

# Allied Finance Adjusters Conference Inc.

## Client Welcome Package Guidelines/Outline

Clients need a quick overview of your company. The term "Less is more" comes into play here. Your cover sheet and Introduction page should be short simple and to the point.

Listed below are the guidelines on how to create your welcome package. Using Microsoft Word to create your package will save you time down the road. If you can fit, for example your city and state licenses on one page, please do so. Images of your facility and towing equipment can be inserted into Microsoft Word and saved. (Drag and Drop)



Using the "Snipping Tool" included on most PC computers is a convenient way to create your welcome package. This makes for easy printing and collation, just snip, save to your desktop, then drag into Microsoft Word. Once you build your welcome packing using Microsoft word you can "Save As" as a .pdf so updating your documents is now a breeze! (The "Snipping Tool" is located: Start button, All Programs, Accessories Folder)

**Helpful Hint:** Never say you have been in business for "Over 4 years", instead say: "Since 2011" this way you don't have to remember to update the years, every year! This applies for your company letter head, business cards and company website.

Once you complete your welcome package "scan" or "save as" in PDF format. This is the best for emailing or uploading to the clients.

### **Welcome Package Outline (What to include):**

**Cover Sheet (Page 1):** Company Logo, Service Area, Company Name, Physical Address, Phone, Fax, Email, Website & Last Revised Date, and your contact information.

**Introduction page (Page 2):** List the Services you provide, Certifications, Memberships and type of recovery equipment. (basically an overview of the next pages) "Limit to only one page".

**Page 3:** Insurance Accord Sheet.

**Page 4:** Licenses.

**Page 5:** Bond.

**Page 6:** Workers Comp Insurance Accord Sheet.

**Page 7:** Certificates. (Compliance and Education Training Attendance Certificates).

**Page 8:** Certifications. (Compliance and Education Course Completion Certificates).

**Page 9:** Memberships. (National and State Trade Associations Membership Certificates).

**Page 10:** Images of your facility. (Place images in Word Document).

**Page 11:** Images of your towing equipment. (Place images in Word Document).

**Page 12:** References. (List - clients, vendors and personal, with name and contact information minimum of three).

**Page 13:** Certificate of Corporation Status with state. (If applicable.)

**Page 14:** Completed W-9. (Google W-9 for form)

**Page 15:** Your rate sheet. (For smaller clients it is best to include your rate sheet. Larger clients will provide contracts with the rates explained, it may be best to negotiate your rates at that point.

**Below is an example of a welcome package, Please do not copy the wording, use your own creativeness!**

**COVER SHEET**

# **ACTION AUTO RECOVERY**

**“Southern California’s Repossession & Skip Tracing Experts”  
RA 641 - Since 1967**



Now Running a Fleet of DRN Recovery Vehicles (LPR Camera Technology)

**Member: Allied Finance Adjusters  
Member: California Credit Union Collectors Council  
Member: California Association of Licensed Repossessors  
Certified Collateral Recovery Specialist (C.C.R.S.)**

**Serving: Los Angeles & Orange Counties**

**Licensed, Insured & Bonded – Since 1967**

**Help is just a FREE phone call away – Check us out on the Internet!**

**(800) 421-5528 – FAX (562) 989-1414  
[www.RepoBiz.com](http://www.RepoBiz.com) - [skip@repobiz.com](mailto:skip@repobiz.com)**

**INTRODUCTION PAGE**

**Action Auto Recovery**

**Serving Los Angeles, Orange, Riverside San Bernardino & San Diego Counties Daily!**

**CFPB Compliant - RDN - DRN - VTS - CRA - AFA - CALR - CCUCC - MRS - BAJA**

**About Action Auto Recovery:**

The most professional help available to recover your collateral and avoid legal problems. The likelihood for the successful recovery of your collateral is assured. We use wheel lift, self loaders & flat bed towing for damage free recovery, delivery and transport. Action's repossessioners are employees and not independent contractors. They are covered under our workers compensation insurance. We carry business liability with one of the top "A" rated insurance company's in our industry; we also carry Garage keeper's direct and primary coverage for wrongful repossession, personal injury and auto liability.

