Office: 800-775-REPO

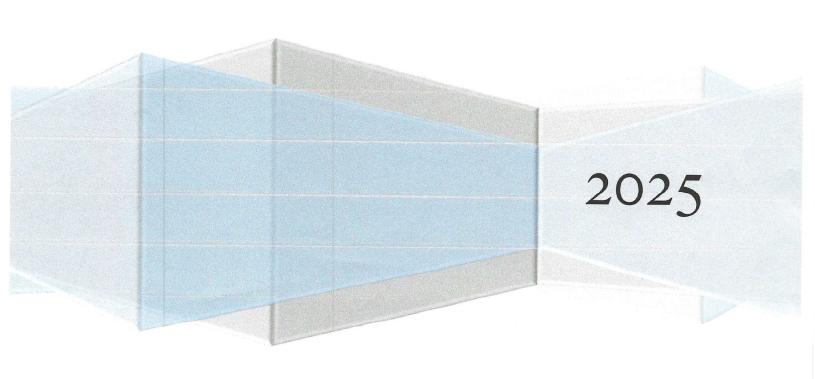
Fax: 800-766-1312

www.southwestrecoveryinc.com

Southwest Recovery, Inc.

"Your Professional Collateral Recovery Agency"

Information Package



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).

Certificate	Holder in fied of Such endorsement(s).				
IG., INC./RSIG RECOVERY SPECIALIST INSURANCE GROUP GATE ELEVEN SOLUTIONS PO POY 205 CIPPING TY 770 IS			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 (A/C, No): CERTIFICATES@RSIG.COM			
			INSURER(S) AFFORDING COVERAGE			
			INSURER A: COLONY INSURANCE COMPANY 3999			
INSURED			INSURER B: LLOYDS OF LONDON	15792		
	SOUTHWEST RECOVERY INC. 3061 CARDIFF ST		INSURER C: SCOTTSDALE INDEMNITY COMPANY	15580		
		1735	INSURER D: ARGONAUT-MIDWEST INSURANCE COMPANY	19828		
		El 00000	INSURER E:			
001/2010	PUNTA GORDA	FL 33983	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						

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	XCLUSIONS AND CONDITIONS OF SUCH F	OLICI	ES. L	IMITS SHOWN SHOWN MAY HAVE E			AIMS.	,
INSR LTR		ADDL INSR	WAD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY			GAT-1000000-01 ERRORS & OMISSIONS	09/01/2025	09/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000.00 \$ 100,000.00
	CLAIMS-MADE X OCCUR CYBLIAB \$2MIL POLICYAGG			WRONGFUL REPO, REPOSSESSED AUTO,			MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 5,000.00 \$ 1,000,000.00
С	X CYBER LIAB - \$2MILLION GEN'L AGGREGATE LIMIT APPLIES PER:			DRIVE-AWAY,CARGO, ON-HOOK - EACH \$1MIL LIMIT			GENERAL AGGREGATE	\$ 5,000,000.00
	X POLICY PRO- JECT LOC			EKI3537442 - CYBER			PRODUCTS - COMP/OP AGG REPO-TRANSIT/ DRIVEAWAY	\$ 3,000,000.00 \$ 1,000,000.00
D	ANY AUTO			MC8781783 COMP/COLL DED \$2500	09/15/2025	09/15/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ 1,000,000.00 \$
	ALL OWNED X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			OCIVII /COLL DED \$2500			BODILY INJURY (Per accident) PROPERTY DAMAGE	\$
•	IIMPDELLA LIAD X						(Per accident)	\$ UP TO \$10,000
Α	X EXCESS LIAB X OCCUR CLAIMS-MADE			GAT-1000000-01 SEE DESC. OF OPERATIONS	09/01/2025	09/01/2026	EACH OCCURRENCE AGGREGATE	\$ 2,000,000.00 \$ INC. GEN AGG
	DED RETENTION \$ WORKERS COMPENSATION						WC STATU- OTH-	\$
		N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$
Α	EMPLOYEE DISHONESTY&COMP CRIME			GAT-1000000-01	09/01/2025	09/01/2026	LIMIT: \$1,000,000.00	Ψ
Α	GARAGEKEEPERS DIRECT PRIMARY			GAT-1000000-01			GKDP LIMIT: \$375,00	0.00
В	GARAGEKEEPERS DIR PRIM EXC			B0507TR2518M002			GKDP EXCESS: \$625	

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 SOUTWEST 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.

ana Cloan

AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.



