

REPOSSESSOR'S PROGRAM

APPLICATION FOR INSURANCE



Applicant's Instructions:

1. Answer all questions. If the answer to any question is NONE, please state NONE.
Do not use N/A or Not Applicable.
2. Please read carefully the statement at the end of this application.
3. Please attach the following information:
 - A. Operating Procedures, Sample Customer Contract and Sample Letter of Assignment
 - B. Current MVRs for all employees who drive tow trucks or customer vehicles
 - C. Copy of Repossessors license if applicable

1. General Information

Proposed Effective Date: _____

- A. Name of Applicant: _____
- B. Form of Business: Corporation Partnership Individual Joint Venture Other _____
- C. Website: _____ Years in Business: _____
- D. Contact Name: _____ Title: _____ Telephone No. _____
 Email Address: _____ Fax No.: _____
- E. Mailing address: _____

G. Locations:

Place an (X) in the appropriate box

#	Address	Office	Storage Lot	Storage Building

H. List state, regional, or national trade associations of which the Applicant is a member:

- I. Are repossession agencies required to be licensed or registered in your State? Yes No
- J. Are you in compliance with State requirements? Yes No

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K. Explain all "Yes" responses?

1. Is the Applicant a subsidiary of another entity or does the Applicant have any subsidiaries? Yes No
2. Any policy or coverage declined, cancelled, or non-renewed during the prior three (3) years? Yes No
3. Has the Applicant ever been the subject of disciplinary action by a governmental bureau or agency? Yes No

Explanation(s):

2. Physical Characteristics:

A. Premises Security:

1. Is storage lot chained? Yes No
2. Is open lot fenced? Yes No
3. Does fencing include barbed or razor wire at top? Yes No
4. Is the lot completely lighted at night? Yes No
5. Are attendants or night watchman employed? Yes No
6. Are dogs on the premises? Yes No
7. Is an alarm system used? Yes No

If yes, explain (manufacturer, type, extent of protection, installment and servicing company, certificate number):

- B. Any exposure to flammables, explosives, or chemicals? Yes No

If yes, explain: _____

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C. Owned Vehicle Description:

#	Year	Make, Model, Body Type	Veh. I.D. #	GVW/GCW	Cost New	Garage Location

D. Do any owned vehicles have the following equipment?

- | | | <u>Unit #</u> |
|------------------------------------------|----------------------------------------------------------|---------------|
| 1. Transformer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 2. The Dynamic? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 3. The Eagle Claw? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 4. Wheel Lift? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 5. Illusion package? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 6. Roll back style unit (a/k/a flatbed)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 7. Fire Extinguishers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 8. Babaco Alarms? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

F. How many dealer plates does the agency have? _____ Repossessor Plates? _____

G. Is there a written vehicle maintenance program? Yes No

H. Are files maintained which document vehicle inspections, maintenance, and repairs? Yes No

3. Operations

A. In which states does the Applicant operate? _____

Provide the total recovery income percentage (%) derived in each state (the sum of must equal 100%):

B. Estimated annual number of repossessions? _____

C. How much does Applicant charge for each Recovery? _____

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D. Total income from recovery operations in the last twelve (12) months: _____

E. Amount of total recovery income percentage (%) derived from repossession of (the sum must equal 100%):

1. Private passenger vehicles _____
2. Commercial units _____
3. Recreational Vehicles _____
4. Watercraft _____
5. Mobile equipment _____
6. All Other (please explain below) _____

F. Amount of additional income from customer vehicle storage: _____

G. Number of units towed annually in non-repossession operations: _____

H. Total income from operations other than recovery and vehicle storage operations in the last twelve (12) months: _____

I. Amount of total income percentage (%) derived from these operations (the sum must equal 100%):

1. Auction _____
2. Auto / truck repair and service _____
3. Used and / or new car sales _____
4. Other (please explain below) _____

J. What percentage of recovery operations are (the sum for each line below must equal 100%):

- | | | | | |
|------------------------------|---------|-----|-------------------------|---------|
| 1. Performed under contract? | _____ % | vs. | Individual Assignments? | _____ % |
| 2. Voluntary surrender? | _____ % | vs. | Self help? | _____ % |
| 3. Drive Away? | _____ % | vs. | Towed? | _____ % |

K. Vehicle Storage:

	Location #1	Location #2	Location #3
1. Average number of units	_____	_____	_____
2. Maximum number of units	_____	_____	_____
3. Average total values	_____	_____	_____
4. Maximum total values	_____	_____	_____

L. Average number of days a vehicle is stored? _____

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M. How are recovered units disposed of (the sum must equal 100%)?

- | | | |
|--------------------------------------------------------|--|---|
| 1. Returned directly to customer | | % |
| 2. Taken directly to auction lot | | % |
| 3. Taken to own storage lot for temporary storage | | % |
| 4. Taken to own storage lot and sold by recovery agent | | % |

N. If recovered units are sold by agency, are potential buyers allowed to test drive? Yes No

O. When towing, are safety chains always used? Yes No

P. Does the Applicant have ICC authority? Yes No

1. Docket number: _____
2. Authorized states: _____

Q. Are any recoveries subcontracted? Yes No

If yes, what percentage (%) is subcontracted? _____

4. Policies and Procedures

A. Are tow trucks left loaded at night? Yes No

B. Are keys removed from recovered units and stored in a locked compartment in Applicant's office? Yes No

C. Is personal use of recovered vehicles permitted? Yes No

Note: Coverage is excluded for personal use of customer vehicles.