**Action Auto Recovery is a member in good standing with:**

The California Credit Union Collectors Council. (CCUCC)  
The California Association of Licensed Repossessioners. (CALR)  
Allied Finance Adjusters (AFA) client protection bond of \$1,000,000



**Action Auto Recovery's Skip Tracing Ability Is Second To None:**

Our seasoned professionals use a unique combination of old school techniques and the latest in online technology for locating your customer's relatives, friends and family's current residence and employment.

**Vehicle Storage and Delivery:**

Action Auto Recovery will store your collateral FREE! Police holds are at a reduced rate. If redeemed, there is a nominal fee to your customer from the date of repossession only. We will deliver your vehicle to all local auctions within 40 miles from our storage locations.

**Transport Service Available:** Call us for a FREE quote!

**Personal Effects, Condition Reports and Photos:**

Personal property will be removed, inventoried, stored and held for 60 days. Your debtor will be charged a minimum of \$5.00 per day from the date of repossession. (CA B&P 7507.9). Condition reports faxed within 24 hours of recovery, Digital photos upon request – FREE!

**No Hidden Fees or Extra Charges Ever!**

Flat bed towing and security keys are passed to you at our cost, upon prior approval.

**Assignment Reports and Updates:**

We upload to your client portal, call, e-mail or fax on demand your assignment updates.

Action Auto Recovery, Guarantees a higher recovery ratio while keeping your costs to a minimum.

Voluntary repossessions and impounds with police releases recovered within 24 hours.

Action Auto Recovery, is a service organization and will tailor our operation to meet your needs.

**For more information surf to [www.RepoBiz.com](http://www.RepoBiz.com) / email - [skip@repobiz.com](mailto:skip@repobiz.com)**

