

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF BANKING

Financial Adjusters, Inc.

is licensed as

Collector - Repossessor

License # **0045**

valid October 1, 2008 through September 30, 2009

**1634 Macarthur Rd
Whitehall, PA 18052-5730**



Edward G. Rendell, Governor

A handwritten signature in black ink, appearing to read 'S. Kaplan'.

Steven Kaplan, Secretary of Banking



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/28/2008

PRODUCER
COLEMONT INSURANCE BROKERS
5910 NORTH CENTRAL EXPRESSWAY, STE. 500
DALLAS, TX 75206
IG., INC./RSIG - 703-365-0199 // FAX: 703-365-0636

Serial # 45167

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
IG., INC. / RSIG
FINANCIAL ADJUSTERS INC 1304
PO BOX 266
WHITEHALL PA 18052

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: NATIONAL CASUALTY COMPANY	11991
INSURER B: CAPITOL INDEMNITY CORPORATION	10472
INSURER C: AXIS SURPLUS LINES INSURANCE	26620
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 POLICES 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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> INC. WRONGFUL REPOSSESSION GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	OPO0001788 (INCLUDES ERRORS & OMISSIONS)	09/01/2008	09/01/2009	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ SUB TO GEN AGG
A		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 <input checked="" type="checkbox"/> REPOSSESSED AUTOS <input checked="" type="checkbox"/> GARAGEKEEPERS DIRECT PRIMARY	OPO0001788 (INCLUDES DRIVE AWAY)	09/01/2008	09/01/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 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 AUTO ONLY: EA ACC \$ AGG \$
C		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	EAU730822/51/2008	09/01/2008	09/01/2009	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ 2,000,000.00
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
B		OTHER COMMERCIAL CRIME EMPLOYEE DISHONESTY BOND	CCP1900291	09/01/2008	09/01/2009	LIMIT: \$1,000,000.00

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 MEMBER SINCE: 12-14-2005- INCLUDES ON-HOOK COVERAGE - \$1,000,000.00 LIMIT
 LOCATION 1634 MACARTHUR RD WHITEHALL PA 18052 // RR2 ORFIELD PA 18069

CERTIFICATE HOLDER

 PROOF OF INSURANCE
 FINANCIAL ADJUSTERS INC
 610-820-0313
 PO BOX 266
 WHITEHALL PA 18052

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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
David...



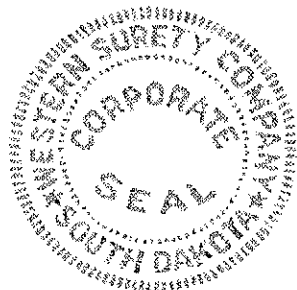
Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 70380067 briefly described as COLLECTOR/REPOSSESSOR
FINANCIAL ADJUSTERS, INC., as Principal,
in the sum of \$ FIVE THOUSAND AND NO/100 Dollars, for the term beginning September 30, 2008, and ending September 30, 2009, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 23 day of June, 2008.



WESTERN SURETY COMPANY

By

Paul T. Bruflat, Senior Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

