

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/3/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES 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					CONTACT Melissa Frawley					
Harding Brooks Associates LLC				NAME: METISSA FIAWLEY PHONE AIG. No. Ext): (315) 214-5822 (AIC, No. Ext): (607) 798-6693						
441 Commerce Rd.					(A/C, No, Ext): (313)214-3622 (A/C, No): (607) 798-6693 E-MAIL ADDRESS: mfrawley@hardingbrooks.com					
TII SOMMETON NO.										
Vestal NY 13850					INSURER(S) AFFORDING COVERAGE INSURER A: Falls Lake National Ins Co					
INSURED										
Sun West Recovery Inc., DBA: Sun West Solutions					INSURER B:					
28053 Mitchell Ave					INSURER C:					
20033 MICCHEII AVE					INSURER D:					
Punta Gorda FL 33982				INSURER E:					-	
			ATE NUMBER OF 1710210	INSURER F:					L	
COVERAGES CERTIFICATE NUMBER:CL1710310:										
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,										
	(CLUSIONS AND CONDITIONS OF SUCH	POLIC ADDL								
INSR LTR		INSD	WVD POLICY NUMBER	(MM/DC	<u>ivřívy</u>	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
A	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$	100,000	
	X Wrongful Repo (E&O)	x	FLNCA011000124-01	10/15	/2017	10/15/2018	MED EXP (Any one person)	\$	5,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000	
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:						Wrongful Reposession (E&O)	\$	1,000,000	
1	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
A	ANY AUTO						BODILY INJURY (Per person)	\$		
	ALL OWNED X SCHEDULED AUTOS	x	FLNCA011000124-01	10/15	/2017	10/15/2018		\$		
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
	X Drive Away							\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION\$			10.00 to 10.00				\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE			1			E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		1			E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s		
A	Garagekeepers Direct Prim		FLNCA011000124-01	10/15	/2017	10/15/2019	\$500/\$2,500 Ded		\$375,000	
A	On-Hook Cargo		FLNCA011000124-01			10/15/2018			\$100,000	
~	on nook cargo		FINCAUTIUUUTZ4-UT	10/13	/ 201 /	10/13/2018	\$1,000 Ded		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
Certificate holder is an additional insured only when required by written contract or agreement as per										
referenced policy forms. Lot Location: 28053 Mitchell Ave Punta Gorda FL 33982										
CERTIFICATE HOLDER					CANCELLATION					
	WIII JOANE HOLDEN			VANValaterATION						
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Proof of Insurance										
					AUTHORIZED REPRESENTATIVE					

Thomas Harding/HAILY