**A quick call will get you immediate personal attention: (800) 421-5528**

# Allied Finance Adjusters Conference Inc.

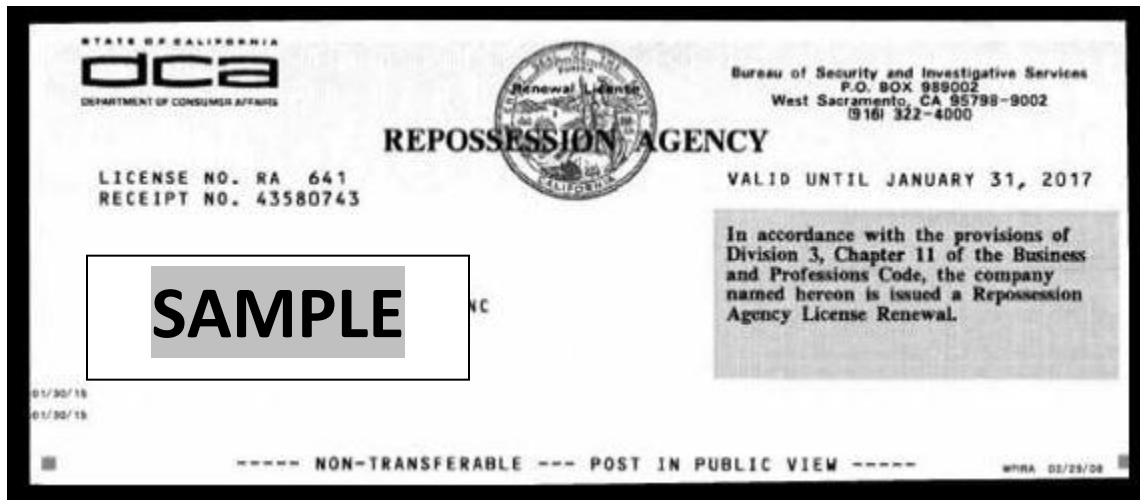
## INSURANCE

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| <p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <b>PRODUCER</b><br><b>LEGACY PLUS INSURANCE AGENCY</b><br>PO Box 903<br>Newbury Park, CA 91319<br>0676010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         | <b>ADJUSTER</b><br><b>Michael J. Cagley</b><br>PHONE (818) 865-8867 FAX (818) 265-2863<br>EMAIL legacypiusins@gmail.com                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                  |                                |                                                                                                                                                                                                                                                |                               |         |                                         |                               |                                         |        |                                                                                                                                                                                                                                                                                                                                                                      |   |                  |           |           |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |   |                  |           |           |                                                                                                                                                                      |                                                                                                                                                              |  |            |           |           |                                                                  |                                                                                                                                                                   |     |     |  |  |                                                                                                                                                  |                                                                            |  |                                      |                        |                        |                                                     |                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |                           |  |  |                     |  |  |                                                                 |  |  |                                                                                                                                                                                                  |  |  |
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| <b>COVERAGES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>TYPE OF INSURANCE</th> <th>INSURER</th> <th>POLICY NUMBER</th> <th>POLICY EFF. DATE (MM/DD/YYYY)</th> <th>POLICY EXP. 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(Mandatory in NH)<br/>                     Type, amount and limit of coverage:                 </td> <td>Y/N</td> <td>N/A</td> <td></td> <td></td> <td> <input type="checkbox"/> YES <input type="checkbox"/> NO<br/>                     \$1 EACH ACCIDENT \$<br/>                     \$1 DISEASE/DEATH EMPLOYEE \$<br/>                     \$1 DISEASE/POLICY LIMIT \$                 </td> </tr> <tr> <td> <b>B ON-HOOK /CARGO</b><br/> <b>A DIRECT PRIMARY</b><br/> <b>GARAGEKEEPERS</b> </td> <td></td> <td>                     H9A2CP0000071 02<br/>                     H9A2TP0000175 02                 </td> <td>                     3/18/2015<br/>                     3/18/2015                 </td> <td>                     3/18/2016<br/>                     3/18/2016                 </td> <td>                     \$100,000 DED \$1,000<br/>                     \$1,000,000 DED \$500/2500                 </td> </tr> <tr> <td colspan="6">                     DESCRIPTION OF OPERATIONS (LOCATION/S/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)<br/>                     LOC-3860 CHERRY AVE. 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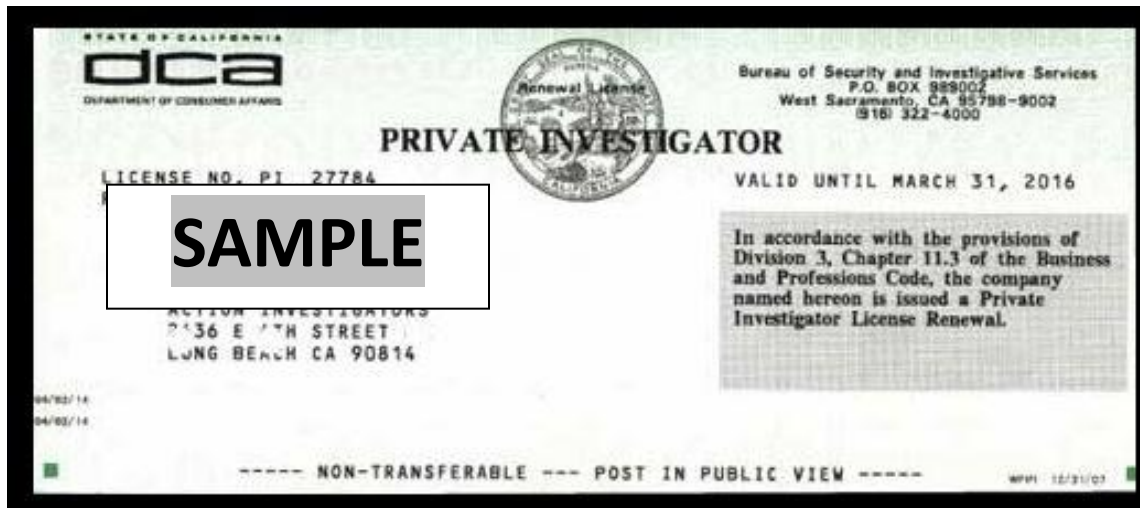
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# Allied Finance Adjusters Conference Inc.