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(les) 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 PROGRAMEN Management, Inc. dea One Source Advis 203 Crystal Grove Blyd Program Risk Management, Inc. dea One Source Advis 203 Crystal Grove Blyd Program Risk Management, Inc. dea One Source Advis 203 Crystal Grove Blyd Program Risk Management, Inc. dea One Source Advis 203 Crystal Grove Blyd Program Risk Management, Inc. dea One Source Advis 203 Crystal Grove Blyd Residence State	this	certificate does not confer rights t	o the	certif	icate holder in lieu of suc	h endo	rsement(s).	s may require	e an endorsement. A stat	ement	on
Paragon Risk Management, Inc. data One Source Advis 203 Crystal Grove Blvd Lutz FL. 33640 MINURED SOuthward Recovery Inc. 3081 Cartell' Sheed MINURED SOuthward Recovery Inc. 3081 Cartell' Sheed FL. 33883 Puril Groves FL. 33883 FL. 33883 Puril Groves FL. 33880 FL. 33883 Puril Groves FL. 33880 FL. 33883 RECURSION NUMBER: REC	PRODU	CER				CONTA	CT Cody Ceil	obs			
LUZ FL 33549 MINURED SOUTHWISE RECOVERY INC. 3001 Condrif Street PURIS GOTG CENTERCATE NUMBER: PURIS GOTG COMMENCE OF RECOVERY THAT THE POLICISIS ON REQUIREMENT, TERM OR CONDITION OF ANY CONTROL OF ROTHER DOCUMEN AGROUP FOR THE POLICIS SECREPT HERE POLICIS ON REQUIREMENT, TERM OR CONDITION OF ANY CONTROL OF ROTHER DOCUMEN AGROUP FOR THE POLICIS SECREPT HERE POLICIS ON RECOVERY OF ANY CONTROL OF ROTHER DOCUMEN AGROUP FOR THE POLICIS SECREPT HERE POLICIS ON RECOVERY THE POLICIS SECREPT HERE POLICIS ON RECOVERY AND AGROUP FOR THE POLICIS SECREPT HERE POLICIS ON RECOVERY OF ANY CONTROL OF ROTHER DOCUMEN AGROUP FOR THE POLICIS SECREPATION AGROUP FO			rce Ad	vis				49-8636	FAX	(813) 9	909-8743
Litz FL 33549 NEUREN A: Berkstibe Hethaning Direct Ind Co NEUREN B: Industrie C: I	203 C	rystal Grove Blvd				E-MAIL	oody@on	esourceadviso		(0.0)	
INSURED SOUTHWAS Recovery Inc. Sold Cardiff Street Sold Cardiff Street Punis Gords Expression of Cardiff Street Sold Cardiff Stree						ADDIN		SUPER/S) AEEO	PDING COVERAGE		
Southwest Recovery Inc. 3081 Cardiff Street Purits Gords ERTIFICATE NUMBER: 75-26 Certification Fig. 10 pc. certification Purity in Purity Production of Resultance (1) in Student Production Purity in Purity Production (1) in Student Production Purity in Purity Production (1) in Student Production Purity In Purity Production (1) in Student Purity In Purity In Purity Production (1) in Student Purity In Purity In Purity Production (1) in Student Purity In Pu	Lutz				FL 33549	INSUR					NAIC#
SOUTHWEST RECOVERY INC. 3015 CARGIFF STREET PURIS GOYAL CENTRICATE NUMBER: PURIS GOYAL CENTRICATE NUMBER: THIS IS TO CENTRICATE INCLINES OF INSURANCE ATTEMPT. INDICATED. SUBJECT 19. CENTRICATE NUMBER: THE SELVISION NUMBER: THE SELVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: R	INSURE	D									
SUBSCRIPTION OF CHERRANCE STORY HAVE BEEN BEEN BEST STORY HAVE BEEN BEEN BEEN BEEN BEEN BEEN BEEN BE		Southwest Recovery Inc.									
PURIS GORDS CERTIFICATE NUMBER: 2-58 CARRIFORM THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW MAY DEPTH INSURED. NAMED RAVE FOR THE POLICY PERIODS NON-ARCH AND ANY PERIOD PROBLEMS. PROVIDED BY THE POLICY PERIODS OF ANY DEPTH INSURED NAMED RAVE FOR THE POLICY PERIODS OF ANY DEPTH INSURED NAMED RAVE FOR THE POLICY PERIODS OF ANY DEPTH INSURED NAMED RAVE FOR THE POLICY PERIODS OF ANY DEPTH INSURED NAMED RAVE FOR THE POLICY PERIODS OF ANY DEPTH INSURED NAMED RAVE FOR THE POLICY PERIODS OF ANY DEPTH INSURED NAMED RAVE FOR THE POLICY PERIODS OF ANY DEPTH INSURED NAMED RAVE FOR THE POLICY PERIODS OF ANY DEPTH INSURANCE AND ANY DEPTH IN		3061 Cardiff Street									