D. What are Applicant's procedures for relinquishing units?

1. To debtor? _____

2. To Customer? _____

E. Are formal written policies in place that address the following activities? Yes No

- | | |
|------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Verifying the identity of customers who place phone orders | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Verifying the client has a lien on the unit for which repossession is being requested | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Confirming the bankruptcy status of specific debtors | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Identifying the subject unit in the field | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Proper disposal of firearms and illegal drugs found inside recovered units | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Prompt and accurate completion of reports after a vehicle has been recovered | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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7. Professional handling of confrontations with debtors, spouses, third parties, and other potentially hostile situations Yes No
8. Prohibitions against the carrying and use of firearms Yes No
9. Notifications of the police or sheriff's department prior to and/or after accomplishing a recovery Yes No
10. Acceptable recovery techniques, including prohibitions against and definitions against "wrongful repossession" Yes No
- F. Do the Applicant's contracts with customers and/or assignments letter contain a "hold harmless" clause indemnifying the Applicant for wrongful acts committed based on inaccurate information provided by the customer? Yes No
- G. Is an accident review program in place? Yes No

5. Record Keeping

- A. Are assignment letters and notices of seizure retained in file for at least two (2) years? Yes No
- B. Are records kept on each business transaction which outlines:
1. Date the assignment was received? Yes No
 2. Date the unit was recovered and stored? Yes No
 3. Date the unit was released to the customer or otherwise disposed of? Yes No
 4. Final disposition of the account? Yes No
- C. Is a complete and accurate inventory made of personal effects left in recovered units, signed and witnessed by recovery agency employees? Yes No
- D. Is a copy of the personal property inventory given to the debtor within 48 hours of recovery? Yes No
- E. Are debtors required to sign the inventory form when retrieving personal property? Yes No

If "no", explain:

- F. How are deadly weapons or illegal drugs found among personal effects disposed of?

- G. Is a vehicle condition report completed immediately following each recovery? Yes No
- H. Is a repossession report used to document:
1. The date, time, and place the vehicle was recovered? Yes No
 2. The method of repossession? Yes No
 3. The debtor's reaction? Yes No
 4. The steps taken to locate the collateral and related expenses? Yes No
 5. The confirmation that the police or sheriff's department was notified? Yes No

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6. Employee Selection and Training

A. How many employees does the Applicant have in each category?

	Full-Time	Part-Time
1. Field Adjusters	_____	_____
2. Skip tracers (inside)	_____	_____
3. Clerical	_____	_____
4. Dispatchers	_____	_____
5. Night Watchman	_____	_____
6. Investigators (outside)	_____	_____
7. Salespersons	_____	_____

- B. Does the Applicant have a certified locksmith on staff? Yes No
- C. Is a file kept on each employee which contains employment application? Yes No
- D. Documentation of prior employment and reference checks? Yes No
- E. Motor vehicle reports and criminal record checks? Yes No
- F. New employee orientation checklist? Yes No
- G. Does the applicant have a formal policy for the following:
1. Periodically pull and review driver motor vehicle reports? Yes No
 2. Define and identify problematic motor vehicle reports? Yes No
 3. What action is taken in the event a problematic motor vehicle report has been identified? Yes No

(Please describe) _____

- H. Is an orientation checklist completed on each new employee which documents training on:
1. Repossession procedures? Yes No
 2. Debtor confrontation methods? Yes No
 3. Surveillance techniques? Yes No
 4. Industry legal requirements? Yes No
 5. Vehicle hook-up and towing techniques? Yes No
 6. Customer communications? Yes No
 7. Acceptable driving practices? Yes No
 8. Completion of reports? Yes No
 9. Definition of "wrongful" recovery? Yes No

- I. Are employees properly licensed for the type of vehicle(s) they must operate? Yes No
- J. Are prospective employees given a road test? Yes No

K. List information on all employees who drive tow trucks or customer vehicles?

Name	Date of Birth	Driver License Number	State

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- L. Are all field adjusters issued pocket identification cards or business cards and required to carry the same? Yes No
- M. How are field adjusters compensated? _____
- N. What is the maximum number of hours employees are permitted to work in a 24-hour period? _____

7. Miscellaneous

A. Please list Additional Interests/Certificate Holders:

Place an (X) in the appropriate box and explain interest / relationship

Name and Address	Interests			Explain interest / relationship
	Additional Insured	Loss Payable	Other	

B. Please provide information on the Applicant's other insurance contracts:

Type	Carrier	Limits	Premium	Policy Term
Automobile				
General Liability				
Workers Compensation				
Other (Describe)				

C. Please list your principal customers:

Company	Contact Name	Phone Number