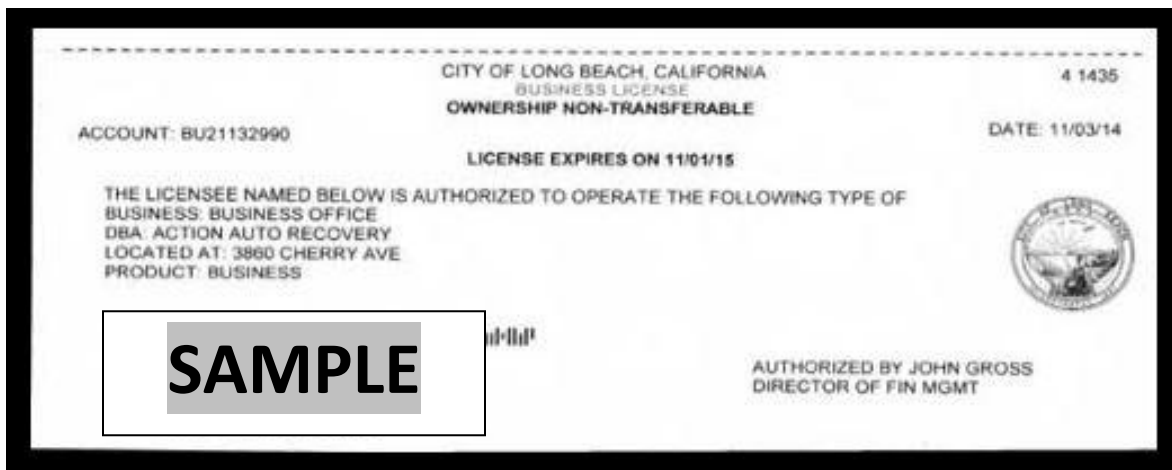
## LICENSES



## PRIVATE INVESTIGATOR LICENSES



## CITY BUSINESS LICENSES



**ALLIED FINANCE ADJUSTERS BOND**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div><div><div>\$1,000,000</div><div><p><b>ALLIED</b><br/>FINANCE ADJUSTERS<br/><small>www.alliedfinanceadjusters.com</small></p></div></div><div><div><div>ALLIED FINANCE ADJUSTERS CONFERENCE, INC.</div><div>\$1,000,000 CLIENT PROTECTION BOND</div></div><div><div>SAMPLE</div></div><div><p>By these Presents, effective as of 12:01 a.m. on the first day of January 20XX to the thirty-first day of December 20XX, that Allied finance Adjusters Conference, Inc. ("Allied") hereby issues this self-insuring bond up to the amount of \$1,000,000 during the above period to indemnify Lenders, Allied Members, their agents, servants and employees, Allied, its Officers and Directors, its agents, servants and employees, pursuant to the terms and conditions set forth below:</p><p><b>1) Who is covered</b><br/>Those persons who are entitled to be indemnified under the terms of this Bond are collectively referred to as the "indemnitors" and they are grouped into three categories, (1) Lenders engaging the above identified Allied Member, (2) Allied itself and (3) The individual Officers, Directors and Members of Allied.</p><p><b>Definitions</b><br/>a) Lender: A Lender must search the member through the Allied website to verify the member is in good standing with the Association, and which has the authority to assign accounts that are either delinquent or in default.<br/>b) Allied: Allied Finance Adjusters Conference, Inc.<br/>c) Officers and Directors: The officers and Directors of Allied either collectively or individually.</p><p><b>2) Method of Assignment of Accounts for Repossession.</b><br/>Lenders, which are indemnified under the terms set forth herein, shall assign all of their rights, title and interest in any loan underlying the subject of the underlying repossession, as a condition of indemnification, by either (1) electronic transmission over the Allied Web site; or (2) on an approved Allied form with the proper hold harmless clause as contained in the current Allied Directory of Approved Members.</p><p><b>The following actions which cause a loss to a qualified Lender are covered:</b><br/>a) Loss of money security or property up to the amount of this Bond which results directly from any fraudulent or dishonest act committed by any Allied member.<br/>1) Fraudulent or dishonest acts are defined to mean any acts committed by an Allied member or an employee of said member with the express intent to cause the Lender to sustain such loss and to obtain financial benefit for the Allied member or his/her employee other than salary, bonus, commission, or other benefits or emoluments earned in the normal course of employment, whether acting alone or in collusion with others.<br/>2) Bonding conditions, limits, and conditions:<br/>a) A loss is covered only if reported within 30 days of discovery or 30 days from occurrence. However, in no event will a loss be covered if reported more than 90 days after occurrence.</p></div></div></div> |
| <div><div><div>www.AlliedFinanceAdjusters.com</div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