Putta Gords CERTIFICATE NUMBER: CERTIFICATE NUMBE									THE PLANTAGE OF THE PARTY OF TH		
COVERAGES CERTIFICATE NUMBER: 25-26 Certificate THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BECKINV HAVE BEEN ISSUED TO THE INSURED MANDED ADDITION THE POLICY PERIOD NIDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE HAVE BEEN REDUCTED BY THE POLICIES DESCRIBED HEREN IS SUBJECT TO ALL THE TERMS. CERTIFICATE HOUSING AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN NAY HAVE BEEN REDUCTED BY THE POLICIES DESCRIBED HEREN IS SUBJECT TO ALL THE TERMS. COMMERCIAL GENERAL LABRILITY ANY HOUSE LABRILITY NOWING DAY AND CONTRIBUTED HERE COMMERCIAL GENERAL LABRILITY ANY HOUSE COMMERCIAL GENERAL GEN		Punta Gorda			FL 33983						
THIS BY CERTIFY THAT THE POLICES OF INSUPANCE LISTED BELOW HAVE DEEM ISSUED TO THE INSURED MANDED ABOVE POR THE POLICY PERIOD MINICACTED. NOT WITHOUT ANY PERIOD AND PROPERTY TO WHICH THIS SECRETARY PERIOD AND PROPERTY TO WHICH THIS SUBJECT TO ALL THE TERMS, SECRETARY PERIOD AND PROPERTY TO WHICH THIS SUBJECT TO ALL THE TERMS, SECRETARY PERIOD AND PROPERTY TO WHICH THIS SUBJECT TO ALL THE TERMS, SECRETARY PERIOD AND PROPERTY TO WHICH THIS SUBJECT TO ALL THE TERMS, SECRETARY PERIOD AND PROPERTY TO WHICH THE TERMS, SUBJECT TO ALL T	-					ate			REVISION NUMBER:		
CERTIFICATE HAVE BE ISSUED OF NAV -PERFARANT THE INSURANCE AND CONTROL OF SUPPLY PARTY OF ANY	THIS	IS TO CERTIFY THAT THE POLICIES OF	INSUF	RANC	E LISTED BELOW HAVE BEEN	ISSUE	TO THE INSU	RED NAMED A	POVE FOR THE DOLLOW DEE	IOD	
NOW TYPE OF INSURANCE NOW IN THE COMMERCIAL CENERAL LABILITY COMMERCIAL CENERAL LABILITY CLAIMS MADE COCUR CERVIL AGGREGATE LIMIT APPLIES PER: POLICY TO THE COMMERCIAL CENERAL LABILITY ANY AUTO COMMERCIAL CENERAL CENERAL LABILITY ANY AUTO COMMERCIAL CENERAL CENERAL LABILITY ANY AUTO COMMERCIAL CENERAL CE	HADI	CALLD. NOTWITHSTANDING ANY REQU	IKEME	ENI. I	ERM OR CONDITION OF ANY	CONTR		DOCUMENT	MITH DECDEOT TO WILLOUT	1110	
TYPE OF INSUPANCE COMMERCIAL CENTER ALL JUSTIAN GAMMANDE OCCUR SEMBLE OCCUR OCC	LAG	LUSIONS AND CONDITIONS OF SUCH PO	JLICIE	S. LIN	TITS SHOWN MAY HAVE BEEN	REDUC	CED BY PAID C	D HEREIN IS S _AIMS.	UBJECT TO ALL THE TERMS	,	
COMMERCIAL CARREAL LABRILTY CLAIMS-MADE OCCUR GENT_AGGREGATE LIMIT APPLIES PER POLICY PED LOC OTHER ANY AUTO OWNED RECTIFICATE LOC OWNED RECTIFICATE LOC OWNED RECTIFICATE LABRISTY NAME LABRIST LA	LTR		ADDL	SUBR			POLICY EFF		I IMIT	s	
GENLAGOREGATE LIMIT APPLIES PER: GENLAGOREGATE LIMIT APPLIES PER: POLICY PRODUCTS COMPIPE AGG 8 ANTOMORILE LIMBILITY ANY AUTO OWNED HIRE AGGREGATE AUTOMORILE LIMBILITY ANY AUTO OWNED HIRE AGGREGATE AUTOMORILE LIMBILITY ANY AUTO OWNED HIRE AGGREGATE AUTOMORILE LIMBILITY ANY AUTO OWNED HIRE AGGREGATE BECOMES AUTOS ONLY BEACH OCCURRENCE S AGGREGATE S AGGREGATE S AGONO BEACH OCCURRENCE AGREGATE S AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY BEACH OCCURRENCE AGGREGATE S AUTOS ONLY AUTOS ONLY BEACH BEACH OCCURRENCE AGREGATE S AUTOS ONLY BEACH BEACH OCCURRENCE AGGREGATE S AGROCULT BEACH		COMMERCIAL GENERAL LIABILITY					23/11/11	(January 1111)	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
MED EXP (Any one person) \$ PERSONAL AGREGATE LIMIT APPLIES PER: POLICY DEED LOC OTHER AUTOMOBILE LIABILITY ANY AUTO OWNED ONLY DIRECTIONS SCHEDULED HIRED ONLY DIRECTIONS ONLY NUMBER AND OCCUR EXCESS LIAB OCCURRENCE \$ WORKERS COMPENSATION \$ W		CLAIMS-MADE OCCUR							DAMAGE TO RENTED		
GENT AGGREGATE LIMIT APPLIES PER: POLICY BEC LOC OTHER AUTOMOBILE LIBILITY ANY AUTO OWNED AUTOS ONLY HIRD OWNED AUTOS ONLY HIRD OWNER AUTOS ONLY AUTOS ON											
