

Office: 800-775-REPO

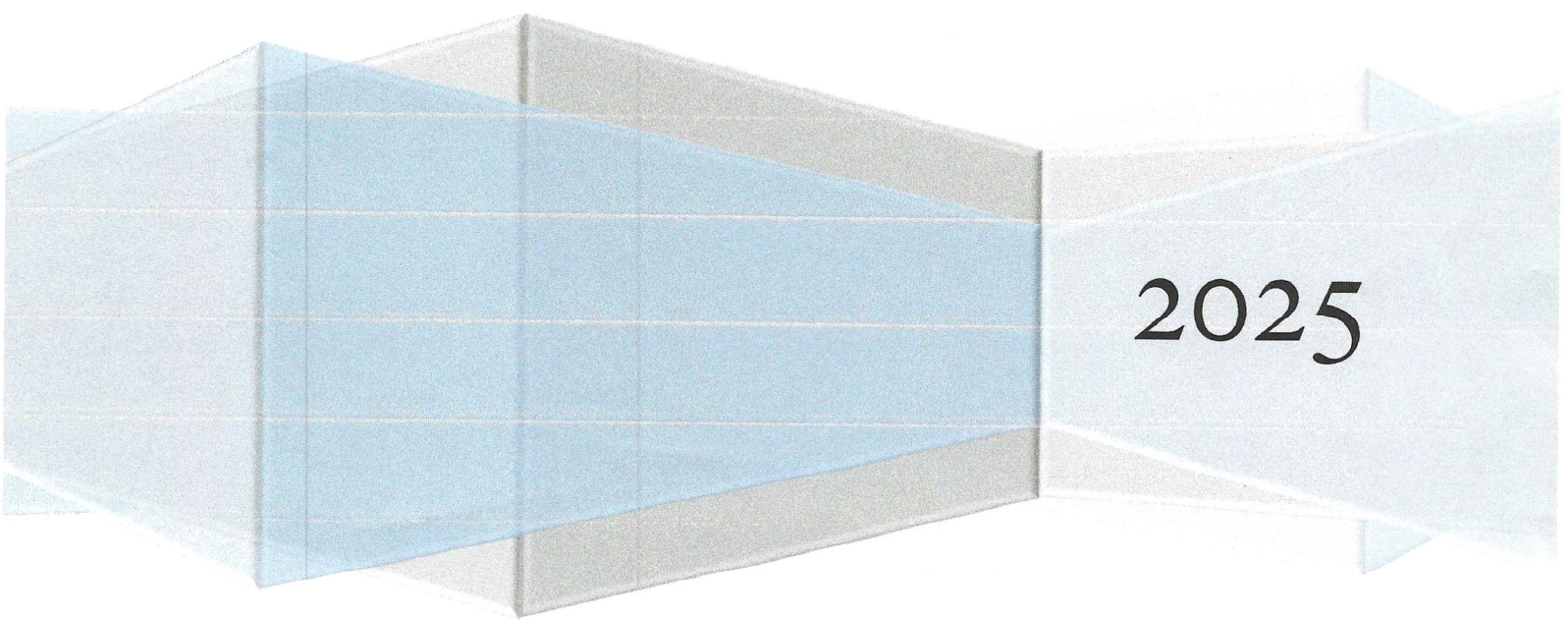
Fax: 800-766-1312

www.southwestrecoveryinc.com

Southwest Recovery, Inc.

“Your Professional Collateral Recovery Agency”

Information Package



2025

Southwest Recovery, Inc.

Southwest Recovery, Inc. was purchased by William Alvarez and was incorporated in October, 2002 from the previous owner who owned the company for 15 years prior. SWR was relocated to 3061 Cardiff Street, Punta Gorda, FL 33983.

As a family business with his wife and son involved, the company has grown into one of Southwest Florida's premier repossession agencies covering 10 of Southwest Florida's counties which include Manatee, Hardee, Sarasota, De Soto, Highlands, Charlotte, Glades, Lee, Hendry and Collier.

SWR prides its self with the utmost professionalism and being in compliance with today's industry's standards.

Since the passing of Mr. Alvarez in 2020 his Wife, Carolyn and Son, Daniel has successfully taken over the business. SWR is a member of the American Recovery Association (ARA). SWR is "Green Lighted" with the ARA and is in Compliance. We are also a member of Allied Financial Adjusters, the Eagle Group and the Florida Assoc. of Licensed Repossessors.

