

APPLICATION DATE: _____

APPLICANT NAME: _____

RECOVERY SPECIALIST INSURANCE GROUP

Please only send your applications for Membership and Insurance to:
apps@rsig.com; or fax to: 703-365-0639 or call for a mailing address

Before you start, please be aware we not able to assist an applicant without a **completed application** and ALL required items as listed below. If you are not sure about an item, please call us at 703-365-0199 – we want to help you through this process and are happy to answer any questions you have.

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**
- Emailed photos of lot, truck, etc. (See photo info below) **Passport photo of applicant is required**
- 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
- Current (**not outdated file copies**) loss run report for both repossession and auto/tow truck, narratives on any/all claims (incl \$0 paid), & accident reports where applicable
- Copies of Articles of Incorporation, Partnership Agreement or Organization documents if LLC
- Industry contacts/references for experience verification (at least 3-5 direct contacts– this is separate from personal refs on the application)
- 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 (if you are renting but don't have a lease we require a letter from the landlord giving permission to conduct business at your rented facilities.)
- A copy of your current certificate of insurance.
- If you are not getting a truck quote we require a certificate listing RSIG as a certificate holder **and** additional insured, (\$1M commercial auto liability) for your repo trucks
- If you are applying for a truck quote we require a completed tow truck application (this is separate from this application)**
- 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)

Photos must be emailed – not faxed – and they should be: clear, color, digital photos sent as JPEG, TIFF, or PDF files, minimum resolution of 180 dpi:

- **Lot Photos (1-3 photos):**
 - Overview of the lot
 - Photos of entrance/exit gate with signs
 - Close up of barbed wire/razor wire
- **Personal property & Key Storage photos (1 ea)**
- **Office Photos (2-3 photos):**
 - From outside to include entrance/signage
 - Interior of office space, desks, etc
- **Trucks (2-3 photos per vehicle):**
 - Front & Side of truck/co car (w/ signage if any)
- **Passport-style photo of applicant** (must have a photo of the applicant emailed—must be usable in directory listing)

If you have any questions about any of the items listed above, please contact our membership department at: 703-365-0199. Paperwork may be faxed to 703-365-0639. Paperwork and photos may be emailed to apps@rsig.com. We know you may be trying to meet an expiration date and we are 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

(ALL FIELDS **MUST** BE COMPLETED ON THE APPLICATION &
YOU MUST SUBMIT A COMPLETE PACKET IN ORDER FOR US TO ASSIST YOU
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? _____
Do you have a lease? ☐ yes ☐ no Name & Phn # of mortgage co/landlord? _____

Storage Lot (physical address, location 1): _____
City: _____ State: _____ Zip Code: _____
Do you own? _____ rent? _____ (Please check one) How long? _____
Do you have a lease? ☐ yes ☐ no Name & Phn # of mortgage co/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

PLEASE READ CAREFULLY:

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 **(IF YOU HAVE OWNED YOUR BUSINESS 5+ YEARS YOU SHOULD LIST THAT HERE):**

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

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: _____

- What is the total number of people working in your day-to-day operations? _____
 - 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?

Type of Collateral (Column below should total to 100%)

- ☐ ____% autos/trucks/recreational vehicles
☐ ____% boats over 44ft in length
☐ ____% mobile homes
☐ ____% airplanes
☐ ____% truck tractors // trailers
☐ ____% farm equipment
☐ ____% furniture/appliances/office equipment
☐ ____% livestock
☐ ____% Other _____

Type of Assignment (Column below should total to 100%)

- ☐ ____% Local Credit Unions/Banks
☐ ____% National Banks (direct)
☐ ____% National Forwarders
☐ ____% Camera Hits/LPR
☐ ____% Car lots
☐ ____% vehicles retained under garageman's lien
☐ ____% Title Pawns or Buy Here Pay Here
☐ ____% repossession on reservations or military bases
☐ ____% Bankruptcies
☐ ____% Other _____

6. 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
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. a. Describe your procedures for and the manner in which personal property is stored: _____