GENERAL AGGREGATE INTAPPLIES PER: POLICY PRODUCTS - COMPIOP AGG \$ OTHER: AUTOMOBILE LUBILITY ANY AUTO OWNED AUTOS ONLY AUTO OWNED AUTOS ONLY A	L									-	
PRODUCTS - COMPIOP AGG \$ OTHER ANY AUTO OWNED AUTOS ONLY AUTOS ONL	G										
OTHER: ANY AUTO GOWNED ANY AUTO GOWNED AND ONLY BOOK! YAULUST (Per person) S BOOK! YAULUST (PERSONATE IN INTERCED. S BOOK! YAUL		POLICY PRO- JECT LOC									1.5
ANTOMOBILE LIABILITY ANY AUTO ANY AUTO SCHEDLED		OTHER:							TROBUCTS - COMPTOP AGG		· · · · · · · · · · · · · · · · · · ·
ANY AUTO OWNED AUTOS ONLY AUTOS O	A	UTOMOBILE LIABILITY						-			·
OWNED CONTROLLED SCHEDULED AUTOS ONLY SEXESSELIAB OCCUR CLAMS-MADE SEXCESS LIAB OCCUR CLAMS-MADE OCCUR CLAMS-MADE OCCUR CLAMS-MADE OCCUR CLAMS-MADE OCCUR SAGOREGATE					ŷ.						
AUTOS ONLY AUTOS ONLY STORM ST		AUTOS ONLY AUTOS							BODILY INJURY (Per accident)		
MINDRELLA LIAB									PROPERTY DAMAGE		
EXCESS LIAB CLAIMS-MADE DED									(i di addident)	\$	
EXCESS LIAB DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS LIABILITY A OFFICER/MEMBER EXCLUDED? (Mandatory in N1) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 181, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 181, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE IN HEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE MS 39120 MS 39120		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION 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 MS 39120 MS 39120 MS 39120 DESCRIPTION OF OPERATIONS \$ \$ 2,000,000 EL DISEASE - AE EMPLOYEE \$ \$ 2,000,000 EL DISEASE - POLICY LIMIT \$ \$ 2,000,000 EL DISEASE - POLICY LIMI		EXCESS LIAB CLAIMS-MADE									
WORKERS COMPLETOR/PARTNER/PART											
A ANY PROPRETECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		D EMPLOYERS' LIABILITY							➤ PER OTH-	Ψ	
Mandatory in NH1 Mand	A AN	Y PROPRIETOR/PARTNER/EXECUTIVE	N/A		NOWC556012		00/04/0005	00/04/0000		_e 2,000	0,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION 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 MS 39120	(M	andatory in NH)	N/A		149440330912		08/01/2025	08/01/2026		2.000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION 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	DE	es, describe under SCRIPTION OF OPERATIONS below								Ψ	
CERTIFICATE HOLDER CANCELLATION 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									E.C. BIOLINGS - FOLIOT EINIT	3	
CERTIFICATE HOLDER CANCELLATION 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 HOLDER CANCELLATION 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											
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	DESCRIE	TION OF OPERATIONS / LOCATIONS / VEHICLI	ES (AC	ORD 1	01, Additional Remarks Schedule, r	nay be at	tached if more sp	ace is required)			
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											
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											
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											
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											
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											
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											
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	CERTII	FICATE HOLDER				CANC	ELLATION				
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE											
ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE MS 39120						SHO	ULD ANY OF TH	E ABOVE DES	SCRIBED POLICIES BE CANO	ELLED	BEFORE
MS 39120 MS 39120	A L D - R)				ACC	ORDANCE WITH	THE POLICY	PROVISIONS.	או עו		
MS 39120 MS 39120	anofor tupose Off										
		•		1)	AUTHOR	IZED REPRESEN	TATIVE			
					MS 39120			_	1.0		
© 1988-2015 ACORD COPPORATION All vigible recognish								\bigcirc	- Lunder		