SWR's office staff uses Recovery Data Network (RDN) along with other portals to run the assignments and to communicate with our clients. In addition to our field agents who are licensed with the State of Florida under the Department of Agriculture and Consumer Services, the office staff is, too are CCRS certified. All our agents in the field have the state of the art equipment with our Trucks including being paperless by having computers with secure WiFi to receive and transmit up to date information for our clients.

Southwest Recovery, Inc. represents the client's interest in a confidential, courteous, respectful and safe manner. SWR is here to help with all the recovery needs for our clients which not only includes automobiles, but specializes in recreational vehicles such as Motor Homes, Travel Trailers and Boats.

Southwest Recovery, Inc. is always looking towards the future in the repossession industry in continuing to serve their clients and their customers in the most courteous and professional manor.

3061 Cardiff St, Punta Gorda FL 33983 / 800-775-REPO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/05/2025

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).

PRODUCER	IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO BOX 395 GIDDINGS TX 78942	CONTACT NAME IG., INC./RSIG - LIGHTHOUSE INSURANCE SVCS PHONE (A/C, No, Ext): 703-365-0199/LH703.365.0362 FAX (A/C, No): 703-365-0636 E-MAIL ADDRESS: CERTIFICATES@RSIG.COM
INSURED	SOUTHWEST RECOVERY INC. 1735 3061 CARDIFF ST PUNTA GORDA FL 33983	INSURER(S) AFFORDING COVERAGE INSURER A: COLONY INSURANCE COMPANY NAIC # 39993 INSURER B: LLOYDS OF LONDON 15792 INSURER C: SCOTTSDALE INDEMNITY COMPANY 15580 INSURER D: ARGONAUT-MIDWEST INSURANCE COMPANY 19828 INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: COL21537

REVISION NUMBER: 25-26Colony

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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR CYBLIAB \$2MIL POLICYAGG			GAT-1000000-01 ERRORS & OMISSIONS WRONGFUL REPO, REPOSSESSED AUTO, DRIVE-AWAY, CARGO, ON-HOOK - EACH \$1MIL LIMIT EKI3537442 - CYBER	09/01/2025	09/01/2026	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO-TRANSIT/ DRIVEAWAY \$ 1,000,000.00
C	<input checked="" type="checkbox"/> CYBER LIAB - \$2MILLION GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
D	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			MC8781783 COMP/COLL DED \$2500	09/15/2025	09/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ UP TO \$10,000
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			GAT-1000000-01 SEE DESC. OF OPERATIONS	09/01/2025	09/01/2026	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG \$ WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				
A	EMPLOYEE DISHONESTY&COMP CRIME			GAT-1000000-01	09/01/2025	09/01/2026	LIMIT: \$1,000,000.00
A	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-01	09/01/2025	09/01/2026	GKDP LIMIT: \$375,000.00
B	GARAGEKEEPERS DIR PRIM EXC			B0507TR2518M002	09/01/2025	09/01/2026	GKDP EXCESS: \$625,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RSIG MEMBER SINCE 09/15/2025 30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY MEMBER REQUEST & ADDITIONAL INSURED STATUS & WAIVER OF SUB, APPLY TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACT. PRIMARY LIMITS PROVIDE GL/WRONGFUL REPO/E&O \$3MIL LIMIT WITH A \$5MIL AGG IN LIEU OF SEPARATE EXCESS LIABILITY POLICY

LOCATION: 3061 CAARDIFF ST., PUNTA GORDA FL 33983

SCHEDULED AUTOS: 24 RAM #0147; 17 RAM #0416

CERTIFICATE HOLDER

CANCELLATION

PROOF OF INSURANCE
SOUTHWEST RECOVERY INC.
INFO@SOUTHWESTRECOVERYINC.COM
3061 CARDIFF ST
PUNTA GORDA FL 33983

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/31/2025

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 have **ADDITIONAL INSURED** provisions or 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).

PRODUCER Paragon Risk Management, Inc. dba One Source Advis 203 Crystal Grove Blvd Lutz FL 33549	CONTACT NAME: Cody Cribbs PHONE (A/C, No, Ext): (813) 949-8636 E-MAIL ADDRESS: cody@onesourceadvisory.com FAX (A/C, No): (813) 909-8743
INSURED Southwest Recovery Inc. 3061 Cardiff Street Punta Gorda FL 33983	INSURER(S) AFFORDING COVERAGE INSURER A: Berkshire Hathaway Direct Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:


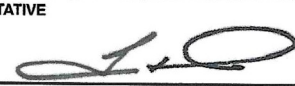
COVERAGES**CERTIFICATE NUMBER:** 25-26 Certificate**REVISION NUMBER:**

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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	N9WC556912	08/01/2025	08/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

 MS 39120	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/24/2025

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.