## WORKERS COMP INSURANCE



## CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 12/22/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b><br>Brennan and Associates Risk Mgmt & Insurance<br>License # 0649629<br>6621 E Pacific Coast Hwy, #200<br>Long Beach CA 90803 |        | <b>CONTACT NAME:</b> Maile Jeppesen<br><b>PHONE:</b> (800) 509-6452<br><b>FAX:</b> (562) 429-6511<br><b>ADDRESS:</b>                                                                                                                                                                                                                                                                                                                 |  |         |        |                                    |       |            |  |            |  |            |  |            |  |            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------|--------|------------------------------------|-------|------------|--|------------|--|------------|--|------------|--|------------|--|
| <b>INSURED</b><br>AAR<br>DBA:<br>2436<br>Long                                                                                                 |        | <b>INSURER(S) AFFORDING COVERAGE</b><br><table border="1"> <thead> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: State Compensation Ins.</td> <td>35076</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table> |  | INSURER | NAIC # | INSURER A: State Compensation Ins. | 35076 | INSURER B: |  | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |  |
| INSURER                                                                                                                                       | NAIC # |                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |         |        |                                    |       |            |  |            |  |            |  |            |  |            |  |
| INSURER A: State Compensation Ins.                                                                                                            | 35076  |                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |         |        |                                    |       |            |  |            |  |            |  |            |  |            |  |
| INSURER B:                                                                                                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |         |        |                                    |       |            |  |            |  |            |  |            |  |            |  |
| INSURER C:                                                                                                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |         |        |                                    |       |            |  |            |  |            |  |            |  |            |  |
| INSURER D:                                                                                                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |         |        |                                    |       |            |  |            |  |            |  |            |  |            |  |
| INSURER E:                                                                                                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |         |        |                                    |       |            |  |            |  |            |  |            |  |            |  |
| INSURER F:                                                                                                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |         |        |                                    |       |            |  |            |  |            |  |            |  |            |  |

| COVERAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         | CERTIFICATE NUMBER: 2015-2016 |                 | REVISION NUMBER: |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------|------------------|------------|
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |                                                                                                                                                                                                                                                                                                                         |                               |                 |                  |            |
| INSR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                       | ADDL                          | POLICY NUMBER   | POLICY EFF       | POLICY EXP |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><input type="checkbox"/> GENL AGGREGATE LIMIT APPLIES PER<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                               |                 |                  |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> Hired AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                                                            |                               |                 |                  |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DEF <input type="checkbox"/> RETENTION                                                                                                                                                                                         |                               |                 |                  |            |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br><input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER ENCLOSED (Mandatory in RI)<br><input type="checkbox"/> Y/N <input type="checkbox"/> N/A<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                       |                               | 300-508201-2015 | 1/1/2015         | 1/1/2016   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)                                                                                                                                                                                             |                               |                 |                  |            |

|                                                        |                                                                                                                                                                                                                                                  |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br><br>Evidence Of Insurance | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br>Michael Brennan/MJ |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

 ACORD 25 (2010/05)  
 INS025 (2010/05) DL

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# Allied Finance Adjusters Conference Inc.

## AFA CFPB TRAINING



## CALR CFPB TRAINING



CRA CERTIFICATION

IT IS HEREBY ACKNOWLEDGED AND  
CERTIFIED THAT

*C* **SAMPLE** *erd*

HAS SUCCESSFULLY COMPLETED THE  
**RECOVERY SPECIALIST  
CERTIFICATION COURSE**

JUNE 2013



*Successful completion of this online course conducted by  
Recovery Specialist Insurance Group requires the above named individual  
to pass an online examination, testing the individual's knowledge of:  
California Case law and Statutes covering repossession,  
The Fair Debt Collections Practices Act and  
The Uniform Commercial Code.*

