

# CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

08/16/2018

**PRODUCER AND THE NAMED INSURED**  
 Prime Property & Casualty Insurance Inc.  
  
 8722 S. Harrison St.  
 Sandy, UT 84070  
 (801) 304-5500

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.**

## INSURERS AFFORDING COVERAGE

**INSURED**  
 Rapid Towing & Recovery LLC  
  
 DBA: Omni Square Recovery East  
 24141 S Dixie Hwy  
 Homestead, FL 33032

INSURER A: Prime Property & Casualty Insurance Inc.  
 INSURER B:  
 INSURER C:  
 INSURER D:  
 INSURER E:

**"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"**

### COVERAGES

The policies of insurance listed below have been issued to the insured named above for the policy 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/> <b>Commercial Liability (B)</b> <input checked="" type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Exclude Products <input checked="" type="checkbox"/> Exclude Completed Operations	SC18081049	8/16/2018	8/16/2019	\$150,000 Per Person \$1,000,000 Per Accident \$2,000,000 Policy Aggregate  \$1,000,000 Contractual Liability
<input checked="" type="checkbox"/> <b>Commercial Auto Liability (A)</b> <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 <input checked="" type="checkbox"/> Drive Away	PC18081048	8/16/2018	8/16/2019	\$150,000 Per Person \$1,000,000 Per Accident  \$65,000 Physical Damage-total scheduled val \$150,000 Property Damage \$10,000 U.M. Per Person \$20,000 U.M. Per Accident  \$10,000 P.I.P Per Person
<input checked="" type="checkbox"/> <b>Commercial Garage Liability (B)</b> <input checked="" type="checkbox"/> G.K.D.P. \$250,000 <input checked="" type="checkbox"/> O.T.R.P.D. \$25,000 <input type="checkbox"/> D.O.C. <input type="checkbox"/> Cargo <input checked="" type="checkbox"/> On Hook \$100,000 <input checked="" type="checkbox"/> Employee Dishonesty \$1,000,000 <input checked="" type="checkbox"/> Wrongful Repossession \$1,000,000 <input checked="" type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Exclude Products <input checked="" type="checkbox"/> Exclude Completed Operations	SC18081049	8/16/2018	8/16/2019	\$150,000 Per Person \$1,000,000 Per Accident \$2,000,000 Policy Aggregate
<input type="checkbox"/> <b>Excess Liability</b> <input type="checkbox"/> Claims Made				

**OTHER**

**DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

**CERTIFICATE HOLDER**    
  **ADDITIONAL INSURED**    
  **LOSS PAYEE**

FOR PROOF OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 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