



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/27/2026

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 have ADDITIONAL INSURED provisions or 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 Legacy Plus Insurance Agency Inc 3303 Kimber Drive, Suite E Newbury Park CA 91320		CONTACT NAME: Oscar Mosqueda PHONE (A/C, No, Ext): (818) 865-8867 E-MAIL ADDRESS: Oscar@LegacyPlusIns.com FAX (A/C, No): (818) 865-8869	
INSURED Dani Inc, DBA: Advanced Recovery of Seattle & Tacoma PO Box 8506 Lacy WA 98509		INSURER(S) AFFORDING COVERAGE INSURER A: Colony Insurance Company NAIC # 39993 INSURER B: Argonaut-Midwest Insurance Company 19828 INSURER C: Underwriters at Lloyd's, London 112200 INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2026 Master Cert W/Bond REVISION NUMBER:

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Driveway Liability <input type="checkbox"/> & Physical Damage GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		GL0605-26	06/05/2026	06/05/2027	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 - COMPIOP AGG \$ 3,000,000 Wrongful Repossession \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y		AUTO0605-26	06/05/2026	06/05/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 50,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C/A	Garagekeepers Direct Primary On-Hook / Vehicle Cargo			GKDP0605-26/GL0605-26	06/05/2026	06/05/2027	\$500/2,500 Ded. \$3,000/\$15,000 Ded. \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is named as additional insured only when required by written contract or agreement per policy provisions, and will be given 30 days written notice of cancellation (10 days for non-payment) per policy provisions.
 Crime Policy/Theft of Client's Property: Insurer A, Policy #GL0605-26, 6/05/2026-6/05/2027, \$1,000,000 limit, Ded. \$100,000, per policy provisions
 Tow for Hire On-Hook: Insurer B, Policy #AUTO0605-26, Term 6/05/2026-6/05/2027, \$100,000 limit, Deductible \$1,000
 LOCATIONS AND VEHICLES LISTED ON ADDITIONAL REMARKS PAGE

CERTIFICATE HOLDER

ACERTUS LLC
 110 Rock Cliff Court, Suite D

 St. Louis MO 63123

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

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Legacy Plus Insurance Agency Inc		NAMED INSURED Dani Inc, DBA: Advanced Recovery of Seattle & Tacoma	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Remarks

Locations:
 8018 Portland Avenue, East Tacoma, WA 98404
 3050 Pacific Avenue SE, Olympia, WA 98501
 11854 S.W. Lake Flora Road, Bremerton, WA 98312

Vehicles:
 2017 Ford F450 VIN 1FDUF4GY4HDA09223
 2008 Ford F650 VIN 3FRWX65H88V062498
 2009 Dodge 4500 VIN 3D6WC66L79G523413
 2019 Ford F550 VIN 1FD0X5HY5KED44668
 2018 Hino 258 VIN 5PVNJ8JP8J4S52120
 2014 Ford F250 VIN 1FT7X2B69EEA68380
 2021 Ford F450 VIN 1FDUF4HT5MEE11047
 2015 Chevy 3500 VIN 1GC4K0C89FF531782
 2022 Ford F450 VIN 1FDUF4HT7NDA03558
 2022 Ford F450 VIN 1FD0X4HN9NEF32999