

PRODUCER (631)472-5000 FAX (631)472-5611  
 WALTER P. GEOGHAN AGENCY, INC.  
 870 MONTAUK HIGHWAY  
 POST OFFICE BOX 818  
 BAYPORT, NY 11705-0818

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 **International Recovery Systems, Inc.**  
 POB 1488  
 COLLINGDALE, PA 19023

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	<b>Tudor Insurance Company</b>	
INSURER B:	<b>Argonaut Mid-West Ins Company</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	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Includes Wrongful</b> <input checked="" type="checkbox"/> <b>Repossession</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<b>PGP0736614</b>	<b>06/30/2011</b>	<b>06/30/2012</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>
		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ <b>100,000</b>	
		MED EXP (Any one person)				\$ <b>1,000</b>	
		PERSONAL & ADV INJURY				\$ <b>1,000,000</b>	
						GENERAL AGGREGATE	\$ <b>3,000,000</b>
						PRODUCTS - COMP/OP AGG	\$ <b>Included</b>
B		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> <b>Comp: \$1000</b> <input checked="" type="checkbox"/> <b>Co11: \$1000</b>	<b>BA8049269</b>  <b>ON HOOK: \$100,000</b> <b>DEDUCTIBLE: \$1,000</b>	<b>06/30/2011</b>	<b>06/30/2012</b>	COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1,000,000</b>
		BODILY INJURY (Per person)				\$	
		BODILY INJURY (Per accident)				\$	
		PROPERTY DAMAGE (Per accident)				\$	
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A		<b>OTHER Garagekeepers Direct Primary</b>	<b>PGP0736614</b>	<b>06/30/2011</b>	<b>06/30/2012</b>	<b>Limit: \$500,000</b> <b>Any Scheduled Location</b> <b>\$350,000</b>	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**LIABILITY INCLUDES WRONGFUL REPOSSESSION INCLUDING DRIVE-AWAY**  
  
**STORAGE YARDS: 520 PUSEY AVE COLLINDALE PA 19023, 1249 BYBERRY RD PHILI PA 19116 AND 9 BELLECOR DR NEW CASTLE, DE 19720**

CERTIFICATE HOLDER	CANCELLATION
<b>INTERNATIONAL RECOVERY SERVICES</b> <b>INFORMATION PURPOSES</b> <b>520 PUSEY AVENUE</b> <b>COLLINGDALE, PA 10923</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</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 <b>John Geoghan</b>