

APPLICATION DATE: _____

APPLICANT NAME: _____

RECOVERY SPECIALIST INSURANCE GROUP

Application for Membership and Insurance

Thank you for applying with RSIG! A complete membership application packet, helps us meet your expiration date! Please use this sheet as a checklist to ensure you are sending a completed application:

- Completed and signed application by the primary owner of the company with the most experience**
- \$250 Inspection Fee (non-refundable, is required with application packet—expedited insp. avail at add'l cost)
- Copies of any state, county, city or professional licenses
- Statewide Police Background Check for applicant and manager, partners, and/or corporate officers (contact your State Police for more info—*not req for FL, CA, IL and NV applicants with copy of active agency & repo lic*)
- Copies of driving records for any person who may drive a repossessed vehicle
- 4 year loss run report both repossession and auto/tow truck
- Copies of Articles of Incorporation, Partnership Agreement or Organization documents if LLC
- Industry contacts/references for experience verification (at least 3-5 direct contacts)
- Registrations or titles for all repo trucks & other company vehicles.
- Written policies (Safety, **Weapons**, Info Handling, **cell phone/distracted driver policy**, etc.)
- Copy of lease if renting facilities
- A copy of your current certificate of insurance (\$1M commercial auto liability) for your repo trucks listing RSIG as a certificate holder and additional insured, and completed tow truck application if applying for new tow truck coverage**
- Copy of non-renewal notice, if applicable

(If approved for membership a written weapons policy and written cell phone/distracted driver policy will be required)

Minimum photos requirements—both close-up and overview shots of fence, barbed wire and office required

Emailed – not faxed, clear, color, digital photos sent as JPEG, TIFF, or PDF files, minimum resolution of 180 dpi—recommend using a digital camera, not a phone for better resolution and quality:

- **Lot Photos (Min 7 photos):**
 - From inside the lot – one from each side or corner
 - Photos of any/all entrance/exit gates
 - One from the roadside (include signage where possible)
 - Close up of barbed wire/razor wire
 - Any add'l security measures, if any (cameras, motion detectors, elec. fence, etc.)
- **Area where debtors' personal property is stored (Min 1 photo)**
- **Key Storage (Min 1 photo)**
- **Signage – Company/Business sign on fences, on doors, etc**
- **Office Photos (Min 3 photos):**
 - From outside to include entrance/signage
 - Interior of office space, desks, etc.
 - Picture(s) of file cabinet/filing system & shredder
- **Trucks (Min 2 photos per vehicle):**
 - Side of truck/co car (w/ signage if any)
 - Lift unit (if camera car n/a)
- **Passport photo of applicant** (must have a photo of the applicant emailed—must be usable in directory listing)

If you have any questions about the items listed above, please contact our membership department at: 703-365-0199. Paperwork may be faxed to 703-365-0639; or paperwork and photos may be emailed to apps@rsig.com. Please do not send your application to another number or email unless you speak with our membership department first, to avoid delays in processing your application. We know you may be trying to meet an expiration date and we're here to help; the process takes longer if your packet is missing information.

***Membership is applied to a person, not to a company. That person must have equal or majority interest/ownership in the company, have verifiable experience, a lot, and have a truck(s) for repossession that meets current underwriting criteria at the time of applying.*

RECOVERY SPECIALIST INSURANCE GROUP

Application for Membership and Insurance

(MUST BE COMPLETED IN ITS ENTIRETY WITH ALL QUESTIONS ANSWERED AND PROCESSING OF AN APPLICATION CANNOT BE STARTED WITHOUT A COMPLETE PACKET FOR MORE INFORMATION PLEASE REFER TO THE CHECKLIST OF ITEMS)

Date of Application: ____/____/____

Repossession Policy: _____

Desired Effective Date of Coverage: ____/____/____

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 - Desired Effective Date of Coverage: ____/____/____ [] no

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: _____
Business Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Office Address (Physical): _____
County that office is Located in: _____
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? _____

