

Office: 800-775-REPO

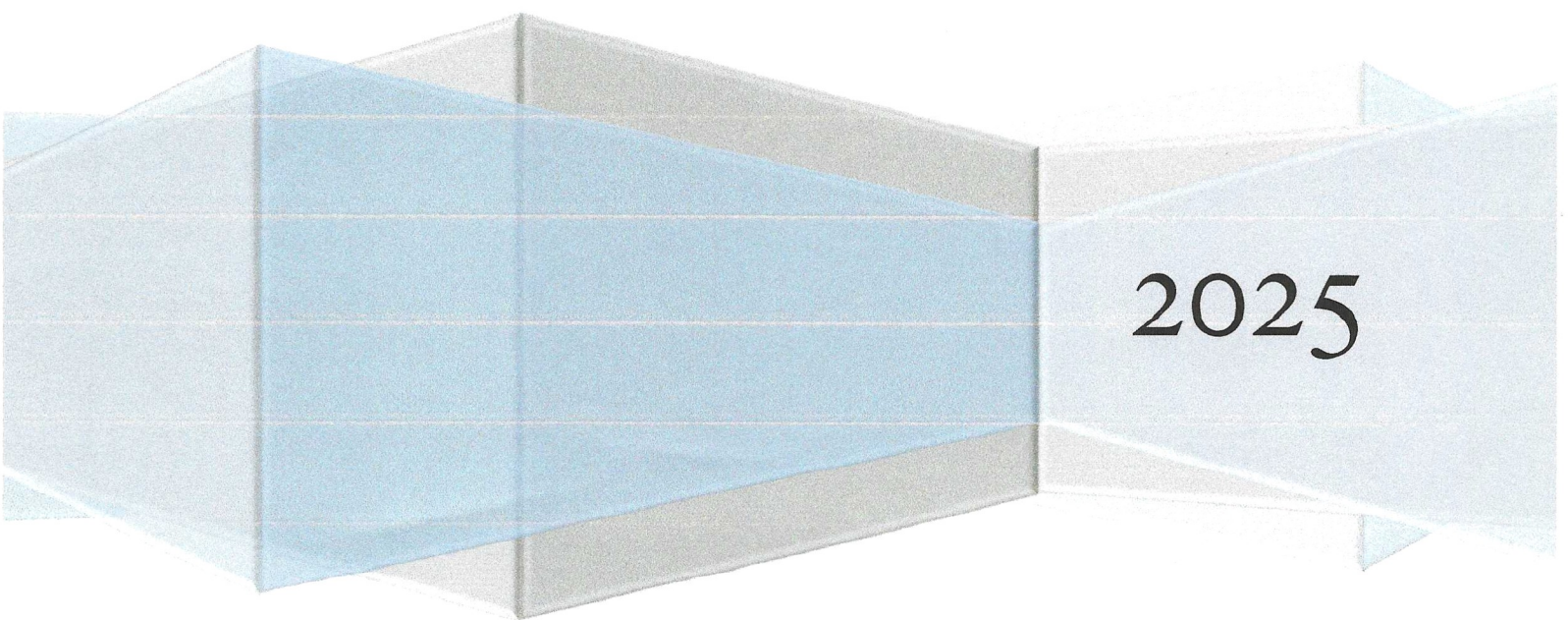
Fax: 800-766-1312

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.

