

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
03/17/2009

**PRODUCER AND THE NAMED INSURED**  
Garage Services and Equipment Dealers Liability Association of America, Inc., A Risk Retention Purchasing Group qualified under the Risk Retention Act of 1986; Federal Law 97-45.  
P.O. Box 469  
Sandy, UT 84091-0469

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

## INSURERS AFFORDING COVERAGE

**INSURED**  
  
Rocky Mountain Repossession  
  
2896 I-70 Business Loop  
Grand Junction , CO 81501

NOTICE: Coverage is being provided as part of a Master Group Policy issued to members of the Garage Services and Equipment Dealers Liability Association of America, Inc., a Risk Retention 'Purchasing Group' authorized under the Risk Retention Act of 1986: Federal Law 97-45.

**Prime Insurance Company**

### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INST LTR | TYPE OF INSURANCE   | POLICY NUMBER  | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |
|----------|---|--|----------------------------------|-----------------------------------|---|
|          | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>Manuscript Policy</b><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC   | <div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <b>"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"</b> </div> |                                  |                                   | EACH OCCURANCE \$                                     |
|          | FIRE DAMAGE (Any one fire) \$   |  |                                  |                                   |   |
|          | MED EXP (Any one person) \$   |  |                                  |                                   |   |
|          | PERSONAL ADV INJURY \$  |  |                                  |                                   |   |
|          |   |  |                                  |                                   | GENERAL AGGREGATE \$                                  |
|          |   |  |                                  |                                   | PRODUCTS - COMP/OP AG \$                              |
|          |   |  |                                  |                                   | Per Person \$   |
|          | <b>AUTO LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS<br><input checked="" type="checkbox"/> O.T.R.P.D.   | CRO4052 - 09020008   | 2/10/2009                        | 2/10/2010                         | ANNUAL AGGREGATE \$ <b>\$1,000,000.00</b>             |
|          |   |  |                                  |                                   | BODILY INJURY (Per Person) \$ <b>\$250,000.00</b>     |
|          |   |  |                                  |                                   | BODILY INJURY (Per Accident) \$ <b>\$1,000,000.00</b> |
|          |   |  |                                  |                                   | PROPERTY DAMAGE (Per Accident) \$ <b>\$50,000.00</b>  |
|          | <b>GARAGE LIABILITY/MANUSCRIPT FORM SCHEDULE AUTO</b><br><input checked="" type="checkbox"/> G.K.L.L. - <b>\$50,000.00</b><br><input checked="" type="checkbox"/> DRIVE AWAY<br><input type="checkbox"/> D.O.C.<br><input type="checkbox"/> CARGO<br><input checked="" type="checkbox"/> ON HOOK - <b>\$50,000.00</b><br><input type="checkbox"/> CONTRACTUAL LIABILITY<br><input checked="" type="checkbox"/> OTHER <b>Wrongful Repo</b> | CRO4052 - 09020008   | 2/10/2009                        | 2/10/2010                         | PER PERSON \$ <b>\$250,000.00</b>                     |
|          |   |  |                                  |                                   | PER ACCIDENT \$ <b>\$1,000,000.00</b>                 |
|          |   |  |                                  |                                   | AGGREGATE \$ <b>\$1,000,000.00</b>                    |
|          |   |  |                                  |                                   | PROPERTY DAMAGE \$ <b>\$50,000.00</b>                 |
|          | <b>EXCESS LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> RETENTION \$   |  |                                  |                                   | EACH OCCURANCE \$                                     |
|          |   |  |                                  |                                   | AGGREGATE \$  |
|          |   |  |                                  |                                   | \$  |

**OTHER**

**DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISION**  
Coverage is limited to only insured activities or operations on the Participant Member Declaration Certificate or as may be separately endorsed

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> <b>CERTIFICATE HOLDER</b> | <input type="checkbox"/> <b>ADDITIONAL INSURED</b> | <input type="checkbox"/> <b>LOSS PAYEE</b>  |
| For Proof of Insurance Only                                   |  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>0</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. |
|   |  | AUTHORIZED REPRESENTATIVE OF THE 'PURCHASING GROUP'<br>   |