



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/06/2020

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  <b>IG., INC./RSIG</b> <b>RECOVERY SPECIALIST INSURANCE GROUP</b> GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME <b>IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS</b>	
	PHONE (A/C, No, Ext): 703-365-0199//LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM	
INSURED  MCX ASSOCIATES, LLC PO BOX 61924 LAFAYETTE LA 70596-1924	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: GUIDEONE MUTUAL INSURANCE CO	15032
	INSURER B: LLOYDS OF LONDON	15792
	INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: G1-43053 REVISION NUMBER: 20-21GuideOne

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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CYBLIAB \$2MIL POLICYAGG <input checked="" type="checkbox"/> <b>CYBER LIAB - \$100,000</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			570000001-02 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3341063 - CYBER	09/01/2020	09/01/2021	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 <b>REPO IN TRANSIT</b> \$ 1,000,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			570000119-01 COMP/COLL DEC \$1000	10/16/2019	10/16/2020	\$ \$ \$ \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			570000001-02 SEE DESC. OF OPERATIONS	09/01/2020	09/01/2021	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG \$ WC STATU-TORY LIMITS OTH-ER
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	EMPLOYEE DISHONESTY&COMP CRIME			570000001-02	09/01/2020	09/01/2021	LIMIT: \$1,000,000.00
A	GARAGEKEEPERS DIRECT PRIMARY			570000001-02	09/01/2020	09/01/2021	GKDP LIMIT: \$300,000.00
B	GARAGEKEEPERS DIR PRIM EXC			B1136P0582020	09/01/2020	09/01/2021	GKDP EXCESS: \$700,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
RSIG MEMBER SINCE 04/12/02 - 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  
PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY  
LOCATIONS: 303 TOLEDO DR LAFAYETTE, LA // 11222 BURGESS AVE, DENHAM SPRINGS, LA  
SCHEDULED AUTO: 05 FRTL #1043; 18 DODGE #1293; 18 DODGE #4320

<b>CERTIFICATE HOLDER</b>  PROOF OF INSURANCE MCX ASSOCIATES LLC 337-993-3032 PO BOX 61924 LAFAYETTE LA 70596-1924	<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  