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

 j. Do you charge a fee for holding personal property? ☐ yes ☐ no // If yes, how much? \$ _____
 k. 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. a. Which of the following do your records reflect?
☐ date of assignment ☐ date recovered ☐ date released ☐ account number
☐ method of disposal ☐ debtor's name ☐ lender's name ☐ description of vehicle
☐ to whom the vehicle was released ☐ other _____
- b. If kept by computer, what office program (ie RDN, iRepo) do you use? _____
- c. Are you using a mapping program (ie ClearPlan, Reporoute, etc.?) _____
- d. Do you put all accounts into one program (ie RDN, iRepo) to manage? ☐ yes _____ (name) ☐ no
- e. What are your procedures for the destruction of documents once a file has been closed? _____
- f. How long do you keep records prior to destruction? _____
17. a. Are recovery companies required to be licensed by your state or city? ☐ yes Lic. # _____ ☐ no
b. 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. _____
c. Do you cross state lines to perform repossessions? ☐ yes ☐ no // If yes, pls list: _____
18. Do you know what the Consumer Finance Protection Bureau (CFPB) is?: ☐ yes ☐ no
Do you have a written policy prohibiting employees from carrying weapons?*** ☐ yes ☐ no
Do you have a written policy for cell phones and distracted driving?*** ☐ yes ☐ no
*****(If you marked Yes to policies, include a copy with your application)**
19. Describe your position on the media's exposure of the repossession industry through shows like "Operation Repo or Lizard Lick": _____
a. Have you ever appeared on this show or anything similar to it? ☐ yes ☐ no // When: _____
b. Do you post comments or videos to social media or to the web? ☐ yes ☐ no // What platforms: _____
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:

SECTION III. Insurance and Loss History – PLEASE READ CAREFULLY

Underwriting requires you to provide a copy of your loss history from your previous insurance - if you do not provide a complete loss history report for the last 4 years or as long as you have been in business we may not be able to assist you. Loss runs should be current – pulled within the last 30-60 days when submitting your application. If they are 90 days or older we cannot submit your application to be reviewed. If you have questions about this please call our office 703-365-0199.

To better understand your claim history and to provide as complete a picture as possible of your loss experience, all applicants should provide narratives about each of the claims listed on the loss history report (even is \$0 is paid on it) to include: Date of Loss, Claimant Name, Employee Name (if an employee was involved), a description of the claim, and any corrective measures taken to prevent future claims. Accident/police reports should also be sent with your narratives on claims.

All fields below are required. Do not list any blanks:

1. Have you previously had repossession insurance?: ☐ yes ☐ no If Yes, how long: _____
Have you previously had commercial truck insurance?: ☐ yes ☐ no If Yes, how long: _____
Are you currently experiencing a lapse in your insurance?: ☐ yes ☐ no If Yes, how long: _____
2. Please list your current or latest **repossession insurance carrier** information below:
Policy Dates: _____ Carrier: _____
Agent: _____ Agent's Phone: _____
Premium: _____ Limits: _____
3. Please list your current or latest **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: _____
6. 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 – All fields are required

Note the RSIG Master Policy does not provide coverage for any vehicle owned/leased by your company or its employees. If you want a tow truck quote be sure you have indicated on Page 1

Employee Information: (Please list *ALL* - everyone involved in the company - use additional sheet if needed)

Owner/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

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)			

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Vehicle Type (spotter, camera, wrecker, rollback, etc.)			Type of lift (<u>In-cab</u> OR <u>external</u> operated)			

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 your applicants road tested in the type of vehicles they will be operating? ☐ yes ☐ no
 - e. Are drivers required to take a defensive driving course? (*Not CRA or CARS certification*) ☐ yes ☐ no
 - f. Do you use a 3rd party compliance vetting program (ie VTS)? ☐ yes ☐ no
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
 - d. Is your towing under a completely separate company or combined with your repo company? _____

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: _____

The time it takes to process an application is significantly reduced when you fill the application out in its entirety and provide a complete packet. Processing cannot start until a completed application and full 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.