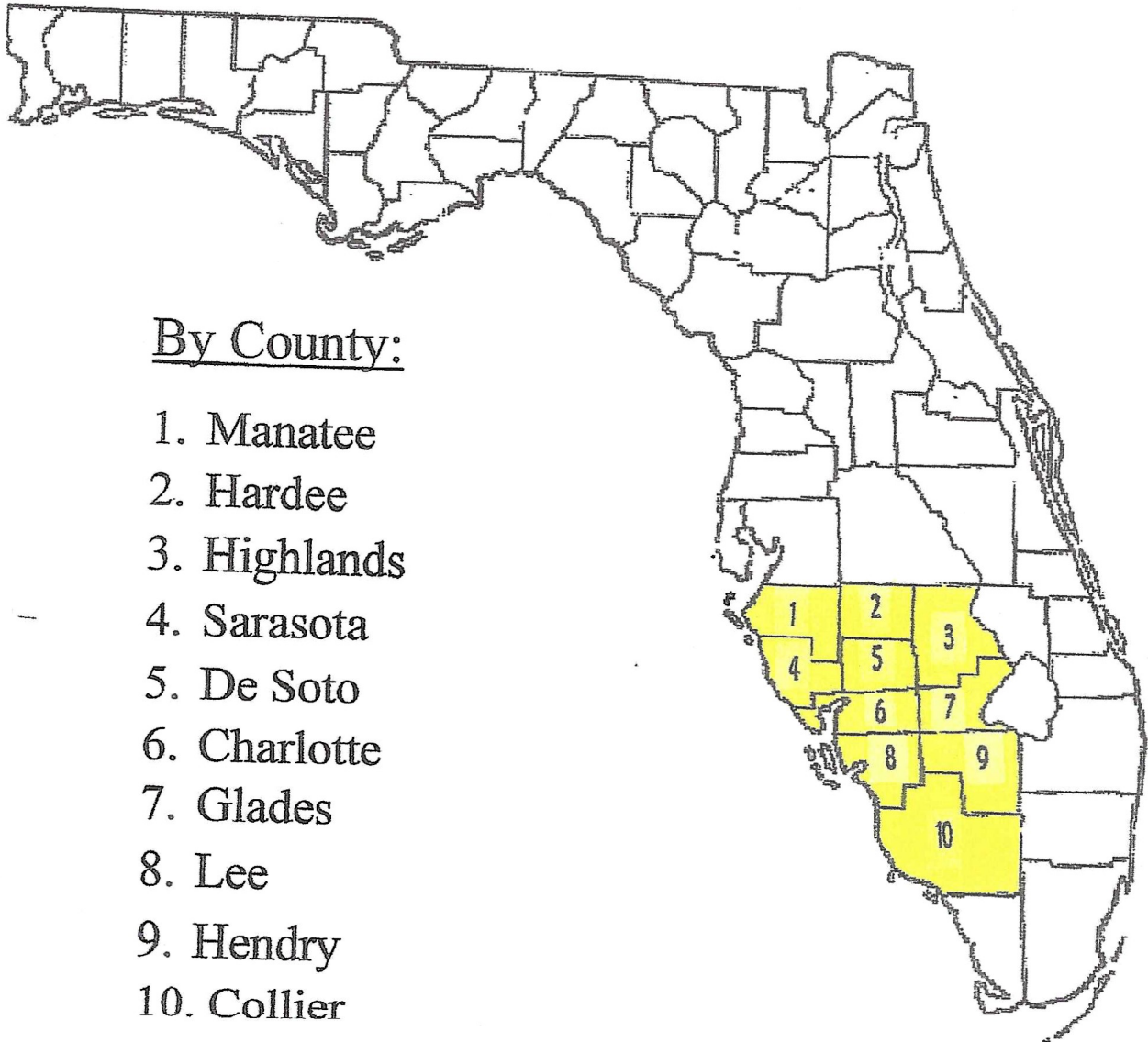
Southwest Recovery, Inc. is always looking towards the future in the repossession industry in continuing to serve their clients and their customers in the most courteous and professional manor.

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

Southwest Recovery, Inc.

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

Coverage Area



By County:

1. Manatee
2. Hardee
3. Highlands
4. Sarasota
5. De Soto
6. Charlotte
7. Glades
8. Lee
9. Hendry
10. Collier

Southwest Recovery, Inc.

