



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/08/2021

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).

<b>PRODUCER</b> Legacy Plus Insurance Agency 3303 Kimber Drive Ste E  Newbury Park CA 91320		<b>CONTACT NAME:</b> Melody Holguin <b>PHONE (A/C, No, Ext):</b> (818) 865-8867 <b>FAX (A/C, No):</b> (818) 865-8869 <b>E-MAIL ADDRESS:</b> CSR@Legacyplusins.com	
<b>INSURED</b> Louis W Maples, DBA: Concho Auto Recovery PO Box 5390  San Angelo TX 76902		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Clear Blue Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 28860	

**COVERAGES**      **CERTIFICATE NUMBER:** 2021 Master Certificate      **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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BE0111000286-02	12/17/2021	12/17/2022	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 Wrongful Repossession \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired/borrowed \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Driveaway <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BE0111000286-02	12/17/2021	12/17/2022	EACH OCCURRENCE \$ AGGREGATE \$ DED \$    RETENTION \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N    N/A						\$500/\$2,500 Deductibles \$375,000 \$1,000 Deductible \$100,000
A	Garage Keepers Direct Primary On-Hook / Vehicle Cargo			BE0111000286-02	12/17/2021	12/17/2022	\$500/\$2,500 Deductibles \$375,000 \$1,000 Deductible \$100,000

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.

Storage lot: 1189 Fairview School Road, San Angelo, TX, 76902  
 Vehicle: 2016 GMC Sierra VIN 1GD41VC89GF217241

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
PROOF CERTIFICATE FOR EVIDENCE OF COVERAGE ONLY	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 

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<b>PRODUCER</b> Harding Brooks Insurance Agency 441 Commerce Road Vestal NY 13850	CONTACT NAME: Certificate Department Service PHONE (A/C No, Ext): 315-214-5822 E-MAIL ADDRESS: service@hardingbrooks.com		FAX (A/C, No): 607-798-8693
	License#: PC-1123577 WAYNMAP-01		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Underwriters At Lloyds <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Wayne Maples, DBA: Concho Auto Recovery PO Box 5390 San Angelo TX 76902			NAIC # 32727

**COVERAGES**                      **CERTIFICATE NUMBER: 1196279779**                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Employee Dishonesty Crime			UC1195761721	12/17/2021	12/17/2022	3rd Party Theft    \$1,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

Proof of Insurance	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 

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Certificate #: <b>006405386C</b>	Carrier Type: <b>Tow Company</b>	Business Type: <b>Sole Proprietor</b>
Renew Status: <b>Not in renewal period</b>	Registration Period: <b>1 Year</b> DBA: <b>WAYNE MAPLES</b>	Certificate Expiration Date: <b>6/13/2022</b>

6/2/2021, Wednesday 14:26:21

Loading vehicle count...

Physical Address:  
**1169 FAIRVIEW SCHOOL RD**  
**SAN ANGELO TX 76905**  
**TOM GREEN**

Mailing Address:  
**P O BOX 5390**  
**SAN ANGELO TX 76902**

USA 

USA

Phone #:	<b>325-949-2874</b>	Certificate Status:	<b>Active</b>
Fax #:	<b>325-947-2422</b>	Last Modified By:	<b>CONCHO</b>
Hazardous Type:	<b>N/A</b>	Status Reason:	<b>Insurance OK</b>
Liability Amount:	<b>\$300,000</b>	Status Effective Date:	<b>6/2/2021 2:12:36 PM</b>
Criminal History:		Last Modified Date:	<b>6/2/2021 2:13:05 PM</b>
Disciplinary History:		<u>Insurance</u> Status:	<b>Active</b>
DPS Status:	<b>Pending</b>	Cargo Insurance:	<b>No</b>

## HOLD HARMLESS AGREEMENT

DATE: \_\_\_\_\_

RE: \_\_\_\_\_

BY: \_\_\_\_\_

This is your authorization to act as our agent to collect or repossess the listed collateral. We agree to indemnify and HOLD HARMLESS "Concho Auto Recovery" from any and all claims , damages, losses, actions including reasonable attorney fees, resulting from and arising out of your efforts to collect and/or repossess claims EXCEPT, However, those which may be caused by or arise out of negligence or unauthorized act on the part of you, your company, its officers, employees or its agents.

Vehicle Vin Number: \_\_\_\_\_

Year/Make/Model : \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

## AREAS COVERAGE LIST

BALLINGER / 76821

BARNHART / 76930

BIG LAKE / 76932

BLACKWELL / 79506

BRONTE / 76933

CARLSBAD / 76934

CHRISTOVAL / 76935

EDEN / 76837

MERTZON / 76941

MILES / 76861

PAINT ROCK / 76866

ROBERT LEE / 76945

ROWENA / 76875

SONORA / 76950

STERLING CITY / 76951

WATER VALLEY / 76958

WINTERS / 79567

SAN ANGELO / 76901 THRU 76909

## COUNTIES

WEST TEXAS AREA / COKE, CONCHO, CROCKETT, IRION, KIMBLE, MASON, MCCULLOCH, MENARD, RUNNELS, SCHLEICHER, STERLING, SUTTON, TOM GREEN.