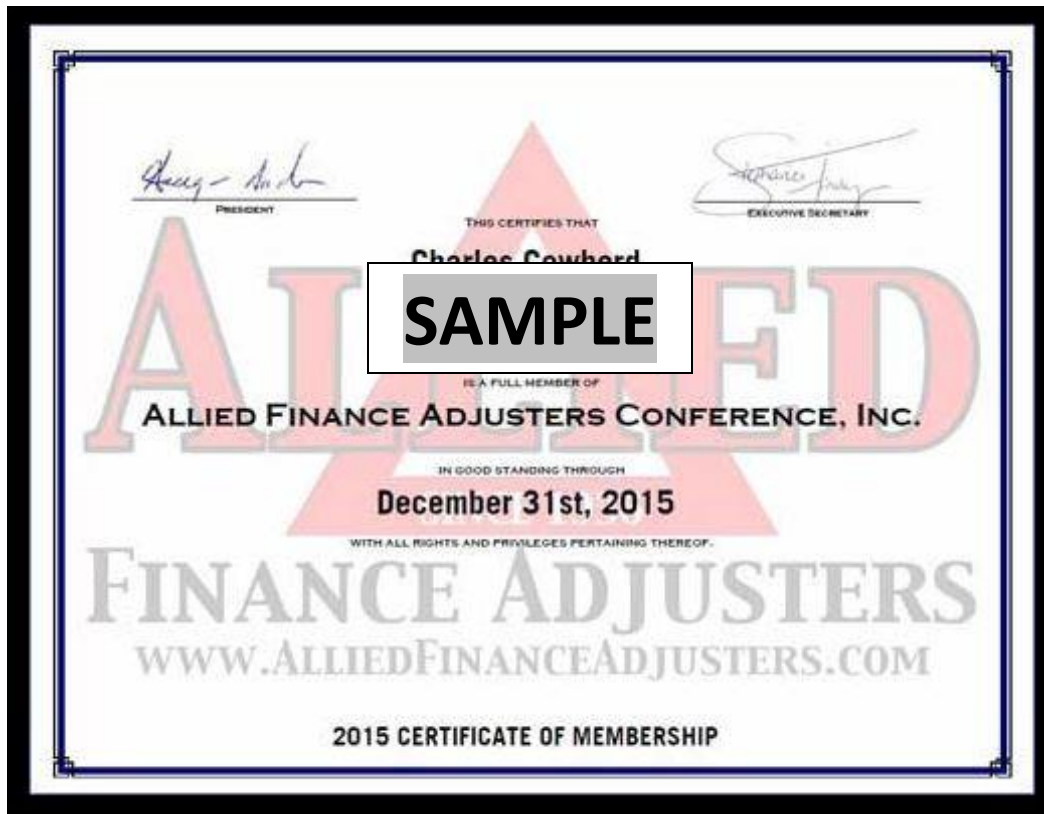
  
Michael Howk, Instructor

  
Edward Marcum, Secretary

RSIG2548

## Allied Finance Adjusters Conference Inc.

### ALLIED FINANCE ADJUSTERS MEMBERSHIP CERTIFICATE



### CALIFORNIA ASSOCIATION OF LICENSED REPOSSESSORS (CALR) CERTIFICATE OF MEMBERSHIP



# Allied Finance Adjusters Conference Inc.

## EXTERIOR IMAGE OF PHYSICAL OFFICE LOCATION



## INSIDE VEHICLE STORAGE



## OUTSIDE VEHICLE STORAGE



## PERSONAL EFFECTS STORAGE



# Allied Finance Adjusters Conference Inc.

---

## INTERIOR OF OFFICE



## TOWING EQUIPMENT



# Allied Finance Adjusters Conference Inc.

## REFERENCE LIST

### Client Reference List

| <u>Client</u> | <u>Contact</u> | <u>Phone</u> | <u>Email</u>        |
|---------------|----------------|--------------|---------------------|
| ABC Bank      | Jeff Jones     | 555-555-555  | j.jones@abcbank.xxx |
| ABC Bank      | Jeff Jones     | 555-555-555  | j.jones@abcbank.xxx |
| ABC Bank      | Jeff Jones     | 555-555-555  | j.jones@abcbank.xxx |

### Vendor Reference List

| <u>Vendor</u> | <u>Contact</u> | <u>Phone</u> | <u>Email</u>        |
|---------------|----------------|--------------|---------------------|
| RDN           | Jeff Jones     | 555-555-555  | j.jones@abcbank.xxx |
| DRN           | Jeff Jones     | 555-555-555  | j.jones@abcbank.xxx |
| IREPO         | Jeff Jones     | 555-555-555  | j.jones@abcbank.xxx |