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 auto sales? _____%
e. What percentage of your business is **non-repossession** related skiptracing/investigation? _____%

4. Has applicant:
- ever been bonded? yes no Name of bonding company: _____
 - ever been denied bond coverage? yes no –if yes, please explain on separate page
 - ever been involved (directly or indirectly) with investigations, complaints or disciplinary action by any governmental agency or bureau? yes no If yes, explain on separate page
 - been convicted of a crime in the past 10 years? yes no; If yes, please explain on a separate page:
5. Please provide in the table below any/all employment history over the past five (5) years:

| Name of Company | Immediate Supervisor | Company Phone No. | Dates Employed | Type of Work | Reason you Left |
|-----------------|----------------------|-------------------|----------------|--------------|-----------------|
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SECTION II. Business

- 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: _____
 - Please list your full company/corporate name: _____
 - Please list all names you have done business under in the past 5 years: _____

- How many employees do you have? _____
 - During which hours of the day is your office staffed? _____
 - Name of person responsible for your office when you are not available? _____
- What percentage of your business is completed by sub or independent contractors? _____ %
- Under what circumstances do you allow repossessed vehicles to be used after repossession: _____

- 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"/> ____% assignments w/ Buy Here Pay Here Dealers | <input type="checkbox"/> ____% assignments w/ Title Pawn |
| <input type="checkbox"/> ____% repossession on military bases | <input type="checkbox"/> ____% repossession on reservations |
| <input type="checkbox"/> ____% truck tractors // trailers | <input type="checkbox"/> ____% airplanes |
| <input type="checkbox"/> ____% farm equipment | <input type="checkbox"/> ____% mobile homes |
| <input type="checkbox"/> ____% furniture/appliances/office equipment | <input type="checkbox"/> ____% livestock |
| <input type="checkbox"/> ____% autos/trucks/recreational vehicles | <input type="checkbox"/> ____% other |
- How many vehicles do you have currently stored: _____
 - What is your average repossession fee charged to clients? _____
 - Average number of accounts completed by repossession monthly: _____
 - Average number of accounts closed for reasons other than repossession per month: _____
 - Do you work for lenders/forwarders on a contingency basis? yes no

7. 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 (use a separate sheet if needed): _____

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

- a. Is a complete written inventory made of all items? yes no
- b. Are prescription drugs returned to debtor stored with other belongings other
- c. Is the debtor requested to sign a release for personal property? yes no
- d. Are there regulations in your state stating how long you must hold personal property? yes no
- e. How many days do you hold property prior to disposal? _____
- f. Is personal property ever stored in the repossessed vehicle? yes no
- g. Is personal property ever released to the lienholder, a transporter or auction? yes no
- h. Describe your procedures for handling weapons or contraband found in repossessed vehicles:

- i. Do you charge a fee for holding personal property? yes no // If yes, how much? \$ _____
- j. Describe your procedures or policy for handling a debtor who refuses to sign a personal property release or pay personal property or storage fees: _____
9. Under what circumstances do non-employees have access to your office or storage facility: _____

10. a. Is your lot shared with any other person or company? yes no
If yes, pls explain: _____
- b. Are there any other businesses (owned by applicant or any other person/entity) operated from this address?
 Yes No.
If yes, pls explain: _____
11. 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 barbed/razor wire prohibited by city/county ordinance? yes no
12. Describe your procedures for handling a hostile debtor or 3rd party at the time of repossession _____
13. Under what circumstances are vehicles stored anywhere other than the storage location listed on pg.1 of this application? _____
14. Where and how are the keys to repossessed vehicles and personal property found in repossessed vehicles stored?