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PRODUCER Pro Surety Bond 919 S 25 E Ammon ID 83406		CONTACT NAME: Kristi Buckland PHONE (A/C, No, Ext): (208) 522-3380 FAX (A/C, No): (919) 702-4854 E-MAIL ADDRESS: kristi@inuseitall.com															
INSURED Southwest Recovery Inc 3061 CARDIFF ST PUNTA GORDA FL 33983		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Markel American Insurance Company</td><td>28932</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(S) AFFORDING COVERAGE	NAIC #	INSURER A: Markel American Insurance Company	28932	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #																
INSURER A: Markel American Insurance Company	28932																
INSURER B:																	
INSURER C:																	
INSURER D:																	
INSURER E:																	
INSURER F:																	

COVERAGES**CERTIFICATE NUMBER:****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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Dishonesty Bond			5207PR014041-05-312	03/24/2025	03/24/2026	Dishonesty Bond 1,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATIONAL PURPOSES ONLY

ANY ALTERATION OF THIS
DOCUMENT IS STRICTLY
PROHIBITED

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kristi Buckland

**2025 / 2026 CHARLOTTE COUNTY
LOCAL BUSINESS TAX RECEIPT**

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

TYPE OF BUSINESS 561440 Collection Agencies (COLLECTION AGENCIES)

BUSINESS 3061 CARDIFF ST
ADDRESS PORT CHARLOTTE, FL 33983

BUSINESS SOUTHWEST RECOVERY INC
NAME

OWNER CAROLYN ALVAREZ

MAILING 3061 CARDIFF ST
ADDRESS PORT CHARLOTTE, FL 33983

ACCOUNT 5589
EXPIRES SEPTEMBER 30, 2026
RENEWAL

AMOUNT	35.00
PENALTY	0.00
TOTAL	35.00

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED

Paid 08/08/2025 Receipt # 996-00002400 35.00

**2025 / 2026 CHARLOTTE COUNTY
LOCAL BUSINESS TAX RECEIPT**

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

TYPE OF BUSINESS 561440 Collection Agencies (COLLECTION AGENCIES)

BUSINESS 3061 CARDIFF ST
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RENEWAL

AMOUNT	35.00
PENALTY	0.00
TOTAL	35.00

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED

Paid 08/08/2025 Receipt # 996-00002400 35.00

Dear Business Owner:

Your 2025 - 2026 Charlotte County Local Business Tax Receipt is attached above. Please detach the receipt and display it in a place that is visible to the public and available for inspection.

The Charlotte County Local Business Tax Receipt is in addition to any other license or certificate that may be required by law and does not signify compliance with zoning, health, or regulatory requirements. The Charlotte County Local Business Tax Receipt is non-regulatory and is not an endorsement of work quality.

Your 2025 - 2026 Local Business Tax Receipt is valid from October 01, 2025 through September 30, 2026. Annual account notices are mailed in June to the address of record at that time. Any Changes to your Local Business Tax Account due to change of Business Name, Ownership, Physical Address or you are Closing your Business please contact our office at 941-743-1350.

VICKIE L. POTTS
Charlotte County Tax Collector

Southwest Recovery, Inc.