### Personal Reference List

| <u>Person</u> | <u>Phone</u> | <u>Email</u>        |
|---------------|--------------|---------------------|
| Jim Jones     | 555-555-555  | j.jones@abcbank.xxx |
| Jim Jones     | 555-555-555  | j.jones@abcbank.xxx |
| Jim Jones     | 555-555-555  | j.jones@abcbank.xxx |

**(Note: Always ask the person or company before you list them as a reference)**

CORPORATION LETTER IN GOOD STANDING WITH THE STATE

State of California  
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

AAR REPO

**SAMPLE**

INC.

FILE NUMBER: C2901946  
FORMATION DATE: 08/18/2006  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of April 01, 2014.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State

# Allied Finance Adjusters Conference Inc.

## IRS W-9

|                                                                                                   |                                                                         |                                                                    |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>Form W-9</b><br>(Rev. December 2014)<br>Department of the Treasury<br>Internal Revenue Service | <b>Request for Taxpayer<br/>Identification Number and Certification</b> | <b>Give Form to the<br/>requester. Do not<br/>send to the IRS.</b> |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------|

|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Print or type<br>See Specific Instructions on page 2. | <b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                      |
|                                                       | <b>2</b> Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                      |
|                                                       | <b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes:<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="text"/><br><b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.<br><input type="checkbox"/> Other (see instructions) ▶ <input type="text"/> | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) <input type="text"/><br>Exemption from FATCA reporting code (if any) <input type="text"/><br><small>(Applies to accounts maintained outside the U.S.)</small> |
|                                                       | <b>5</b> Address (number, street, and apt. or suite no.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Requester's name and address (optional)                                                                                                                                                                                                                                                              |
|                                                       | <b>6</b> City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                      |
| <b>7</b> List account number(s) here (optional)       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                      |                      |                      |                      |                      |                      |                      |  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----|--|--|--|--|--|--|--|--|--|---------------------------------------|--|--|--|--|--|--|--|--|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>Part I Taxpayer Identification Number (TIN)</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                      |                      |                      |                      |                      |                      |                      |  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                      |                      |                      |                      |                      |                      |                      |  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| <b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.                                                                                                                                                                                                                                                                                                | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="10" style="text-align: center;"><b>Social security number</b></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="10" style="text-align: center;">or</td></tr><tr><td colspan="10" style="text-align: center;"><b>Employer identification number</b></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | <b>Social security number</b> |                      |                      |                      |                      |                      |                      |                      |  |  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | or |  |  |  |  |  |  |  |  |  | <b>Employer identification number</b> |  |  |  |  |  |  |  |  |  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>Social security number</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                      |                      |                      |                      |                      |                      |                      |  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="text"/>          | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| or                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                      |                      |                      |                      |                      |                      |                      |  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| <b>Employer identification number</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                      |                      |                      |                      |                      |                      |                      |  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="text"/>          | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part II Certification</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Under penalties of perjury, I certify that:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and                                                                                                                                                                                                                                                                                       |  |
| 3. I am a U.S. citizen or other U.S. person (defined below); and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3. |  |

|                  |                                                 |                             |
|------------------|-------------------------------------------------|-----------------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ <input type="text"/> | Date ▶ <input type="text"/> |
|------------------|-------------------------------------------------|-----------------------------|

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

# Allied Finance Adjusters Conference Inc.

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## RATE SHEET

Involuntary Repossession:

Voluntary Repossession:

Impound Repossession:

Impound, body or repair shop front fees on behalf of client, max amount:

Door Knock (Payment collection):

Condition Report Only: For impounded, body or repair shop vehicles:

Flat Bed Towing:

Dolly Fee:

Key Fee:

Standard Cut:

Programming:

Laser Cut:

Delivery to Auction:

Local delivery under XX Miles:

Delivery over XX Miles:

Vehicle storage to client:

Days free to client:

Per day after free days:

Vehicle Storage amount per day to Debtor:

Personal Effects storage amount per day to Debtor:

Business operating hours:

Business Hours for transport pick up:

Business Hours for insurance inspections:

Business Hours for vehicle and personal effect redemption for debtors:

If you have any questions please give us a call at (555) 555-5555