



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/7/2014

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 Maddox and Hughes Ins. Agency 401 Hamilton Road, Suite 124 Bossier City LA 71111	CONTACT NAME:		
	PHONE (A/C No. Ext): (318) 746-4300	FAX (A/C No.): (318) 742.9548	
INSURED ARB OF LOUISIANA, INC. P. O. Box 435 Shreveport, LA 71162-0435	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: General Star Indemnity CO		
	INSURER B: La Workers Comp Corporation		
	INSURER C: American Empire Surplus Line CO		
INSURER D:			
INSURER E:			
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 14-15

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			IYG385709L	11/17/2014	11/17/2015	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			INCLUDES PERSONAL PROPERTY IN DEBTORS VEHICLE			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 0
	GENL AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC	\$5,000 DEDUCTIBLE			GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COM/OP AGG	\$ 1,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
C	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		14EX0188767	11/17/2014	11/17/2015	EACH OCCURRENCE	\$ 2,000,000
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 2,000,000
	DED	RETENTION						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			41973-A	11/18/2014	11/18/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	OTH-ER
	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	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	GARAGEKEEPERS LEGAL			IYG385709L	11/17/2014	11/17/2015	\$1,000,000 DIRECT PRIMARY DEDUCTIBLE \$5,000	

Please see area below.

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

NON OWNED AUTO LIABILITY INCLUDED. ON HOOK COVERAGE FOR VEHICLES TOWED BY WRECKERS OR TOW DOLLIES IS \$500,000. GARAGEKEEPERS SECTION OF THE GARAGE POLICY PROVIDES COVERAGE ON A DIRECT PRIMARY BASES. THE CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED, ERROR & OMISSION-WRONGFUL REPOSSESS IS INCLUDED AS PART OF THE PERSONAL INJURY COVERAGE. COVERED LOCATION-3013 OLD MINDEN ROAD, BOSSIER CITY, LA 71112. GARAGE LIABILITY-AUTO ONLY DRIVE AWAY \$1,000,000 ACCIDENT/\$2,000,000 AGGREGATE

CERTIFICATE HOLDER

CANCELLATION

American Recovery Association
5525 N. MacArthur Boulevard,
Suite 135
Irving, TX 75038

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

Todd Maddox/MP