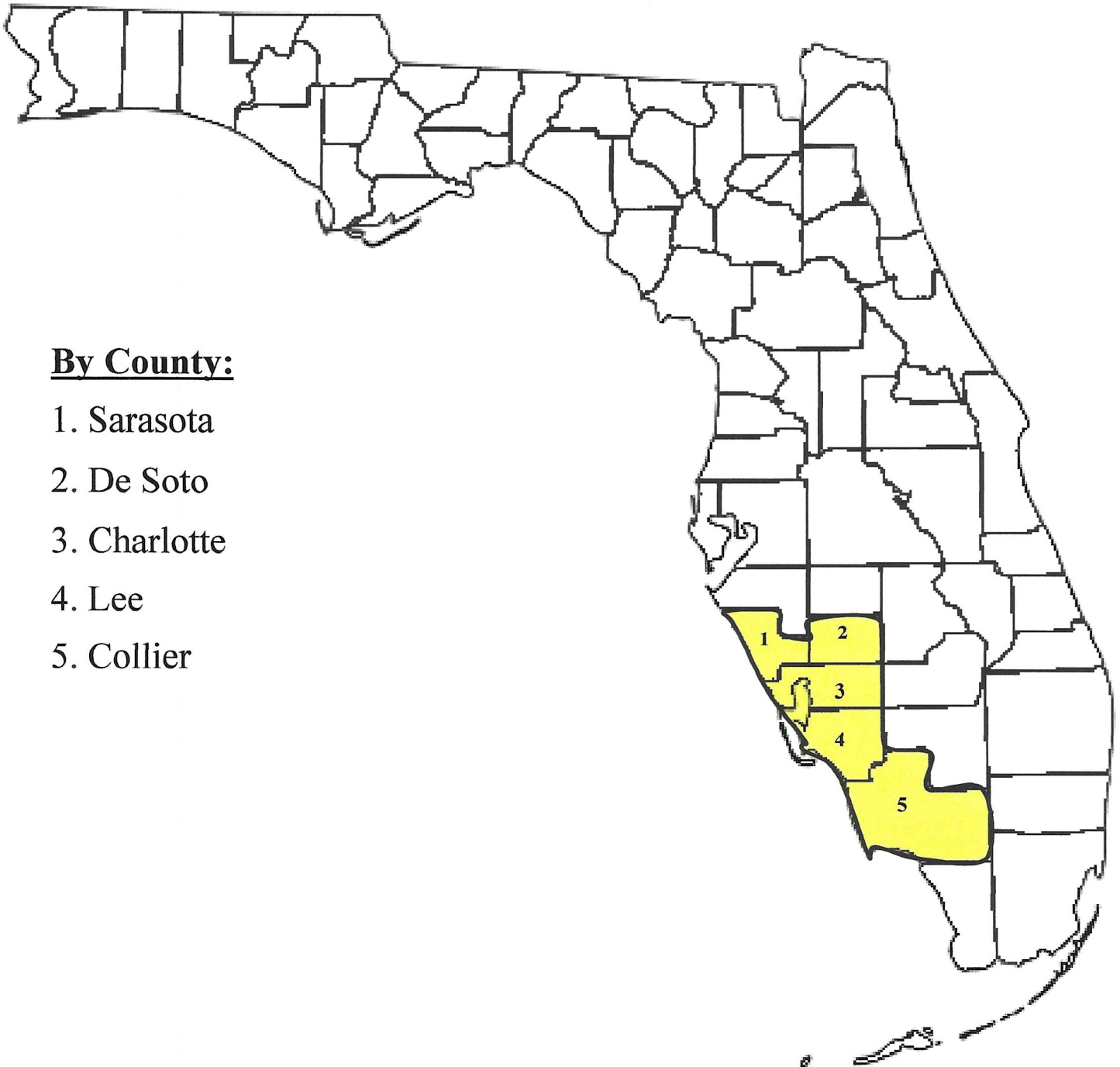
Post office Box 511096, Punta Gorda, FL 33951

941-766-1300 / 800-755-7376 / Fax: 941-766-1312

Coverage Area

By County:

1. Sarasota
2. De Soto
3. Charlotte
4. Lee
5. Collier



Add Zip Codes to Branch SOUTHWEST RECOVERY-FLORIDA



Add a zip code

Zip Code

+ Add Zip Code

Add all zip codes from a county and/or state

County

State

+ Add

Import zip codes from a file

File must be in CSV format and contain a single column (zip codes)

Choose File

No file chosen

 **Import Zip Codes**

Current Zip Codes

Zip Code	City	State	County	Delete
33901	Fort Myers	FL	Lee	<input type="checkbox"/>
33902	Fort Myers	FL	Lee	<input type="checkbox"/>
33903	Fort Myers, N Fort Myers, N Ft Myers, No Fort Myers, No Ft Myers, North Fort Myers	FL	Lee	<input type="checkbox"/>
33904	Cape Coral	FL	Lee	<input type="checkbox"/>
33905	Fort Myers, Tice	FL	Lee	<input type="checkbox"/>
33906	Fort Myers	FL	Lee	<input type="checkbox"/>
33907	Fort Myers	FL	Lee	<input type="checkbox"/>
33908	Fort Myers	FL	Lee	<input type="checkbox"/>
33909	Cape Coral	FL	Lee	<input type="checkbox"/>
33910	Cape Coral, Cape Coral S, Cape Coral South	FL	Lee	<input type="checkbox"/>
33911	Fort Myers	FL	Lee	<input type="checkbox"/>

