



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/11/2018

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 2500 ONION CREEK PKWY, AUSTIN TX 78747	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	
INSURED IG., INC. / RSIG MCX ASSOC LLC 1120 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 INSURANCE COMPANY	41297
	INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: G1-14064 REVISION NUMBER: 18-19GuideOne

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	<input checked="" type="checkbox"/> GENERAL LIABILITY	Y		570000001-00	09/01/2018	09/01/2019	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
C	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY, CARGO, ON-HOOK - EACH \$1MIL LIMIT			MED EXP (Any one person) \$ 5,000.00
	<input checked="" type="checkbox"/> CYBER LIAB - \$100,000						PERSONAL & ADV INJURY \$ 1,000,000.00
A	<input type="checkbox"/> AUTOMOBILE LIABILITY	Y		570000119-00	10/16/2018	10/16/2019	GENERAL AGGREGATE \$ 5,000,000.00
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PRODUCTS - COMP/OP AGG \$ 3,000,000.00
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			570000001-00	09/01/2018	09/01/2019	REPO IN TRANSIT \$ 1,000,000.00
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N		SEE DESC. OF OPERATIONS			BODILY INJURY (Per person) \$
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						BODILY INJURY (Per accident) \$
A	<input type="checkbox"/> EMPLOYEE DISHONESTY & COMP CRIME			570000001-00	09/01/2018	09/01/2019	PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> GARAGEKEEPERS DIRECT PRIMARY						\$
B	<input type="checkbox"/> GARAGEKEEPERS DIR PRIM EXC			B113610002C170068	09/01/2018	09/01/2019	EACH OCCURRENCE \$ 2,000,000.00
							AGGREGATE \$ INC. GEN AGG


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

LOCATIONS: 303 TOLEDO DR LAFAYETTE, LA // 1621 SOUTHERN AVE, MONROE, LA // 16258 CHEF HWY NEW ORLEANS, LA // 2008 BROAD STREET, LAKE CHARLES, LA // 3114 OLD MARKSVILLE HWY PINEVILLE LA// 11222 BURGESS AVE, DENHAM SPRINGS, LA // 4235 E TEXAS ST, BOSSIER CITY, LA // 72078 JOSEPHINE RD COVINGTON, LA. // LEASED SPACE LOCATED AT: 3017 W PARK AVE, GRAY, LA 70359

PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY

SCHEDULED AUTO: 08 FORD #6470; 12 FORD #0512; 07 FORD #3018; 16 FORD #5852; 05 FRTL #1043; 18 DODGE #1293; 18 DODGE #4320

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

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