

RECOVERY SPECIALIST INSURANCE GROUP

Application for Membership and Insurance

(MUST BE COMPLETED IN ITS ENTIRETY WITH ALL QUESTIONS ANSWERED)

Date of Application: ____/____/____

Repossession Policy:

Desired Effective Date of Coverage: ____/____/____

***NOTE: Applications take a minimum of 15 days to process once all of the above information is received.**

Information from this application will be forwarded to our agents at your request in order to provide a truck quote available only to IG., Inc./RSIG members. Do you wish for your information to be forwarded in order to obtain a tow truck quote? [] yes [] no Desired Effective Date of Coverage: ____/____/____

SECTION I. Personal Information

1. Full Name of Applicant (majority owner is the member): _____
Social Security Number _____ - ____ - _____ Date of Birth: ____/____/____
Home Address: _____
City: _____ State: _____ Zip Code: _____
County: _____ Home Phone: _____
Do you own? _____ rent? _____ (Please check one) How long? _____
Name of mortgage company or landlord? _____

2. Business/Trade Name: _____
Office Address (Physical): _____
County that office is Located in: _____ Storage Lot (if diff.) _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ Cell: _____
Email Address: _____ Website: _____

Do you own? _____ rent? _____ (Please check one) How long? _____
Name & Phone # of mortgage company or landlord? _____

Business Mailing Address: _____
City: _____ State: _____ Zip Code: _____

Storage Lot (physical address, location 1): _____
City: _____ State: _____ Zip Code: _____
Do you own? _____ rent? _____ (Please check one) How long? _____
Name & Phone # of mortgage company or landlord? _____

Is this your only office and/or storage location: [] yes [] no **If no, list additional locations on a separate sheet. Additional locations are also subject to a facility inspection and photos should be provided.**

Are any storage facilities within a self storage facility with units available for rent to general public?
[] yes [] no

3. How long have you been in the repossession business? ____ years & ____ months
a. What percentage of your business is repossession? _____%
b. What percentage of your business is commercial towing? _____%
c. What percentage of your business is transporting non-repossessed units? _____%
d. What percentage of your business is sales? _____%
e. What percentage of your business is non-repossession related skiptracing/investigation? _____%

4. Has applicant ever been bonded? yes no
 If yes, please provide name of bonding company: _____
 Has applicant ever been denied bond coverage? yes no
 If yes, name of company and reason: _____
5. Has the applicant or company ever been involved (directly or indirectly) with investigations, complaints or disciplinary action by any governmental agency or bureau? yes no If yes, explain:

6. Has the applicant been convicted of a crime in the past 10 years? yes no; If yes, please explain:

7. Please provide in the table below your employment history over the past five (5) years:

Name of Company	Immediate Supervisor	Company Phone No.	Dates Employed	Type of Work	Reason you Left

SECTION II. Business

1. Please indicate your business structure below:
 Individual Partnership Corporation - Date Incorporated: ____/____/____
 Other, please explain: _____
 Tax or Federal Identification Number: _____ Resident Agent Name: _____
 Resident Agent Address: _____ City: _____ State: _____ Zip Code: _____
 a. Please list your full company/corporate name: _____
 b. Please list all names you have done business under in the past 5 years: _____

2. How many employees do you have? _____
 a. Name of person responsible for completing your monthly report? _____
 b. Name of person responsible for accounts payable? _____
 c. During which hours of the day is your office staffed? _____
 d. Name of person responsible for your office when you are not available? _____
3. What percentage of your business is completed by sub or independent contractors? _____ %
4. Do you operate under anyone else's permit or authority? yes no
 If yes, please explain: _____
5. Under what circumstances do you allow repossessed vehicles to be used after repossession: _____

6. Which of the following do you repossess and what percentage of your business is each?
- | | |
|--|--|
| <input type="checkbox"/> ___% vehicles retained under garageman's lien | <input type="checkbox"/> ___% boats over 44ft in length |
| <input type="checkbox"/> ___% truck tractors // trailers | <input type="checkbox"/> ___% airplanes |
| <input type="checkbox"/> ___% farm equipment | <input type="checkbox"/> ___% mobile homes |
| <input type="checkbox"/> ___% repossession on military bases | <input type="checkbox"/> ___% repossession on reservations |
| <input type="checkbox"/> ___% furniture/appliances/office equipment | <input type="checkbox"/> ___% livestock |
| <input type="checkbox"/> ___% autos/trucks/recreational vehicles | <input type="checkbox"/> ___% other |
7. a. How many vehicles do you have currently stored: _____
b. What is your average repossession fee charged to clients? _____
c. Average number of accounts completed by repossession monthly: _____
d. Average number of accounts closed for reasons other than repossession per month: _____
e. Do you work for lenders/forwarders on a contingency basis? yes no
f. What percentage of your work is done for Title Pawn companies? _____ %
8. Do you obtain written authority prior to accepting an assignment? yes no
a. Do you keep written records of closed assignments? yes no
b. Do you sign any type of "Release of Liability" or "Hold Harmless" Agreement prior to accepting an assignment? yes no
c. Please describe your account cancellation process: _____