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.

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)

this certificate does not confer rights	o the	certi	ificate holder in lieu of su							
PRODUCER		CONTACT NAME: Kristi Buckland								
Pro Surety Bond				PHONE (A/C. No	, Ext): (208) 5	22-3380		(A/C, No):	(919) 7	02-4854
919 S 25 E				E-MAIL ADDRES		usreitall.com		1,	` /	
							RDING COVERAGE	· · · · · · · · · · · · · · · · · · ·	T	NAIC#
Ammon			ID 83406	INSURE			rance Company			28932
NSURED				INSURE			1 3			
Southwest Recovery Inc				INSURE	RC:					
3061 CARDIFF ST				INSURE						
				INSURE						
PUNTA GORDA			FL 33983	INSURE						
COVERAGES CER	TIFIC	ATE	NUMBER:	-			REVISION NUM	BER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY RECONTIFICATE MAY BE ISSUED OR MAY PERSCRUSIONS AND CONDITIONS OF SUCH IS	UIREN RTAIN, POLICI	IENT, THE ES. L	, TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BI	NY CON	ITRACT OR 01 LICIES DESC DUCED BY PAI	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESDE	CT TO WL	JICH THI	D S
NSR LTR TYPE OF INSURANCE		WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	
CLAIMS-MADE OCCUR							PREMISES (Ea occu	urrence)	\$	
							MED EXP (Any one		\$	
							PERSONAL & ADV	INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	SATE	\$	
POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	
OTHER:								1	\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
ANY AUTO							BODILY INJURY (Pe	er person)	\$	
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	- 1	\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
									\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
EXCESS LIAB CLAIMS-MADE				1			AGGREGATE		\$	
DED RETENTION \$									\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	TV	\$	
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E	EMPLOYEE	\$	
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
Dishonesty Bond							Dishonesty Bor	nd		1,000,000.00
A Distionesty Bond			5207PR014041-05-312		03/24/2025	03/24/2026				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER				CANC	ELLATION		CORO, M. NESSO DA PERENDENTA - CO UN PERENDENTA INTRA PARA			
FOR INFORMATIONAL PURPOSES ONLY				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				ED BEFORE		
ANY ALTERATION OF THIS				AUTHOR	RIZED REPRESE	NTATIVE				
DOCUMENT IS STRICTLY			*	Kristi	Buckland					
PROHIBITED										
A CONTRACT MAN TO CONTRACT OF THE CONTRACT OF					_	4000 0045 4	0000 00000			

2025 / 2026 CHARLOTTE COUNTY LOCAL BUSINESS TAX RECEIPT

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

5589 ACCOUNT

EXPIRES

SEPTEMBER 30, 2026

TYPE OF **BUSINESS**

561440

Collection Agencies (COLLECTION AGENCIES)

