	TAIN,	THE	NSURANCE AFFORDED BY	THE POL	ICIES DESCR	RIBED HEREIN			IS
INSR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF		LIMIT	S	
COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$ 1000	0000
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000	000
							MED EXP (Any one person)	\$ 5000	)
A			TBD		08-01-2016	08-01-2017	PERSONAL & ADV INJURY	\$ 1000	0000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3000	0000
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3000	0000
OTHER:								\$	
							COMBINED SINGLE LIMIT (Ea accident)	\$ 1000	0000
ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
			TBD		08-01-2016	08-01-2017	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
								\$	
							EACH OCCURRENCE	\$	
CLAIMS-MADE	-						AGGREGATE	\$	
DED RETENTION \$							PER OTH- STATUTE ER	\$	
AND EMPLOYERS' LIABILITY Y / N							· · · · · ·	•	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	¢	
DESCRIPTION OF OPERATIONS BELOW	<u> </u>						E.L. DISEASE - POLICY LIMIT GARAGE KEEPERS	¢ \$374	5,000
A GARAGE KEEPERS			TBD		08-01-2016	08-01-2017	ON HOOK	100,	-
					20 01 2010	00 01 201/	5	100,	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	0 101, Additional Remarks Sched	dule, may b	e attached if m	ore space is requ	uired)		
Certificate holder is an additional insu	ired	for co	ommercial general liab	oility and	automobi	le liability i	f required by written co	ontract	or
agreement as per policy terms and con			C	•		•			
CERTIFICATE HOLDER				CANCE	LLATION				
				enou.					
<b>D</b> / <b>C</b> ' 1							ESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVI		
Prestige Financial							Y PROVISIONS.		
1420 S 500 West				L					
Salt Lake City, UT 84115				\$2607.05	ZED REPRESE				
,				Jaim	e Bradley	1			
l				- 1 1911 (1973)					
					©	1988-2015 A	CORD CORPORATION.	All ria	hts reserved.



THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIV								LDER.	
BELOW. THIS CERTIFICATE OF INSUF REPRESENTATIVE OR PRODUCER, AN	RANC	E DO	ES NOT CONSTITUTE A						
IMPORTANT: If the certificate holder is									
If SUBROGATION IS WAIVED, subject this certificate does not confer rights to							uire an endorsement. A	statem	ent on
PRODUCER	Jule	certii		CONTAC					
Insure It All				NAME: PHONE		ulty	FAX (A/C, No):		
919 S 25th East				(A/C, No, E-MAIL	· · ·	overyourstuff.c			
919 5 25th East				ADDRESS		2			
Ammon			ID 83406			( )	R <b>DING COVERAGE</b> TY INSURANCE COMPA	NV	NAIC #
INSURED			10 03400	INSURER		AL SI LUIAI	ATT INSORANCE COMPA	111	
Gotcha Recovery Services, LLC	-			INSURER					
PO BOX 623				INSURER					
10 2011 020				INSURER					
PARKER			CO 80134	INSURER					
	TIFIC		NUMBER:	INSUKER	г.		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF	-		-	EEN ISSUI				Y PERIC	D
INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	TAIN,	THE	NSURANCE AFFORDED BY	THE POL	ICIES DESCR	RIBED HEREIN			IS
INSR LTR TYPE OF INSURANCE	ADDL		POLICY NUMBER	(	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
COMMERCIAL GENERAL LIABILITY		_		<u> </u>	,	,	EACH OCCURRENCE	\$ 1000	0000
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000	000
							MED EXP (Any one person)	\$ 5000	)
A			TBD		08-01-2016	08-01-2017	PERSONAL & ADV INJURY	\$ 1000	0000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3000	0000
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3000	0000
OTHER:								\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1000	0000
ANY AUTO							BODILY INJURY (Per person)	\$	
A OWNED AUTOS ONLY AUTOS			TBD		08-01-2016	08-01-2017	,	\$	
HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION \$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	N/A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below								\$	
A GARAGE KEEPERS			TDD		00.01.001	00.01.001-	GARAGE KEEPERS		5,000
A GARAGE REELERS			TBD		08-01-2016	08-01-2017	ON HOOK	100,	000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC			404 Additional Demarka Saha	dula may h	a attached if m		vise all		
Certificate holder is an additional insu								ontroot	or
agreement as per policy terms and con			filineretai generai nau	Jinty and	automoor		r required by written et	maci	01
agreement as per poney terms and con	iunit	JII5.							
				CANCE	LLATION				
CERTIFICATE HOLDER									
							ESCRIBED POLICIES BE CA		
Primeritus Financial Services							F, NOTICE WILL BE DELIVI Y PROVISIONS.	ERED IN	l
440 Metroplex Drive				AUTHORI	ZED REPRESE	NTATIVE			
Nashville, TX 37211				54607.05	e Bradley				
				Jarm	e braney				
						1988-2015 A	CORD CORPORATION.	All rig	hts reserved



DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MA								LDER.	
CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSUF REPRESENTATIVE OR PRODUCER, AI	RANC	E DO	ES NOT CONSTITUTE A						
IMPORTANT: If the certificate holder is				olicy(ies)	) must have	ADDITIONA	L INSURED provisions of	or be ei	ndorsed.
If SUBROGATION IS WAIVED, subject	o the	term	s and conditions of the	policy, c	ertain polic	ies may req			
this certificate does not confer rights to	o the	certif	icate holder in lieu of su	UCh endo	- · · /				
PRODUCER				NAME: PHONE	Jaime Bra	dley	FAX		
Insure It All				(A/C, No, E-MAIL			FAX (A/C, No):		
919 S 25th East				ADDRES	s: jaime@co	overyourstuff.c	om		
						. ,	DING COVERAGE		NAIC #
Ammon			ID 83406	INSURER	A: NATION	NAL SPECIAI	TY INSURANCE COMPA	NY	
INSURED				INSURER	В:				
Gotcha Recovery Services, LLC	2			INSURER	C :				
PO BOX 623				INSURER	D :				
				INSURER	E:				
PARKER			CO 80134	INSURER	F:				
			NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	JIREM TAIN, OLICII	IENT, THE I ES. LII	TERM OR CONDITION OF A NSURANCE AFFORDED BY	ANY CONT Y THE POL BEEN RED	FRACT OR OT LICIES DESCE UCED BY PAI	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	ІСН ТН	
INSR LTR TYPE OF INSURANCE	ADDL		POLICY NUMBER	(	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1000	0000
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000	000
							MED EXP (Any one person)	\$ 5000	)
A			TBD		08-01-2016	08-01-2017	PERSONAL & ADV INJURY	\$ 1000	0000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3000	0000
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3000	0000
OTHER:								\$	
							COMBINED SINGLE LIMIT (Ea accident)	\$ 1000	0000
ANY AUTO							BODILY INJURY (Per person)	\$	
A OWNED AUTOS ONLY X AUTOS			TBD		08-01-2016	08-01-2017	BODILY INJURY (Per accident)	\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION \$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	N/A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below								\$	
GARAGE KEEPERS							GARAGE KEEPERS		5,000
A GARAGE REEPERS			TBD		08-01-2016	08-01-2017	ON HOOK	100,	000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	•					• •			
Certificate holder is an additional inst			simmercial general liab	mity and	i automobi	ie nability i	required by written co	ontract	or
agreement as per policy terms and co	naitic	ons.							
CERTIFICATE HOLDER					LLATION				
				SHOU	LD ANY OF 1		ESCRIBED POLICIES BE CA		ED BEFORE
Security Capital Funding Corp				THEE	XPIRATION I	DATE THEREC	F, NOTICE WILL BE DELIV		
Security Capital Funding Corp				ACCO	RDANCE WI	TH THE POLIC	Y PROVISIONS.		
3535 S. Sherman St.				AUTUOS					
Englewood, CO 80133				\$2507.05	ZED REPRESE				
<b>~</b> ·				Jaim	ve Bradley	l.			
					Ô	1988-2015 A	CORD CORPORATION.	All ria	hts reserved.



DATE (MM/DD/YYYY)