Zip Code	City	State	County	Delete
33912	Fort Myers	FL	Lee	<input type="checkbox"/>
33913	Fort Myers, Miromar Lakes	FL	Lee	<input type="checkbox"/>
33914	Cape Coral	FL	Lee	<input type="checkbox"/>
33915	Cape Coral	FL	Lee	<input type="checkbox"/>
33916	Fort Myers	FL	Lee	<input type="checkbox"/>
33917	Fort Myers, N Fort Myers, N Ft Myers, No Fort Myers, No Ft Myers, North Fort Myers, North Ft Myers	FL	Lee	<input type="checkbox"/>
33918	Fort Myers, N Fort Myers, N Ft Myers, No Fort Myers, North Fort Myers, North Ft Myers	FL	Lee	<input type="checkbox"/>
33919	Fort Myers	FL	Lee	<input type="checkbox"/>
33920	Alva	FL	Lee	<input type="checkbox"/>
33927	El Jobean	FL	Charlotte	<input type="checkbox"/>
33928	Estero	FL	Lee	<input type="checkbox"/>
33929	Estero	FL	Lee	<input type="checkbox"/>
33931	Fort Myers Beach, Ft Myers Bch	FL	Lee	<input type="checkbox"/>
33932	Fort Myers Beach, Ft Myers Bch	FL	Lee	<input type="checkbox"/>
33936	Lehigh Acres	FL	Lee	<input type="checkbox"/>
33938	Murdock	FL	Charlotte	<input type="checkbox"/>
33946	Cape Haze, Placida	FL	Charlotte	<input type="checkbox"/>
33947	Cape Haze, Placida, Rotonda West	FL	Charlotte	<input type="checkbox"/>
33948	Port Charlotte, Pt Charlotte	FL	Charlotte	<input type="checkbox"/>
33949	Port Charlotte, Pt Charlotte	FL	Charlotte	<input type="checkbox"/>
33950	Punta Gorda	FL	Charlotte	<input type="checkbox"/>
33951	Punta Gorda	FL	Charlotte	<input type="checkbox"/>
33952	Port Charlotte, Pt Charlotte	FL	Charlotte	<input type="checkbox"/>
33953	Port Charlotte, Pt Charlotte	FL	Charlotte	<input type="checkbox"/>
33954	Port Charlotte, Pt Charlotte	FL	Charlotte	<input type="checkbox"/>
33955	Punta Gorda	FL	Charlotte	<input type="checkbox"/>
33965	Fort Myers	FL	Lee	<input type="checkbox"/>
33966	Fort Myers	FL	Lee	<input type="checkbox"/>

Zip Code	City	State	County	Delete
34266	Arcadia, Lake Suzy, Sidell	FL	DeSoto	<input type="checkbox"/>
34267	Fort Ogden	FL	DeSoto	<input type="checkbox"/>
34268	Nocatee	FL	DeSoto	<input type="checkbox"/>
34269	Arcadia, Lake Suzy	FL	DeSoto	<input type="checkbox"/>
34270	Tallevast	FL	Manatee	<input type="checkbox"/>
34272	Laurel	FL	Sarasota	<input type="checkbox"/>
34274	Nokomis	FL	Sarasota	<input type="checkbox"/>
34275	Nokomis, North Venice	FL	Sarasota	<input type="checkbox"/>
34276	Sarasota	FL	Sarasota	<input type="checkbox"/>
34277	Sarasota	FL	Sarasota	<input type="checkbox"/>
34278	Pinecraft, Sarasota	FL	Sarasota	<input type="checkbox"/>
34280	Bradenton, Palma Sola	FL	Manatee	<input type="checkbox"/>
34281	Bradenton, Trailer Est, Trailer Estates	FL	Manatee	<input type="checkbox"/>
34282	Bradenton	FL	Manatee	<input type="checkbox"/>
34284	Venice	FL	Sarasota	<input type="checkbox"/>
34285	Venice	FL	Sarasota	<input type="checkbox"/>
34286	North Port, Venice	FL	Sarasota	<input type="checkbox"/>
34287	North Port, Venice	FL	Sarasota	<input type="checkbox"/>
34288	North Port	FL	Sarasota	<input type="checkbox"/>
34289	North Port	FL	Sarasota	<input type="checkbox"/>
34290	North Port, Venice	FL	Sarasota	<input type="checkbox"/>
34291	North Port, Venice	FL	Sarasota	<input type="checkbox"/>
34292	Venice	FL	Sarasota	<input type="checkbox"/>
34293	Venice	FL	Sarasota	<input type="checkbox"/>
34295	Englewood	FL	Sarasota	<input type="checkbox"/>

