

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2020

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).

th	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
	DUCER	CONTACT Certificate Department SYR										
	rding Brooks Insurance Agency 1 Commerce Road				PHONE (A/C, No, Ext): 315-214-5822 F-MAIL (A/C, No, ext): 607-798-6693						6693	
Vestal NY 13850						E-MAIL ADDRESS: certreqsyr@hardingbrooks.com						
						INSURER(S) AFFORDING COVERAGE					NAIC#	
		INSURER A: Wesco Insurance Company						25011				
	INSURED License#: PC-1123577 XTREAUT-01					INSURER B: Westchester Fire Insurance Co.					10030	
Xtreme Auto Recovery, Inc.					INSURER C:							
17 Frederick St Constantia NY 13044					INSURER D :							
					INSURER E :							
					INSURER F:							
COVERAGES CERTIFICATE NUMBER: 319218201						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.												
			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) LIMITS							
A	X COMMERCIAL GENERAL LIABILITY	Y	1110	WPP1524404-04	1 Contract	2021	1/12/2022	EACH OCCURRENCE	11-20-20-20-20-20-20-20-20-20-20-20-20-20-	1,000,00	00	
	CLAIMS-MADE X OCCUR X Wrongful Repo			yours if strate that would sail				DAMAGE TO RENTED PREMISES (Ea occurrence)		100,000		
								MED EXP (Any one person)		\$ 5,000		
	Worldin Kebe							PERSONAL & ADV INJU		1,000,00	00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		3,000,00		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OF				
	OTHER:							Wrongful Repo (E&O)	\$ 1,000,000		to juli	
A AUTOMOBILE LIABILITY				WPP1798671-02	1/12/2	/2021	1/12/2022	COLUMN THE CHIEF CHIEF		1,000,00	00	
	ANY AUTO							BODILY INJURY (Per pe	erson) \$;	-	
	OWNED X SCHEDULED							BODILY INJURY (Per ac	ccident) \$	3	_	
	V HIRED V NON-OWNED							PROPERTY DAMAGE	s	5		
	X Drive Away							(Per accident)	s	5		
В	V			1/12/	2021	1/12/2022	EACH OCCURRENCE	CURRENCE \$ 2,000,0		00		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		2,000,00		
	DED X RETENTION\$ 10,000							ACCILCATE	S			
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	,		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	S	:		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. DISEASE - EA EMP				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY				
Α	Garagekeepers Direct Prim			WPP1798671-02	1/12/	2021	1/12/2022	\$500/\$2,500 Ded	L.HVIII	1,200,00	00	
Α	On-Hook Cargo			WPP1524404-04	1/12/		1/12/2022	\$1,000 Ded		\$100,00	0	
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 Locations: 17 Frederick St Constantia NY 13044; 6318 Ontario Center Ontario NY 14519; 5821 Southwestern Blvd Hamburg NY 14075; 4976 Route 219 Great Valley NY 14741												
CE	CERTIFICATE HOLDER CANCELLATION											
Proof of Insurance USA						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 Thans A Barbin						

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