RENEWAL

BUSINESS 3061 CARDIFF ST

ADDRESS PORT CHARLOTTE, FL 33983

BUSINESS SOUTHWEST RECOVERY INC

NAME

CAROLYN ALVAREZ

AMOUNT PENALTY 35.00

OWNER

0.00

3061 CARDIFF ST MAILING

ADDRESS PORT CHARLOTTE, FL 33983

TOTAL

35.00

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED

Paid 08/08/2025 Receipt # 996-00002400

> 2025 / 2026 CHARLOTTE COUNTY LOCAL BUSINESS TAX RECEIPT

> > MUST BE DISPLAYED IN A CONSPICUOUS PLACE

ACCOUNT

5589

TYPE OF

561440

EXPIRES

SEPTEMBER 30, 2026

BUSINESS

Collection Agencies (COLLECTION AGENCIES)

RENEWAL

BUSINESS 3061 CARDIFF ST

ADDRESS PORT CHARLOTTE, FL 33983

BUSINESS SOUTHWEST RECOVERY INC

NAME

AMOUNT

35.00

OWNER

CAROLYN ALVAREZ

PENALTY

0.00

TOTAL

35.00

3061 CARDIFF ST MAILING

ADDRESS PORT CHARLOTTE, FL 33983

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED

Paid 08/08/2025 Receipt #996-00002400

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.

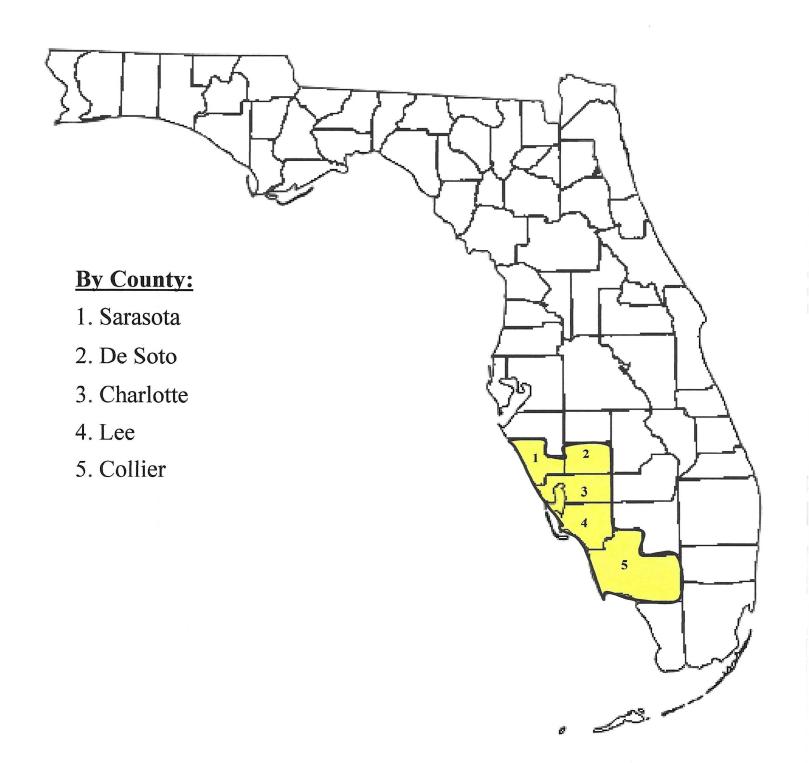
Your 2025 - 2026 Local Business Tax Receipt is valid from October 01, 2025 through September 30, 2026. Annual account notices are mailed in June to the address of record at that time. Any Changes to your Local Business Tax Account due to change of Business Name, Ownership, Physical Address or you are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

VICKIE L. POTTS

Charlotte County Tax Collector

Post office Box 511096, Punta Gorda, FL 33951 941-766-1300 / 800-755-7376 / Fax: 941-766-1312

Coverage Area



Add Zip Codes to Branch SOUTHWEST RECOVERY-FLORIDA

10	
Stames	
Age and	
10	

Add a zip co	de			
Zip Code				
	+	Add Zip Code		
Add all zip c	odes from a count	y and/or sta	nte	
County	State	9		
			+	Add
	odes from a file	a single colum	n (zip codes)	
Choose File	No file chosen	1	Import Zip Codes	7797507 w.s.