										/1/2016
THIS CERTIFICATE IS ISSUE CERTIFICATE DOES NOT AF BELOW. THIS CERTIFICATE REPRESENTATIVE OR PROI	FIRMATIVE	Y C	DR N	EGATIVELY AMEND, E ES NOT CONSTITUTE	XTEND	OR ALTER T	HE COVERA	GE AFFORDED BY THE	POLIC	IES
IMPORTANT: If the certificat	,				olicv(ie	s) must have	ADDITIONA	L INSURED provisions of	or be er	ndorsed.
IF SUBROGATION IS WAIVED	), subject to	the	term	s and conditions of the	e policy,	certain polic	ies may req			
this certificate does not conf	er rights to t	he c	certif	icate holder in lieu of s						
PRODUCER					CONTA NAME: PHONE	Jaime Bra	adley	FAX		
Insure It All					(A/C, No F-MAII			FAX (A/C, No):		
919 S 25th East					ADDRE		overyourstuff.c			
Ammon				ID 83406				RDING COVERAGE	NV	NAIC #
INSURED				10 03400	INSURE		AL 51 LCIAI			
Gotcha Recovery S	ervices. LLC				INSURE					
PO BOX 623					INSURE					
					INSURE					
PARKER				CO 80134	INSURE	RF:				
COVERAGES	CERTI	FICA	ATE I	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE F INDICATED. NOTWITHSTANDING CERTIFICATE MAY BE ISSUED C EXCLUSIONS AND CONDITIONS	G ANY REQUIE R MAY PERTA	REMI	ENT, THE I	TERM OR CONDITION OF NSURANCE AFFORDED B	ANY CON Y THE PC	ITRACT OR O	THER DOCUM	ENT WITH RESPECT TO WH	IICH TH	
INSR LTR TYPE OF INSURANCE	A A	DDL		POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMIT	s	
COMMERCIAL GENERAL LIA	BILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$ 1000 \$ 1000	
	CCUR							( ,	\$ 5000	
A				TBD		08-01-2016	08-01-2017	,	\$ 1000	
GEN'L AGGREGATE LIMIT APPLIE	S PER:								\$ 3000	0000
POLICY PRO- JECT	LOC								\$ 3000	0000
OTHER:	•								\$	
AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$ 1000	0000
								BODILY INJURY (Per person)	\$	
A AUTOS ONLY AUTO	EDULED DS OWNED			TBD		08-01-2016	08-01-2017		\$	
	S ONLY							(Per accident)	\$	
									\$	
	CCUR								\$	
	LAIMS-MADE								\$ \$	
WORKERS COMPENSATION		-						PER OTH-	\$	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXEC									\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	∾	/ A						E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS be	low								\$	
								GARAGE KEEPERS	\$375	5,000
A GARAGE KEEPERS				TBD		08-01-2016	08-01-2017	ON HOOK	100,	000
DESCRIPTION OF OPERATIONS / LOCA	IONS / VEHICLE	S (A	CORD	0 101, Additional Remarks Sch	edule, mav	be attached if m	ore space is req	uired)		
Certificate holder is an addi									ontract	or
agreement as per policy terr				C a			5			
V										
CERTIFICATE HOLDER						ELLATION				
Silicon Valley Rec	overy, Inc.				THE	EXPIRATION I	DATE THEREC	ESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVE Y PROVISIONS.		
"Find Joe Doe"										
1162 Suncast Lane	#101				AUTHO	RIZED REPRESE	NTATIVE			
El Dorado Hills, CA					Jai	me Bradley	l.			
					1.003.038		1.6.			
						©	1988-2015 A	CORD CORPORATION.	All rig	hts reserved

ACORD 25 (2016/03)



THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU PERPESENTATIVE OF BRODUCER A	ELY (	or n E do	EGATIVELY AMEND, EX DES NOT CONSTITUTE A		OR ALTER T	HE COVERA	GE AFFORDED BY THE	LDER. POLIC	IES
REPRESENTATIVE OR PRODUCER, A IMPORTANT: If the certificate holder i If SUBROGATION IS WAIVED, subject	s an A to the	ADDIT e term	FIONAL INSURED, the point of th	policy,	certain polic	ies may req			
this certificate does not confer rights t	o the	certif	ficate holder in lieu of su						
PRODUCER				CONTAC NAME:	Jaime Bra	dley			
Insure It All				PHONE (A/C, No	, Ext):		FAX (A/C, No):		
919 S 25th East				E-MAIL ADDRES	s: jaime@cc	overyourstuff.c	om		
					INS	URER(S) AFFOR	DING COVERAGE		NAIC #
Ammon			ID 83406	INSURE	RA: NATION	NAL SPECIAI	TY INSURANCE COMPA	NY	
INSURED				INSURE	RB:				
Gotcha Recovery Services, LL	С			INSURE	RC:				
PO BOX 623				INSURE	RD:				
				INSURE	RE:				
PARKER			CO 80134	INSURE	RF:				
COVERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REG CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH F	UIREN RTAIN, POLICI	IENT, THE I	TERM OR CONDITION OF A INSURANCE AFFORDED BY MITS SHOWN MAY HAVE B	ANY CON Y THE PO	TRACT OR OT LICIES DESCF DUCED BY PAI	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	ІСН ТН	
		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
							EACH OCCURRENCE	\$ 1000 \$ 1000	
							PREMISES (Ea occurrence)	Ψ 	
			TDD		09.01.2016	00 01 2017	MED EXP (Any one person)	\$ 5000	
A			TBD		08-01-2016	08-01-2017	PERSONAL & ADV INJURY	\$ 1000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3000	
							PRODUCTS - COMP/OP AGG	\$ 3000	0000
OTHER:							COMBINED SINGLE LIMIT	\$	
							(Ea accident)	\$ 1000	0000
							BODILY INJURY (Per person)	\$	
A OWNED AUTOS ONLY SCHEDULED AUTOS			TBD		08-01-2016	08-01-2017	BODILY INJURY (Per accident)	\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION \$								\$	
							PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N. / A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below								\$	
							GARAGE KEEPERS		5,000
A GARAGE KEEPERS			TBD		08-01-2016	08-01-2017	ON HOOK	100,	,
						,		,	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI Certificate holder is an additional ins agreement as per policy terms and cc	ured	for c				• •		ontract	or
				CANC	ELLATION				
CERTIFICATE HOLDER					ELLATION				
UAC / CarHop				THE	EXPIRATION [	DATE THEREC	ESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVI Y PROVISIONS.		
10801 Red Circle Drive				AUTHOR	RIZED REPRESE	NTATIVE			
Minnetonka, MN 55343				24607.03	ne Bradley				
I				-	©	1988-2015 A	CORD CORPORATION.	All ria	hts reserved