Delete

Zip Code	City	State	County	Delete
33967	Fort Myers	FL	Lee	<input type="checkbox"/>
33970	Lehigh Acres	FL	Lee	<input type="checkbox"/>
33971	Lehigh Acres	FL	Lee	<input type="checkbox"/>
33972	Lehigh Acres	FL	Lee	<input type="checkbox"/>
33973	Lehigh Acres	FL	Lee	<input type="checkbox"/>
33974	Lehigh Acres	FL	Lee	<input type="checkbox"/>
33976	Lehigh Acres	FL	Lee	<input type="checkbox"/>
33980	Port Charlotte, Pt Charlotte, Punta Gorda	FL	Charlotte	<input type="checkbox"/>
33981	Port Charlotte, Pt Charlotte	FL	Charlotte	<input type="checkbox"/>
33982	Punta Gorda	FL	Charlotte	<input type="checkbox"/>
33983	Port Charlotte, Pt Charlotte, Punta Gorda	FL	Charlotte	<input type="checkbox"/>
33990	Cape Coral	FL	Lee	<input type="checkbox"/>
33991	Cape Coral, Matlacha Isle, Matlacha Isles	FL	Lee	<input type="checkbox"/>
33993	Cape Coral, Fort Myers, Matlacha	FL	Lee	<input type="checkbox"/>
33994	Fort Myers	FL	Lee	<input type="checkbox"/>
34101	Naples	FL	Collier	<input type="checkbox"/>
34102	Naples	FL	Collier	<input type="checkbox"/>
34103	Naples	FL	Collier	<input type="checkbox"/>
34104	Naples	FL	Collier	<input type="checkbox"/>
34105	Naples	FL	Collier	<input type="checkbox"/>
34106	Naples	FL	Collier	<input type="checkbox"/>
34107	Naples, Vanderbilt	FL	Collier	<input type="checkbox"/>
34108	Coco River, Naples	FL	Collier	<input type="checkbox"/>
34109	Naples	FL	Collier	<input type="checkbox"/>
34110	Naples	FL	Collier	<input type="checkbox"/>
34112	Naples	FL	Collier	<input type="checkbox"/>
34113	Naples	FL	Collier	<input type="checkbox"/>
34114	Naples	FL	Collier	<input type="checkbox"/>
34116	Naples	FL	Collier	<input type="checkbox"/>
34117	Naples	FL	Collier	<input type="checkbox"/>

Zip Code	City	State	County	Delete
34119	Naples	FL	Collier	<input type="checkbox"/>
34120	Naples	FL	Collier	<input type="checkbox"/>
34133	Bonita Spgs, Bonita Springs	FL	Lee	<input type="checkbox"/>
34134	Barefoot Bch, Barefoot Beach, Bonita Spgs, Bonita Springs	FL	Lee	<input type="checkbox"/>
34135	Bonita Spgs, Bonita Springs	FL	Lee	<input type="checkbox"/>
34136	Bonita Spgs, Bonita Springs	FL	Lee	<input type="checkbox"/>
34201	Braden River, Bradenton, University Park, University Pk	FL	Manatee	<input type="checkbox"/>
34223	Englewood	FL	Sarasota	<input type="checkbox"/>
34224	Englewood, Grove City	FL	Charlotte	<input type="checkbox"/>
34228	Longboat Key	FL	Manatee	<input type="checkbox"/>
34229	Osprey	FL	Sarasota	<input type="checkbox"/>
34230	Sarasota	FL	Sarasota	<input type="checkbox"/>
34231	Sarasota	FL	Sarasota	<input type="checkbox"/>
34232	Sarasota	FL	Sarasota	<input type="checkbox"/>
34233	Sarasota	FL	Sarasota	<input type="checkbox"/>
34234	Sarasota	FL	Sarasota	<input type="checkbox"/>
34235	Sarasota	FL	Sarasota	<input type="checkbox"/>
34236	Sarasota	FL	Sarasota	<input type="checkbox"/>
34237	Sarasota	FL	Sarasota	<input type="checkbox"/>
34238	Sarasota	FL	Sarasota	<input type="checkbox"/>
34239	Sarasota	FL	Sarasota	<input type="checkbox"/>
34240	Lakewood Ranch, Lakewood Rch, Sarasota	FL	Sarasota	<input type="checkbox"/>
34241	Sarasota	FL	Sarasota	<input type="checkbox"/>
34242	Sarasota, Siesta Key	FL	Sarasota	<input type="checkbox"/>
34243	Sarasota	FL	Manatee	<input type="checkbox"/>
34250	Terra Ceia, Terra Ceia Is, Terra Ceia Island	FL	Manatee	<input type="checkbox"/>
34251	Myakka City	FL	Manatee	<input type="checkbox"/>
34260	Manasota, Sarasota	FL	Manatee	<input type="checkbox"/>
34264	Oneco	FL	Manatee	<input type="checkbox"/>
34265	Arcadia	FL	DeSoto	<input type="checkbox"/>