Current Zip Codes

Zip Code	City	Stata	County	Delete
33901	Fort Myers	FL	Lee	
33902	Fort Myers	FL	Lee	
33903	Fort Myers, N Fort Myers, N Ft Myers, No Fort Myers, No Ft Myers, North Fort Myers	FL	Lee	
33904	Cape Coral	FL	Lee	
33905	Fort Myers, Tice	FL	Lee	
33906	Fort Myers	FL	Lee	
33907	Fort Myers	FL	Lee	
33908	Fort Myers	FL	Lee	
33909	Cape Coral	FL	Lee	
33910	Cape Coral, Cape Coral S, Cape Coral South	FL	Lee	O
33911	Fort Myers	FL	Lee	

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

Zip				Delete
Code	City	State	County	
34266	Arcadia, Lake Suzy, Sidell	FL	DeSoto	
34267	Fort Ogden	FL	DeSoto	O
34268	Nocatee	FL	DeSoto	
34269	Arcadia, Lake Suzy	FL	DeSoto	
34270	Tallevast	FL	Manatee	
34272	Laurel	FL	Sarasota	Control of the contro
34274	Nokomis	FL	Sarasota	
34275	Nokomis, North Venice	FL	Sarasota	
34276	Sarasota	FL	Sarasota	
34277	Sarasota	FL	Sarasota	
34278	Pinecraft, Sarasota	FL	Sarasota	Û
34280	Bradenton, Palma Sola	FL	Manatee	
34281	Bradenton, Trailer Est, Trailer Estates	FL	Manatee	
34282	Bradenton	FL	Manatee	()
34284	Venice	FL	Sarasota	
34285	Venice	FL	Sarasota	J
34286	North Port, Venice	FL	Sarasota	U
34287	North Port, Venice	FL	Sarasota	
34288	North Port	FL	Sarasota	U
34289	North Port	FL	Sarasota	
34290	North Port, Venice	FL	Sarasota	
34291	North Port, Venice	FL	Sarasota	
34292	Venice	FL	Sarasota	
34293	Venice	FL	Sarasota	
34295	Englewood	FL	Sarasota	

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

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

FLORIDA DEPARTIMENT OF AGRICULTURE AND CONSUMER SERVICES

WILTON SIMPSON COMMISSIONER

DIVISION OF LICENSING

01/30/24 DATE ISSUED

03/28/27 DATE OF EXPIRATION

R 230006 LICENSE NUMBER

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.







CERTIFIED COLLATERAL RECOVERY SPECIALIST TESTED & TRAINED

CAROLYN ALVAREN

Southwest Recovery, Inc. - 635

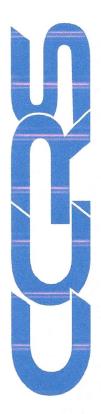
The aforementioned individual has passed all CCRS Standard Compliance Testing, Training in good standing

11/21/2025 Expiration 1121202594EZ **Code**



James (Comme

VAUGHN CLEMMONS, PRESIDENT



CERTIFIED COLLATERAL RECOVERY SPECIALIST TESTED & TRAINED

DAN ELVAREZ

Southwest Recovery, Inc. - 635

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

04/03/2026 **Expiration** 0403202694EZ Code





VAUGHN CLEMMONS, PRESIDENT



E 1300001

ALVAREZ, DANIEL W

01/28/1991

M

W

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

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

SWR'S PRICING AND SERVICES.

REVISED:/ 4/2025

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

RECOVERY RATE SCHEDULE Standard Size Units

INVOLUNTARY REPOSESSION	\$440.00				
VOLUNTARY REPOSESSION	\$350.00				
IMPOUND RECOVERY	\$400.00				
STORAGE DAYS (1 ST 10 Free)	\$ 15.00/DAILY				
FIELD VISIT (Includes Photos and CR)	\$250.00				
CLOSE	\$175.00				
TRASNPORT 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 Name of Company	Date				

BY SIGNING AND RETURNING THIS FOR TO SWR YO ARE AGREEING WITH

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: <u>info@southwestrecoveryinc.com</u> Web Site: <u>www.southwestrecoveryinc.com</u>

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 EQUPMENT 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

Form W=9 (Rev. October 2018)

