

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

03/24/2009

PRODUCER 3 Centerpointe Insurance Service CA LI #: 0735759; PH: 800-451-8766 807 - B Camarillo Springs Road Camarillo, CA 93012-9464	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.												
INSURED AAR REPOSESSION SERVICE, INC. DBA: ACTION AUTO RECOVERY P.O. BOX 989 SEAL BEACH, CA 90740-0989	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align:left">INSURERS AFFORDING COVERAGE</th> <th style="text-align:left">NAIC#</th> </tr> <tr> <td>INSURER A: LIBERTY INSURANCE UNDERWRITERS</td> <td>12831</td> </tr> <tr> <td>INSURER B: SCOTTSDALE INSURANCE CO.</td> <td>41297</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURER A: LIBERTY INSURANCE UNDERWRITERS	12831	INSURER B: SCOTTSDALE INSURANCE CO.	41297	INSURER C:		INSURER D:		INSURER E:	
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ACTI06

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR GEN L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CAR213849-0109	03/18/2009	03/18/2010	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align:right">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align:right">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align:right">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align:right">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align:right">\$ 3,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align:right">\$ 3,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 3,000,000	PRODUCTS - COMP/OP AGG	\$ 3,000,000				
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A	AUTOMOBILE LIABILITY <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	CAR213849-0109	03/18/2009	03/18/2010	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align:right">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align:right">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align:right">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align:right">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$								
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	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:10%;">WC STATUTORY LIMITS</td> <td style="width:10%;">OTHER</td> <td style="width:25%;"></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td></td><td style="text-align:right">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td></td><td style="text-align:right">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td></td><td style="text-align:right">\$</td></tr> </table>		WC STATUTORY LIMITS	OTHER		E.L. EACH ACCIDENT			\$	E.L. DISEASE - EA EMPLOYEE			\$	E.L. DISEASE - POLICY LIMIT			\$
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A	OTHER ON-HOOK/CARGO	CAR213849-0109	03/18/2009	03/18/2010	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>PER VEH. SCHED.</td><td style="text-align:right">100000</td></tr> <tr><td>\$1000 DEDUCTBL</td><td></td></tr> </table>	PER VEH. SCHED.	100000	\$1000 DEDUCTBL													
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

A) GARAGEKEEPERS DIRECT PRIMARY LIABILITY - \$1,000,000 LIMIT; LOC - 14036 AVALON BLVD., LOS ANGELES, CA; GARAGE OPERATIONS INCLUDED ALL OPERATIONS NECESSARY OR INCIDENTAL TO REPOSESSION BUSINESS (INCLUDING WRONGFUL REPOSESSION);

CERTIFICATE HOLDER

CANCELLATION

"PROOF OF INSURANCE"

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 1 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



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