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

**WILTON SIMPSON
COMMISSIONER**

DIVISION OF LICENSING

01/30/24
DATE ISSUED

R 2300006
LICENSE NUMBER

03/28/27
DATE OF EXPIRATION

SOUTHWEST RECOVERY, INC.

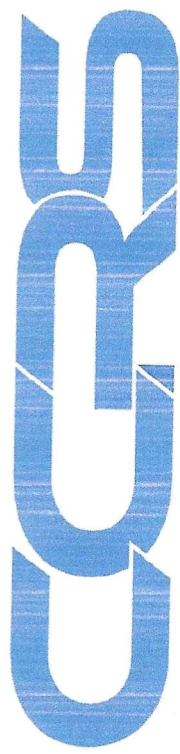
3061 CARDIFF STREET
PUNTA GORDA, FL 33983

ALVAREZ, CAROLYN J, OTHER
ALVAREZ, DANIEL W, OTHER

THE RECOVERY AGENCY NAMED ABOVE IS LICENSED AND REGULATED UNDER THE PROVISIONS OF
CHAPTER 493, FLORIDA STATUTES.



**WILTON SIMPSON
COMMISSIONER**



**TESTED & TRAINED
CERTIFIED COLLATERAL RECOVERY SPECIALIST**

CAROLYN ALVAREZ

Southwest Recovery, Inc. - 635

*The aforementioned individual has passed all CCRS Standard Compliance
Testing, Training in good standing*

11/21/2025

Expiration

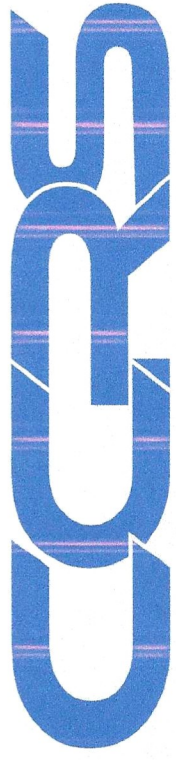
1121202594EZ

Code



A handwritten signature in blue ink, appearing to read 'Vaughn Clemmons'.

VAUGHN CLEMMONS, PRESIDENT



TESTED & TRAINED
CERTIFIED COLLATERAL RECOVERY SPECIALIST

DANIEL ALVAREZ

Southwest Recovery, Inc. - 635

*The aforementioned individual has passed all CCRS Standard Compliance
Testing, Training in good standing*

04/03/2026

Expiration

0403202694EZ

Code



A handwritten signature in black ink, appearing to read 'Vaughn Clemmons'.

VAUGHN CLEMMONS, PRESIDENT

RECOVERY AGENT LICENSE

STATE OF FLORIDA

LICENSE NUMBER

E 1300001

ALVAREZ, DANIEL W

BIRTH DATE

01/28/1991

SEX OF RACE


M

W

EXPIRES

02/09/2027

The above named individual is licensed by the Department of Agriculture and Consumer Services, Division of Licensing in accordance with Chapter 493, Florida Statutes.


WILTON SIMPSON
COMMISSIONER

Southwest Recovery, Inc.

3061 Cardiff Street, Punta Gorda, FL 33983
Wk: 941-766-1300 Fx: 941-766-1312
FL STATE LICENSE: R2300006
REVISED: / 4/2025

PO Box 511096, Punta Gorda, FL 33951
E-Mail: info@southwestrecoveryinc.com
Web Site: www.southwestrecoveryinc.com

RECOVERY RATE SCHEDULE **Standard Size Units**

INVOLUNTARY REPOSESSION	\$440.00
VOLUNTARY REPOSESSION	\$350.00
IMPOUND RECOVERY	\$400.00
STORAGE DAYS (1ST 10 Free)	\$ 15.00/DAILY
FIELD VISIT (Includes Photos and CR)	\$250.00
CLOSE	\$175.00
TRANSPORT TO AUCTION (WITHIN 50 MILES)	PER CASE
TAKE BACK TO CUSTOMER	PER CASE
SKIP TRACING	\$ 95.00 AND UP
NON-CONTINGENT MILAGE FEE	PER CASE
DOLLY FEE (AWD, 4WD, E-BRAKES)	\$150.00
INOPS (Will be quoted through 3rd party for flatbed)	PER CASE

Voluntary Repossessions within 50 miles must be prearranged, must have a good working phone number for pickup arrangements, requires one trip and the key must be surrendered by the customer, unit must be in working order unless indicated by client or customer which may require additional fees.

