



“The Largest Not-For-Profit National Trade Association Of Repossession Specialists Since 1936”

“Become a Member of Allied Finance Adjusters Conference, Inc.”

Prospective Member Company Information:

Business Trade Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Toll Free: _____

After Hours Phone: _____ Mobile Phone: _____

Personal Email: _____ Company Email: _____

Website: _____

I am doing business As: Corporation: ____ Partnership: ____ Sole Proprietor: ____ Other: _____

Physical Business Location: Own: ____ Rent: ____ Lease: ____

Are you licensed under any state or local law: Yes: ____ No: ____

If yes please list your license number: _____

Length of time in repossession industry personally: _____ Length of time in agency ownership: _____

Does your company require any certification programs for employee education: Yes: ____ No: ____

If yes please list which programs are utilized: _____

Do you belong to any National / State Trade Associations or other organizations?

Please list all: _____

Are you, your partners or corporate officers financially or otherwise connected with the following?

New or used car sales: No: ____ If Yes: Name of Business: _____

Repair garage or shop: No: ____ If Yes: Name of Business: _____

Finance or lending institution: No: ____ If Yes: Name of Institution: _____

Repossession forwarding company: No: ____ If Yes: Please Name: _____

Dismantling, wrecking, towing or salvage yards: No: ____ If Yes: Please Name: _____

Skip Tracing Company: No: ____ If Yes: Please Name: _____

What percentage of your time is devoted to your repossession business: _____ %

Have you, your partners or corporate officers connected with the following?

Have you ever gone by a different name, even if legally changed. No: ____ Yes: ____

Has anyone in your business been convicted of a felony charge even if expunged: No: ____ Yes: ____

Have you ever been denied a bond or insurance of any kind: No: ____ Yes: ____

Have you been denied a license of any type: No: ____ Yes: ____

Do you have other business interests: No: ____ Yes: ____

If the answer to any question above is a yes, please explain in detail:

The Allied Finance Adjusters Membership Application Signature page

Allied Finance Adjusters Conference, Inc. Disclosure, Authorization, and Release of Liability

Disclosure: Allied Finance Adjusters Conference, an Illinois not-for-profit corporation ("AFAC"), hereby discloses that it may obtain and review information and reports about its potential and current members and their officers, directors, key employees and owners, such as credit reports, criminal history, physical site checks and other similar information and reports that AFAC deems relevant (collectively, "Background Information"), when processing a potential member's membership application and at any time during the course of a member's membership in AFAC, for purposes of determining suitability for and continuation of membership. AFAC will retain all Background Information in its permanent files and reserves the right to terminate a member's membership in AFAC at any time if the Background Information is unsatisfactory to AFAC, in AFAC's sole discretion. All information collected or obtained from but not limited to background checks, credit reports, site surveys and criminal records shall remain the sole proprietary property of the AFAC.

Authorization: The undersigned hereby authorizes AFAC and its agents to obtain and review Background Information for use in considering an application for membership and determining suitability for continued membership. If the undersigned is an entity that is a potential or current member of AFAC, the undersigned agrees to cause its officers, directors, key employees, owners, and other individuals with significant control or influence over the undersigned. As determined by AFAC in its sole discretion, to also execute a Disclosure, Authorization. And Release of Liability.

Release of Liability: The undersigned agrees to indemnify and hold harmless AFAC and its agents from and against any and all loss, liability, damage, penalty, fine, judgment, claim or expense (including actual attorneys' fees) incurred by or asserted against AFAC and its agents in Connection with or arising from the Background Information; except to the extent that such losses arose from the gross negligence or intentional malfeasance of Allied Finance Adjusters Conference.

Applicant First Name: _____ **Middle:** _____ **Last:** _____

Social Security Number: _____ **Date of Birth:** _____ **Drivers License #:** _____ **State:** _____

Current residence address: _____

List Previous address, if less than one year at your current address:

I/we have read and will abide by the Allied Finance Adjusters "Code of Ethics" if approved for membership. I/we having read and understand the Disclosure, Authorization & Release of Liability waiver above consent there to affix our signatures as follows:

If Corporation Print & Sign Here;

If Partnership Print & Sign Here;

If Sole Proprietorship or LLC Sign Here;

President Print : _____ Partner Print: _____ Print Name: _____

President Sign : _____ Partner Sign: _____ Sign Name: _____

Vice President Print: _____ Partner Print: _____

Vice President Sign: _____ Partner Sign: _____

Today's Date: _____

Allied Finance Adjusters Conference, Inc. Hold Harmless Agreement

Regarding: Allied Finance Adjusters Conference, Inc.

