

**UNITED AUTO DELIVERY
&
RECOVERY INC.**

<u>SCHEDULE OF LOCATIONS</u>	<u>GARAGEKEEPERS DIRECT PRIMARY LIMIT</u>
LOC#1 - 3719 OLD GETWELL RD., MEMPHIS, TN 3818	\$350,000
LOC#2 - 827 AIRWAYS BLVD., JACKSON, TN 38301	\$350,000
LOC#3 - 3030 MURFREESBORO PIKE , ANTIOCH, TN 38301	\$350,000
LOC#4 - 2315 W. LAMAR ALEXANDER PRKWY, MARYVILLE, TN 37801	\$350,000
LOC#5 - 1399 WEST JACKSON BLVD., JONESBOROUGH, TN 37659	\$350,000
LOC#6 - 5089 STATE ROUTE 464, MAYFIELD, KY 42066	\$350,000
LOC#7 - 8113 PRESTON HIGHWAY, LOUISVILLE, KY 40219	\$350,000
LOC#8 - 6911 S. DIXIE HWY., ELIZABETHTOWN, KY 42701	\$350,000
LOC#9 - 5800 KASP CT., LEXINGTON, KY 40509	\$350,000
LOC#10- 9250 S. HIGHWAY 25, W. CORBIN, KY 40701	\$350,000
LOC#11- 5562 HIGHWAY 53, HARVEST, AL 35749	\$350,000
LOC#12- 5280 PINSON VALLEY PRKWY, BIRMINGHAM, AL 35215	\$350,000
LOC#13- 32905 HOLTVILLE ROAD, WETUMPKA, AL 36092	\$350,000
LOC#14- 3720 HAMILTON BLVD., THEODORE, AL 36582	\$350,000
LOC#15- 930 FRONT STREET SW, MABELTON, GA 30126	\$350,000
LOC#16- 5760 HARRISON BLVD., AUSTELL, GA 30106	\$350,000

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/4/2008

PRODUCER First Horizon Insurance Group 3401 West End Ave. Suite 600 Nashville, TN 37203-1086	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED United Auto Recovery, Inc. 3719 Old Getwell Rd Memphis, TN 38118	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Technology Insurance Co., Inc.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																												
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$																												
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																												
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$																												
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$																												
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	TWC3157810	1/1/2008	1/1/2009	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">WC STATU-TORY LIMITS</td> <td style="width:10%; text-align: center;">OTH-ER</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">500,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">500,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">500,000</td> </tr> </table>		WC STATU-TORY LIMITS	OTH-ER						E.L. EACH ACCIDENT					500,000		E.L. DISEASE - EA EMPLOYEE					500,000		E.L. DISEASE - POLICY LIMIT					500,000
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		OTHER																																

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Proof of Insurance

CERTIFICATE HOLDER United Auto Recovery, Inc. 3719 Old Getwell Rd. Memphis, TN 38118-	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.