(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

	1 Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank.				Nacowy o Atmings			destal pp-duage			
	2 Business name/disregarded entity name, if different from above											
	SOUTHWEST RECOVERY, INC.											
Print or type. Specific Instructions on page 3.	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. Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
	☐ Individual/sole proprietor or ☐ C Corporation ☑ S Corporation single-member LLC	☐ Partnership ☐ Trust/estate										
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶						Exempt payee code (if any)					
	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.						Exemption from FATCA reporting code (if any)					
Sec	☐ Other (see instructions) ▶						(Applies to accounts mainteined outside the U.S.)					
							and address (optional)					
See	3061 CARDIFF STREET											
	6 City, state, and ZIP code											
	PUNTA GORDA, FL 33983											
	7 List account number(s) here (optional)											
Par	Taxpayer Identification Number (TIN)			***	-				-			
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid Social security number												
packu	9 withholding. For individuals, this is generally your social security number	her (SSM) However for a	TTT	7 1	T	1	T	T	T			
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, la	ter.	imber, see now to get a	or	1								
Note:	If the account is in more than one name, see the instructions for line 1.	Also see What Name and	Employer	identif	ication	numb	er		7			
Numb	er To Give the Requester for guidelines on whose number to enter.				T			T	Ť			
NO COMPANY DE LA			0 6	- 1	6 5	6	6	9				
Part II Certification												
	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												
no i	rice (IRS) that I am subject to backup withholding as a result of a failure onger subject to backup withholding; and	to report all interest or divid	dends, or (c)	the IR	S has r	otifie	ed me	that	l am			
	a U.S. citizen or other U.S. person (defined below); and											
	FATCA code(s) entered on this form (if any) indicating that I am exempt	from FATCA reporting is or	orrect.									
Certifi	cation instructions. You must cross out item 2 above if you have been not	lified by the IRS that you are	currently euhi	ect to	backup	with	holdin	a bec	ause			
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 ▶ (UUA)	Date ▶		1/6	Wa	Di	B	/				
Ger	neral Instructions	Form 1099-DIV (dividend	ds, including	those	from si	ocks	or m	utual				
Section noted.	n references are to the Internal Revenue Code unless otherwise	funds) • Form 1099-MISC (various types of income, prizes, awards, or gross										
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted	Prom 1099-B (stock or mutual fund sales and certain other										
after th	ney were published, go to www.irs.gov/FormW9.	transactions by brokers)										
Puri	oose of Form	 Form 1099-S (proceeds from real estate transactions) Form 1099-K (merchant card and third party network transactions) 										
-	ividual or entity (Form W-9 requester) who is required to file an			-	-				•			
inform	ation return with the IRS must obtain your correct taxpayer cation number (TIN) which may be your social security number	 Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) 										
(SSN),	individual taxpaver identification number (ITIN), adoption	 Form 1099-C (canceled debt) Form 1099-A (acquisition or abandonment of secured property) 										
(EIN), 1	er identification number (ATIN), or employer identification number to report on an information return the amount paid to you, or other	Use Form W-9 only if you are a U.S. person (including a resident										
amour	at reportable on an information return. Examples of information include, but are not limited to, the following.	alien), to provide your correct TIN.										
	1099-INT (interest eamed or paid)	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,										

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

info@southwestrecoveryinc.com <u>www.southwestrecoveryinc.com</u> Florida State License # R23-0006

Date:		_Assignment Type:	Acct. No
CLIEN	NT / LEGAL OW	VNER:	
			ZIP CODE:
			Email:
DEBT			
	ADDRESS: _		
			ZIP CODE:
			FAX:
			SS#
	CITY:	STATE:	ZIP CODE:
ADDIT			
		VEHICLE IN	FORMATION
	YEAR	MAKE MO	DEL:TAG:
VIN: _			COLOR
		PAYMENT I	NFORMATION
MONT	HLY PAYMEN	T; DELINQUENT SIN	CE:BALANCE DUE:
ACTION HOWEV	RESULTING FROI ER, SUCH AS MAN	Y AND SAVE YOU HARLMESS FROM A M OR ARISING OUT OF OUR EFFORTS VY BE CAUSED OR ARISES OUT OF NE	OR REPOSESSION OF THE ABOVE DESCRIBED ASSIGNMENT AND AGAINST ANY AND ALL CLAIMS, DAMAGE, LOSSES AND TO COLLECT OR REPOSEESS THE ABOVE CLAIM, EXCEPT, GLIGNECE OR UNAUTHORIZED ACTS OF YOUR COMPANY, SOF SUCH AGENTS. CLIENT AGREES TO SWR FEES.
		Authorized by (Print Na Authorized Signature &	ame)

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.