I / We agree to indemnify and save Allied Finance Adjusters Conference, Inc. harmless from and against any and all claims in regards to membership listings and other related association business, including but not limited to court costs, reasonable attorney fees, and other expenses of litigation. You have the right of Appeal, by written requests submitted on company letterhead, to the Executive Committee, in matters concerning membership listings, and /or website listings published by Allied Finance Adjusters Conference, Inc. I / We agree that the decision(s) by the Executive Committee in any /all matters will be final and absolute I / We agree that any legal action regarding Allied Finance Adjusters Conference, Inc. will be brought in the state in which the President of Allied Finance Adjusters Conference, Inc. maintains his or her principal office per the Allied By-laws.

Company Name: _____ Date: _____

Print Applicant Name: _____ Applicant Signature: _____

Falsifying any information is cause for immediate denial of membership!

Note: You may email the application, documents and photos to: AlliedFinanceAdjusters@gmail.com

You must follow up with Express Mailing the completed membership application, All required documents, photos and your check payable to:

**Allied Finance Adjusters Conference Inc.
3813 Grant St.
Reading, PA 19606**

Incomplete applications will not be processed and will be returned to the applicant for completion.

If you have any questions about becoming a Member of Allied Finance Adjusters, please call the Allied home office at (800) 843-1232 or send an email to: membership@alliedfinanceadjusters.com

To withdrawal your application, submit your request in writing by mail or fax. Note: The investigation fee is nonrefundable.

** The Questionnaire on the following page is required for membership. Please complete it in full to avoid any delay in your membership. Once you are approved as a member our insurance broker "Brunswick Companies" will provide you with your "Hannover Insurance Group" \$1,000,000 Fidelity Crime Policy and it will be placed on your AFA Member Profile page.



REPOSSESSORS EMPLOYEE THEFT CRIME APPLICATION For the Members of Allied Finance Adjusters, Inc. Only

\$1,000,000 Theft of Client Property Retention is \$250,000

Application is hereby made by _____

Principle Address _____
(No.) (Street) (City) (State) (Zip)

For a COMMERCIAL CRIME POLICY. To become Effective as of 12:01 A.M. on _____.

1) FINANCIALS:

Annual Revenue: \$ _____ Net Income: \$ _____
 Total Assets: \$ _____ Net Worth: \$ _____

2) INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES):

(a) Are bank accounts reconciled by someone not authorized to deposit or withdraw from? Yes No
 If "No", explain your internal controls to prevent against concealment of improper deposits or withdrawals:

(b) Is countersignature of checks required? Yes No
 If "No", explain the procedures you use to prevent unauthorized issuance of checks:

3) AUTOMOBILE AUCTIONS:

(a) Does your firm handle proceeds of automobile auctions? Yes No
 (b) If "Yes", how quickly are the net proceeds turned over to your credit grantor customer?

4) LOSSES:

Provide detailed explanation on a separate page of all losses discovered whether reimbursed or not for the past three years. Check if none _____

5) EMPLOYEES:

- (a) Total number of all employees _____
- (b) Of this total, number doing client repossessions _____
- (c) Number of independent contractors included in total _____

6) Is a personnel file established and maintained for all new and existing employees, including independent contractors, which includes a photograph, fingerprint card, documented background investigation, previous employer reference check and credit check? ? ____ Yes ____ No

If 'No', explain what information is maintained:

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: PURSUANT TO s.817.234, FLORIDA STATUTE, ANY PERSON WHO WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURER OR INSURED, PREPARES, PRESENTS OR CAUSES TO BE PRESENTED A PROOF OF LOSS OR ESTIMATE OF COST OR REPAIR DAMAGED PROPERTY IN SUPPORT OF A CLAIM UNDER AN INSURANCE POLICY KNOWING THAT THE PROOF OF LOSS OR ESTIMATE OF CLAIM OR REPAIRS CONTAIN ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION CONCERNING ANY FACT OR THING MATERIAL TO THE CLAIM COMMITS A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED IN s.775.082, s.775.083 OR s.775.084 FLORIDA STATUTES.

