



AUTO REPOSSESSOR PACKAGE POLICY APPLICATION

In order for us to quote you **MUST** provide the following:

- Loss History, 4 years.
- If new in business, a letter of repossession and managerial experience (must have at least 3 years of experience).
- Completed attached supplemental application.
- If currently insured, current premium & expiration date.
- One blank copy of an Inspection/Condition form.
- One blank copy of a Hold Harmless Agreement.

**APPLICATION WILL NOT BE PROCESSED UNLESS ALL
REQUESTED ITEMS ARE SUBMITTED**

**Submission of application does not guarantee placement of
coverage. Quotes are subject to acceptable motor vehicle reports
and loss runs.**

We look forward to doing business with you. Please contact our office if you have any questions or need help completing the application.

Sirix Inc
1515 S Federal Hwy Ste 103
Boca Raton, FL 33432
Tel 800.497.2882

APPLICANT INFORMATION

ALL QUESTIONS MUST BE ANSWERED – IF A QUESTION DOES NOT APPLY PLEASE ENTER N/A

Business Name:

DBA'S (if any):

Phone:

Fax:

Email:

Street address:

City:

State:

ZIP Code:

Federal ID Number or Social Security Number:

U.S. DOT Number:

Year COMPANY/BUSINESS opened:

Current Carrier:

Requested Effective Date:

DESCRIPTION OF OPERATIONS

SECTION I

GENERAL QUESTIONS SECTION

1. Number of driver employees:
2. No. of Non-Driver/Clerical only (Not Inc. owner/officers):
3. Are all driver employees between the ages of 25 and 65?
4. Do you subcontract work? If yes:
 - a. Number of subcontractors:
 - b. Are they full time dedicated or on call?
 - c. How many vehicles do they operate?
 - d. Verification of both Auto policy & General Liability policy for subcontractors?
(REQUIRE COPY OF CERTIFICATE OF INSURANCE)
5. Have there ever been any claims for Wrongful Repossession filed against this corporation, its' owners or any previous companies they may have owned or managed?
If Yes, please provide dates, details and final disposition on separate sheet of paper.
6. What are your business hours?
 - a. Office hours Monday – Friday:
 - b. Office hours Saturday:
 - c. Office hours Sunday:
 - d. Is office staffed during hours of o operation?

7. Describe the means by which cancellations/rescissions are received at your office (i.e. fax, email, etc.)?
8. How are cancellations/rescissions documented and confirmed received?
9. Are cancellations/rescissions time stamped?
10. Are cancellations/rescissions accepted by means of voice mail messages or text messaging?
11. How is documentation retained (i.e. paper, electronic etc.) and for how long?
12. As regards to receiving cancellations/rescissions, what accommodations are in place for your clients located in another time zone (*please be specific and detailed, use additional sheets if necessary*)?
13. Do you have a formal policy regarding Invasion of Privacy and methods of handling a hostile debtor? If yes, please attach a copy.
14. Do you require a favorable Hold Harmless Agreement from your customers? If yes, please provide a copy.
15. List names of any repossession associations to which you belong and for how long you have been a member (use separate sheet if necessary).
16. What are your companies procedures for documenting existing damages and inventory of a repossessed vehicle? (please be specific, use additional sheets if necessary, attach a copy of your inspection form)
17. Do you take title and sell repossessed vehicles directly to the public?
18. Do you take inventory of personal effects found in repossessed property?
19. Do you notify debtors how they may retrieve their personal effects?
20. Are signed release forms obtained from debtors for returned personal effects?

SECTION II

PLEASE GIVE PERCENTAGE OF EACH THAT YOU ENGAGE IN (must total 100%):

- | | | | |
|-----------------------------|---|---------------------------|---|
| 1. Recovery / Repossession: | % | 3. Collections: | % |
| 2. Skip Tracing: | % | 4. Private Investigation: | % |

PERCENTAGE OF REPOSSESSIONS BY VEHICLE TYPE:

- | | | | |
|---------------------------|---|-------------------------|---|
| 1. Passenger automobiles: | % | 3. Commercial vehicles: | % |
| 2. Recreation vehicles: | % | 4. Boats/watercraft: | % |
5. Do you or would you perform repossessions at the following locations:
- a. Military Base:
 - b. Native American Reservations:
 - c. Louisiana:

*AIRCRAFT / AVIATION AND OFF SHORE REPOSSESSIONS ARE EXCLUDED BUT CAN BE INCLUDED BY COMPANY APPROVAL.

SECTION III

PLEASE INDICATE TO WHOM YOU PROVIDE REPOSSESSION SERVICES (answer Yes or No to all that apply):

- 1. Commercial Lenders (Banks & Finance Companies):
- 2. New Car Dealerships:
- 3. Buy Here Pay Here Used Car Dealers:
- 4. Other (Describe):
- 5. Do you obtain a written authorized assignment for each repossession?

SECTION IV

EMPLOYEE SELECTION AND TRAINING

- 1. What is your average annual turnover ratio:
- 2. Are all driver employees between the ages of 25 and 65?
- 3. Which of the following sources do you use to recruit new employees?
 - a. Referrals:
 - b. Want ads:
 - c. Employment agency:
 - d. Other (Describe):
- 4. Are police records checked before hiring (only where allowed by law)?
- 5. How many years experience do you require for drivers?

6. Are driving records checked before hiring? If yes, how often are records checked after hiring?
7. Are copies of MVR's maintained in employee records?

SECTION V

REPOSSESSION VEHICLE LIST

1. Number of repossession vehicles owned by applicant:
2. Number of non-repossession vehicles owned by applicant i.e. spotter vehicles:
3. Are all vehicle(s) registered to the named insured?

****PLEASE PROVIDE ACORD VEHICLE SCHEDULE**

SECTION VI

REPOSSESSION STORAGE LOCATION INFORMATION

Please provide full details of your storage location(s):

Address:

Area of repossessed vehicle storage area:

Area of office space:

Garage Keepers Liability Limit requested:

Describe security measures or appropriate comments (i.e.: key controls, alarm type - local/central station, etc.).

USE SEPARATE SHEET OF PAPER OR ACORD FORM FOR ADDITIONAL LOCATIONS

INDEPENDENT CONTRACTORS

I understand that all independent contractors adhere to company guidelines and employee criteria.

**** ANY MID-TERM CHANGES THAT DEVIATE FROM THE APPLICATION MUST BE DISCLOSED TO THE AGENT/COMPANY AND APPROVED BY AGENT/COMPANY PRIOR TO THE MID-TERM CHANGE TAKING PLACE. FAILURE TO NOTIFY THE AGENT/COMPANY MAY RESULT IN CANCELLATION, NON-RENEWAL OR DENIAL OF COVERAGE.**

I hereby represent and warrant that as a condition of purchasing this insurance policy, I have and will obtain authorization from all of my present and future employees to obtain their Motor Vehicle Records (MVR's).

ADDITIONAL COVERAGE STATEMENT

I understand that if any additional coverage is requested mid-term (i.e. additional vehicles, additional drivers, higher limits) an increase in premium may be incurred. When adding any additional drivers, current acceptable MVRs (motor vehicle reports) must be submitted by your company before driver will be added to the policy.

APPLICANTS SIGNATURE

X _____

PRINTED NAME _____

TITLE _____ DATE _____