PO Box 511096

Punta Gorda, FL 33983

Phone: 941-766-1300 / 800-775-7376 Fax: 941-766-1312 / 800-278-5177

Zip Codes and Towns

33825 Avon Park	33921 Boca Grand	33980 Port Charlotte
33826 Avon Park	33922 Bokeellia	33981 Port Charlotte
33852 Lake Placid	33924 Captiva	33982 Punta Gorda
33862 Lake Placid	33927 El Jobean	33983 Punta Gorda
33865 Ona	33928 Estero	33990 Cape Coral
33870 Sebring	33929 Estero	33991 Cape Coral
33871 Sebring	33930 Felda	33993 Cape Coral
33872 Sebring	33931 Fort Myers	33994 Fort Myers
33873 Wauchula	33932 Fort Myers	34101 Naples
33875 Sebring	33935 La Belle	34102 Naples
33876 Sebring	33936 Lehigh Acres	34103 Naples
33890 Zolfo Springs	33938 Murdock	34104 Naples
33900 Fort Myers	33945 Pineland	34105 Naples
33901 Fort Myers	33946 Placida	34106 Naples
33902 Fort Myers	33947 Rotunda	34107 Vanderbilt
33903 North Port	33948 Port Charlotte	34108 Naples
33904 Cape Coral	33949 Port Charlotte	34109 Naples
33905 Fort Myers	33950 Punta Gorda	34110 Naples
33906 Fort Myers	33951 Punta Gorda	34112 Naples
33907 Fort Myers	33952 Port Charlotte	34113 Naples
33908 Fort Myers	33953 Port Charlotte	34114 Naples
33909 Cape Coral	33954 Port Charlotte	34116 Naples
33910 Cape Coral	33955 Punta Gorda	34117 Naples
33911 Fort Myers	33956 Saint James City	34119 Naples
33912 Fort Myers	33957 Sanibel	34120 Naples
33913 Fort Myers	33960 Venus	34133 Bonita Springs
33914 Cape Coral	33965 Fort Myers	34134 Bonita Springs
33915 Cape Coral	33966 Fort Myers	34135 Bonita Springs
33916 Fort Myers	33967 Fort Myers	34136 Bonita Springs
33917 Fort Myers	33970 Lehigh Acres	34140 Goodland
33918 Fort Myers	33971 Lehigh Acres	34145 Marco Island
33919 Fort Myers	33972 Lehigh Acres	34146 Marco Island
33920 Alva	33973 Lehigh Acres	
	33974 Lehigh Acres	
	33975 La Belle	
	33976 Lehigh Acres	

Southwest Recovery, Inc.

Zip Codes and Towns Continued...

34201 Bradenton	34242 Sarasota
34202 Bradenton	34243 Sarasota
34203 Bradenton	34250 Sarasota
34204 Bradenton	34251 Myakka City
34205 Bradenton	34260 Sarasota
34206 Bradenton	34264 Oneco
34207 Bradenton	34265 Arcadia
34208 Bradenton	34266 Arcadia
34209 Bradenton	34267 Fort Ogden
34210 Bradenton	34268 Nocatee
34211 Bradenton	34269 Arcadia
34212 Bradenton	34270 Tallevast
34215 Cortez	34272 Laurel
34216 Anna Maria Island	34274 Nokomis
34217 Bradenton	34275 Nokomis
34218 Homes Beach	34276 Sarasota
34219 Parrish	34277 Sarasota
34220 Palmetto	34278 Sarasota
34221 Palmetto	34280 Bradenton
34222 Ellenton	34281 Bradenton
34223 Englewood	34282 Bandenton
34223 Englewood	34284 Venice
34224 Englewood	34285 Venice
34228 Long Boat Key	34286 North Port
34229 Osprey	34287 North Port
34230 Sarasota	34288 North Port
34231 Sarasota	34289 North Port
34232 Sarasota	34290 North Port
34233 Sarasota	34291 North Port
34234 Sarasota	34292 Venice
34235 Sarasota	34293 Venice
34236 Sarasota	34295 Englewood
34237 Sarasota	34295 Englewood
34238 Sarasota	
34239 Sarasota	
34240 Sarasota	33933 Myakka
34241 Sarasota	34271 Myakka

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

**WILTON SIMPSON
COMMISSIONER**

DIVISION OF LICENSING

01/30/24
DATE ISSUED

03/28/27
DATE OF EXPIRATION

R 23000006
LICENSE NUMBER

SOUTHWEST RECOVERY, INC.