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

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO KNOWINGLY INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: **WARNING** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES A CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION ON AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA & WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH VIOLATION.

Dated at _____ this _____ day of _____, 20_____

(Insured Name)

By _____
(Signer's Name and Title)

Allied Finance Adjusters Membership Application Instruction Sheet and Check off List;

- ___ 1. Passport quality photograph of the applicant in proper business attire. (See below Member Photo)
- ___ 2. Your insurance accord with Allied Finance Adjusters listed "Certificate Holder", \$1,000,000 wrongful repo policy.
- ___ 3. Copies of any City, County or State licenses that you hold.
- ___ 4. Copies of any trade membership/certifications. Example; RSIG, TFA, CALR, FLACARS, IRA, ARA
- ___ 5. Copy of your driver's licenses, enlarged in color preferred, to show your photo clear.
- ___ 6. Provide proof of business start date: Articles of Corporation or Fictitious Business Name statement.
- ___ 7. Provide proof of Business Ownership (prospective member name to match business ownership)
- ___ 8. The completed Allied Finance Adjusters Membership Application with all signatures.
- ___ 9. At least one Photo each of your recovery equipment, inside & outside of your office / storage location.

Member Photo (email photo requirements):

- 1. Member must be dressed in business attire.
- 2. Color is preferred over black and white
- 3. 300 dpi or higher
- 4. 200 x 200 Pixels
- 5. Photo format: .jpg
- 6. Photo format file name must be: first_last_company.jpg

Three photos of your office facility (email photo requirements):

You may have up to **three (3)** photos of your office facility. These photos will only be listed on your Member Profile page on the AFA website. They are not included in the Annual Membership Directory.

- 1. Color is preferred over black and white
- 2. 300 dpi or higher
- 3. 200 x 200 Pixels
- 4. Photo format: .jpg
- 5. Photo format file name must be: company_state(1,2or3).jpg

Documents (email requirements)

All Documents must be in .PDF format

Membership Application (email requirement)

Must be in .PDF format

Note: You may email the application, documents and photos to: AlliedFinanceAdjusters@gmail.com
You must follow up with Express Mailing the completed membership application, All required documents, photos and your check payable to:

Allied Finance Adjusters Conference Inc.
3813 Grant St. Reading, PA 19606

Incomplete applications will not be processed and will be returned to the applicant for completion.

Allied Finance Adjusters Conference, Inc. Code of Ethics

An Organization of Professional Adjusters & Investigators - Founded in 1936

1. To serve the business of finance with loyalty and to cooperate with the finance industry, its executives, collectors, managers and representatives in the proper handling of assignments.
2. To conduct ourselves so as to command respect and confidence.
3. To promote, by an unvarying attitude of fairness, competence, integrity and proper respect for the persons with whom we have dealings, good will toward business and finance.
4. To approach investigations and adjustments with an unprejudiced and open mind.
5. To make truthful and unbiased reports of facts as we find them.
6. To resist influences tending to produce improper alliances and to serve our clients fearlessly.
7. To render equitable bills and to strive for economy in expense.
8. To refrain from improper solicitation.
9. To render the highest quality of service.
10. To work in harmony with one another and with our clients so as to foster cordial relationships among ourselves and with the finance fraternity

Allied Finance Adjusters Conference, Inc. Mission Statement

Allied Finance Adjusters Conference Inc. is a nonprofit national association of individuals who own and operate repossession companies. We are committed to the promotion of excellence within our profession. Allied will do this by educating our members and those associated with the finance industry regarding innovations, changes and improvements that affect this trade and give them the opportunity to exchange knowledge, experience and ideas in a collaborative environment.

About Allied Finance Adjusters Conference, Inc.

Allied Finance Adjusters (AFA) is the largest, not-for-profit, national trade association of certified, insured and CFPB compliant recovery professionals. AFA has lead the industry as the fist trade association to offer its members CFPB Training & ongoing continuing education. AFA Members are the most professional in the industry at locating and repossessing collateral on behalf of all lending institutions including, banks, credit unions, financial institutions, rental & leasing companies, buy here pay here, auto, truck and equipment dealerships. All new AFA Members must pass rigorous physical office inspections and background checks. AFA does not support Phantom or Ghost offices period. All AFA members are independent professional business operators and are covered by the \$1,000,000 Fidelity Crime Protection policy. For more information please contact our home office (800) 843-1232. "Professionals Hire Professionals"