9. If personal property is recovered at the time of repossession, is a complete written inventory made of all items? yes no
a. If found in a repossessed vehicle, what is done with "prescription drugs"?
 returned to debtor stored with other belongings other _____
b. Describe your procedures for handling weapons or contraband found in repossessed vehicles: _____

10. Describe your procedures for and the manner in which personal property is stored: _____

- a. Is the debtor requested to sign a release for personal property? yes no
b. Are there regulations in your state stating how long you must hold personal property?
 yes no If yes, how long? _____
c. If no, how many days do you hold property prior to disposal? _____
d. Do you charge a fee for holding personal property? yes no // If yes, how much? \$ _____
11. Describe your procedures or policy for handling a debtor who refuses to sign a personal property release or pay personal property or storage fees: _____

12. Under what circumstances do non-employees have access to your office or storage facility: _____

13. Is your lot shared with any other person or company? yes no
If yes, with whom? _____
14. Are your vehicles stored in a secured/fenced outdoor lot storage building both?
a. What is the maximum number of vehicles you can store at one time? _____
b. What is the maximum value of vehicles stored at any one time? \$ _____

- c. How many vehicles can be stored inside at any one time? _____
- d. What type of security is used on your lot? _____
- e. Is barbed / razor wire on perimeter of the fence? yes / # of strands: _____ no
 If no, is bared/razor wire prohibited by city/country ordinance? yes no
15. Describe your procedures for handling a hostile debtor or 3rd party at the time of repossession _____
16. Under what circumstances are vehicles stored anywhere other than the storage location listed on pg.1 of this application? _____
17. Where and how are the keys to repossessed vehicles and personal property found in repossessed vehicles stored? _____
18. When released from your custody, do you obtain a signed release for the receipt and condition of the vehicle? yes no
19. How long after a file has been closed do you maintain the physical file before destruction? _____
- a. Which of the following do your records reflect?
- | | | |
|---|---|---|
| <input type="checkbox"/> date of assignment | <input type="checkbox"/> date recovered | <input type="checkbox"/> date released |
| <input type="checkbox"/> method of disposal | <input type="checkbox"/> description of vehicle | <input type="checkbox"/> debtor's name |
| <input type="checkbox"/> lender's name | <input type="checkbox"/> account number | <input type="checkbox"/> to whom the vehicle was released |
| <input type="checkbox"/> other _____ | | |
- b. If kept by computer, what program are you currently running? _____
- c. What are your procedures for the destruction of documents once a file has been closed? _____
20. Are recovery companies required to be licensed by your state? yes Lic. # _____ no
- a. Are special filings required by your state? yes no // If yes, please provide name and address, and provide a copy of any special forms required. _____
21. Do you have a written policy prohibiting employees from carrying weapons? yes no
22. List any professional organizations that you may be a part of and date joined:
- | | |
|----------|-----------------------------|
| a. _____ | Date joined: ____/____/____ |
| b. _____ | Date joined: ____/____/____ |
23. Describe your position on the media's recent exposure of the repossession industry through shows like "Repoman: Stealing for a Living": _____
- a. Have you ever appeared on this show or anything similar to it? yes no // When: _____
24. Please tell us how you became aware of or were referred to IG., Inc./RSIG: _____

SECTION III. Insurance and Loss History

1. Has applicant or company been involved directly or indirectly with any repossession or tow truck related claim? [] yes [] no

2. Please describe **any** insurance claim you or the company have been involved with over the past five years:

Date of Loss:	Type of Loss: R- Repo / T – Tow Truck	Description of Loss:	Current Status: Open / Closed	Amount Paid:

3. Please list your current or prior **repossession insurance carrier** information below:

Policy Dates: _____ Carrier: _____
 Agent: _____ Agent's Phone: _____
 Premium: _____ Limits: _____

- a. Are there any excluded drivers? [] yes [] no If yes, please list names: _____
- b. Have you had any policy or coverage declined, cancelled or not renewed during the prior five years? [] yes [] no If yes, please explain: _____

4. Please list your current or prior **tow truck insurance carrier** information below:

Policy Dates: _____ Carrier: _____
 Agent: _____ Agent's Phone: _____
 Premium: _____ Limits: _____

- a. Are there any excluded drivers? [] yes [] no If yes, please list names: _____
- b. Have you had any policy or coverage declined, cancelled or not renewed during the prior five years? [] yes [] no If yes, please explain: _____

5. Is Workman's Compensation provided for all employees, including drivers? [] yes [] no

Policy Dates: _____ Carrier: _____
 Agent: _____ Agent's Phone: _____
 Premium: _____ Limits: _____
 Experience Modifer: _____