Signature

Date

Name of Company

**BY SIGNING AND RETURNING THIS FOR TO SWR YO ARE AGREEING WITH
SWR'S PRICING AND SERVICES.**

Southwest Recovery, Inc.

3061 Cardiff Street, Punta Gorda, FL 33983
Wk: 941-766-1300 Fx: 941-766-1312
FL STATE LICENSE: R2300006
rev: 6/2024

PO Box 511096, Punta Gorda, FL 33951
E-Mail: info@southwestrecoveryinc.com
Web Site: www.southwestrecoveryinc.com

Recovery Rate Schedule

OVER SIZED UNITS

	<u>Voluntary</u>	<u>Involuntary</u>
SEMI-TRUCKS Plus Tow if Needed	Call for pricing	Call for pricing
COMMERCIAL EQUIPMENT Plus, Transport Fee if Needed	Call for pricing	Call for pricing
MOTOR HOMES	\$850.00	\$950.00 and up
BOATS ON TRAILER	\$850.00	\$950.00 and up
BOATS IN WATER		\$950.00 and up

- Captain Fees if needed to be quoted per assignment.
- Trailer fees if needed to be quoted per assignment.
- Special Transport fees if needed to be quoted per assignment

THE ABOVE FEES ARE BASED ON 100 MILE ROUND TRIP. PLEASE CALL FOR FEES ON MILAGE OVER 100 MILES ROUND TRIP. DAY ONE DAILY STORAGE FEE \$35/PER DAY.

Signature

Date

Company Name

By signing and returning this form to SWR you are agreeing with SWR's pricing and services

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
2 Business name/disregarded entity name, if different from above SOUTHWEST RECOVERY, INC.		
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 3061 CARDIFF STREET	Requester's name and address (optional)	
6 City, state, and ZIP code PUNTA GORDA, FL 33983		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-				-	
or								
Employer identification number								
0	6	-	1	6	5	6	6	9

Part II Certification

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.

Certification instructions. 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 for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.

Southwest Recovery, Inc.

Post Office Box 511096, Punta Gorda, FL 33951
941-766-1300 / 800-775-7376 / Fax: 941-766-1312

info@southwestrecoveryinc.com

www.southwestrecoveryinc.com

Florida State License # R23-00006

Date: _____ Assignment Type: _____ Acct. No. _____

CLIENT / LEGAL OWNER: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ Email: _____

DEBTOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

WORK: _____ DOB: _____ SS# _____

CITY: _____ STATE: _____ ZIP CODE: _____

ADDITIONAL INFORMATION: _____

VEHICLE INFORMATION

YEAR _____ MAKE _____ MODEL: _____ TAG: _____

VIN: _____ COLOR _____

PAYMENT INFORMATION

MONTHLY PAYMENT: _____ DELINQUENT SINCE: _____ BALANCE DUE: _____

THIS IS YOUR AUTHORIZATION TO PROCESS FOR COLLECTION OR REPOSSESSION OF THE ABOVE DESCRIBED ASSIGNMENT. WE AGREE TO INDEMNIFY AND SAVE YOU HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGE, LOSSES AND ACTION RESULTING FROM OR ARISING OUT OF OUR EFFORTS TO COLLECT OR REPOSESS THE ABOVE CLAIM, EXCEPT, HOWEVER, SUCH AS MANY BE CAUSED OR ARISES OUT OF NEGLIGENCE OR UNAUTHORIZED ACTS OF YOUR COMPANY, IT'S OFFICERS, EMPLOYEES, OR THE OFFICERS OR EMPLOYEES OF SUCH AGENTS. CLIENT AGREES TO SWR FEES.

Authorized by (Print Name) _____
Authorized Signature & date: _____

At no time is a customer be given Southwest Recovery, Inc. physical address. Please provide the customer with our phone number only as the customer must call and make an appointment directly with SWR in order for them to redeem their unit and/or personal property. This is in compliance with Florida's confidentiality laws. Thank you.