15. When released from your custody, do you obtain a signed release for the receipt and condition of the vehicle?
 yes no

16. Which of the following do your records reflect?
- date of assignment date recovered date released
 method of disposal description of vehicle debtor's name
 lender's name account number to whom the vehicle was released
 other _____
- b. If kept by computer, what program are you currently utilizing? _____
- c. Do you put all accounts into one program (ie RDN, iRepo) to manage? yes _____ (name) no
- d. What are your procedures for the destruction of documents once a file has been closed? _____
- e. How long do you keep records prior to destruction? _____
17. Are recovery companies required to be licensed by your state or city? 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. _____
18. Do you have a written policy prohibiting employees from carrying weapons?*** yes no
*****(If you marked Yes, please include a copy with your application)**
19. Describe your position on the media's 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: _____
20. Please tell us how you became aware of or were referred to IG., Inc./RSIG:

21. Are you, the applicant, any partners, managers or any employees (full or part time) of your repossession company actively working in Law Enforcement? yes no // If yes, please explain:

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: |
|-------|----------|--------|---------------|-----------|
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SECTION III. Insurance and Loss History

1. 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: |
|---------------|--|----------------------|----------------------------------|--------------|
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2. Please list your current or prior **repossession insurance carrier** information below:

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

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

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

4. Are there any excluded drivers? yes no If yes, please list names and reason for exclusion

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

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

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. Have you had any policy or coverage declined, cancelled or not renewed during the prior five years? yes no If yes, please explain: _____

If you are being non-renewed, please provide a copy of the non-renewal notice with your application)

SECTION IV. Employees/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

Employee Information: (please list all employees - use additional sheet if needed)

| Employee Name: State / Drivers Lic #: | DOB: | Position: office/field/both | Date of Hire: | Full Time / Part Time: | 1099 or w2 | Background Check Completed? | RSIG Certified |
|--|------|--------------------------------|---------------|------------------------|------------|-----------------------------|----------------|
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|---|-------------|------------------------------|---|-----------------|--|
| Vehicle # | Year | Make | Model | GVW/GCVW | |
| Garage Location/City | | VIN # (17 characters) | | | |
| Radius: indicate % of trips for each mileage category: 1-50 ____ 51-100 ____ 101-200 ____ 201-300 ____ 301 - 500 ____ 501-over ____ | | | | | |
| Vehicle Type (spotter, camera, wrecker, rollback, etc.) | | | Type of lift (<u>In-cab</u> OR <u>external</u> operated) | | |
| Vehicle # | Year | Make | Model | GVW/GCVW | |
| Garage Location/City | | VIN # (17 characters) | | | |
| Radius: indicate % of trips for each mileage category: 1-50 ____ 51-100 ____ 101-200 ____ 201-300 ____ 301 - 500 ____ 501-over ____ | | | | | |
| Vehicle Type (spotter, camera, wrecker, rollback, etc.) | | | Type of lift (<u>In-cab</u> OR <u>external</u> operated) | | |
| Vehicle # | Year | Make | Model | GVW/GCVW | |
| Garage Location/City | | VIN # (17 characters) | | | |
| Radius: indicate % of trips for each mileage category: 1-50 ____ 51-100 ____ 101-200 ____ 201-300 ____ 301 - 500 ____ 501-over ____ | | | | | |
| Vehicle Type (spotter, camera, wrecker, rollback, etc.) | | | Type of lift (<u>In-cab</u> OR <u>external</u> operated) | | |

Note the RSIG Master Policy does not provide coverage for any vehicle owned/leased by your company or its employees.

1. 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
 - f. Do you have a cell phone/distracted driver policy? yes no

(Please note that if approved for membership you will be required to provide a written cell phone/distracted driver policy.)

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

3. 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? _____%
 - c. Do you have separate insurance for your commercial towing exposure? yes no

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. PLEASE NOTE: THE INSURER MAY NOT BE SUBJECT TO ALL THE INSURANCE LAWS OF YOUR STATE.

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: _____

Please be sure you do not leave any part of the application blank. If you wish to have the application processed you are required to provide a complete packet, processing does not start until a complete packet is received. For a list of needed items please refer to the checklist and cover page of the application or contact our membership department at 703-365-0199.