6. Do you currently have building and contents coverage for your owned/rented or leased property?
 [] yes [] no

Policy Dates: _____ Carrier: _____
 Agent: _____ Agent's Phone: _____
 Premium: _____ Limits: _____

7. Please list below any other coverages you currently have or may have interest in acquiring:

SECTION IV. Drivers/Trucks - Please note the master policy issued to IG., Inc./RSIG members does not cover your tow trucks, buildings or contents. Information from this application will be forwarded to our agents at your request in order to provide a truck quote available only to IG., Inc./RSIG members. Do you wish for your information to be forwarded in order to obtain a tow truck quote? [] yes [] no

1. Please list all drivers Please use additional sheet if necessary.

Driver's Name (Last, First MI)	Date of Birth	Driver's License Number / State	Yrs Lic.	Convictions
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Date of hire	Class	
Driver's Name (Last, First MI)	Date of Birth	Driver's License Number / State	Yrs Lic.	Convictions
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Date of hire	Class	
Driver's Name (Last, First MI)	Date of Birth	Driver's License Number / State	Yrs Lic.	Convictions
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Date of hire	Class	
Driver's Name (Last, First MI)	Date of Birth	Driver's License Number / State	Yrs Lic.	Convictions
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Date of hire	Class	

2. Do you check MVRs with your state's Division of Motor Vehicles before hiring? [] yes [] no
- a. Do you periodically re-check your driver's MVRs? [] yes [] no
If so, how often? _____
- b. What is your minimum age requirement for drivers? _____
- c. Are police records checked before hiring? [] yes [] no
- d. Are applicants road tested in the type of vehicles they will be operating? [] yes [] no
- e. Are drivers required to take a "Driver Certification Program"? [] yes [] no

3. How are your driver's compensated (mark any that apply)? [] W-2 [] 1099
[] Hourly [] Salaried [] Commission [] Other _____

4. Do you do commercial towing? [] yes [] no // Are you on a police rotation list? [] yes [] no
- a. What percentage of your business is commercial towing? _____%
- b. What percentage of your business are police impounds? _____%

5. List all tow trucks to be used in this business: (additional trucks should be listed on a separate sheet of paper):

Vehicle #:	Year:	Make:	Model:	GVW/GCW/Capacity	Type of Lift: <input type="checkbox"/> In-Cab Operated
Location #:	Truck Value:	VIN (17 digits)	Comp. /Collision Ded.	Ave. Radius	<input type="checkbox"/> External Only Operated
Vehicle #:	Year:	Make:	Model:	GVW/GCW/Capacity	Type of Lift: <input type="checkbox"/> In-Cab Operated
Location #:	Truck Value:	VIN (17 digits)	Comp. /Collision Ded.	Ave. Radius	<input type="checkbox"/> External Only Operated

Please list five personal references (2 related and 3 not related) who have known you at least 3 years:

Name:	Address:	Phone:	Relationship:	How Long:

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES THIS QUESTIONNAIRE FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICANT CERTIFIES that to the best of his/her knowledge, the information provided to IG., Inc./RSIG in this application is accurate and true. Your signature below authorizes IG., Inc./RSIG to obtain additional information and to verify the information provided from any regulatory agency, provider of services to your business, and any financial institution or credit rating company relating to information about you or your business. Applicant further certifies that he/she has read and agrees to the conditions set forth in the attached compliance requirement document. Applicant further agrees that as the majority owner, the undersigned serves as a personal guarantor that any monies owed to IG., Inc./RSIG will be paid prior to membership termination.

Company Name: _____
 Applicant's Signature: _____ Date: _____
 Please Print Name: _____

MANAGER CERTIFIES that to the best of his/her knowledge, the information provided to IG., Inc./RSIG in this application is accurate and true. Your signature below authorizes IG., Inc./RSIG to obtain additional information and to verify the information provided from any regulatory agency and any financial institution or credit rating company relating to information about you.

Company Name: _____
 Manager's Signature: _____ Date: _____
 Please Print Name: _____
 DOB: ____/____/____ SSN: _____
 Home Address: _____

**Before sending in your application, have you included?
Applications cannot be processed without all of the information below:**

- \$350.00 Application and inspection fee (\$150 non-refundable; \$200 refundable only if inspection is not ordered)
- Photos of applicant, your office, tow trucks and storage lot(s) showing barbed/razor wire & security measures
- Copies of any state, county or city licenses
- State Wide Police clearance for applicant and manager, partners, and/or corporate officers
- Copies of driving records for all drivers
- 5 year loss run report both repossession and auto
- Buy/sell agreements or proof of ownership
- Copies of Articles of Incorporation, Partnership Agreement or Organization documents if LLC
- Client list for experience verification and certificate issuance
- Proof of Ownership of at least 1 tow truck
- A copy of your certificate of insurance (commercial general liability) for your tow trucks listing RSIG as a certificate holder