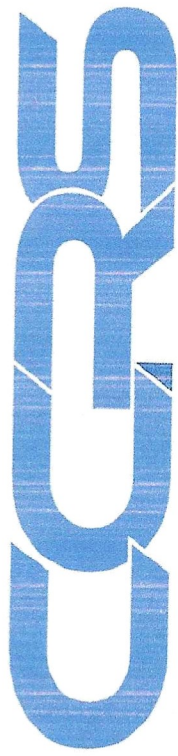
3061 CARDIFF STREET
PUNTA GORDA, FL 33983

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.



**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

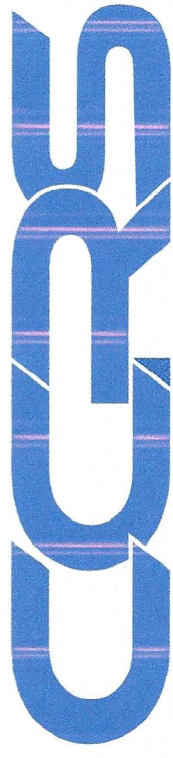
Expiration

1121202594EZ

Code



VAUGHN CLEMMONS, PRESIDENT



**TESTED & TRAINED
CERTIFIED COLLATERAL RECOVERY SPECIALIST**

DANIEL ALVAREZ

Southwest Recovery, Inc. - 635

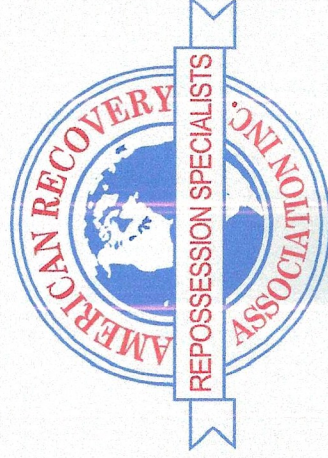
*The aforementioned individual has passed all CCRS Standard Compliance
Testing, Training in good standing*

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

M

RACE

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

Name of Company

Date

**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



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).

PRODUCER Harding Brooks Insurance Agency 441 Commerce Road Vestal NY 13850	CONTACT NAME: Certificate Department Service PHONE (A/C, No, Ext): 315-214-5822 FAX (A/C, No): 607-798-6693 E-MAIL ADDRESS: service@hardingbrooks.com
INSURED Southwest Recovery Inc. 3061 Cardiff St Punta Gorda FL 33983	INSURER(S) AFFORDING COVERAGE INSURER A: CUMIS Insurance Society, Inc. INSURER B: Underwriters At Lloyds INSURER C: INSURER D: INSURER E: INSURER F:

License#: PC-1123577
SOUTREC-01

NAIC #

10847

32727

COVERAGES**CERTIFICATE NUMBER:** 149680360**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
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> WRONGFUL REPO GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		316208-006	4/1/2025	4/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Wrongful Repo (E&O) \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Drive Away <input checked="" type="checkbox"/> PIP	Y		316207-009	4/1/2025	4/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) 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	Garagekeepers Direct Prim			316207-009	4/1/2025	4/1/2026	\$500/\$2,500 Ded \$1,200,000
A	Cargo/ On-Hook Cargo			316208-006	4/1/2025	4/1/2026	\$1,000 Ded \$100,000
B	Employee Dishonesty/ Crime			UC14502163.25	4/1/2025	4/1/2026	3rd Party Theft \$1,000,000

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

Cyber Liability: \$1,000,000 Limit Insurer Scottsdale Indemnity Company Policy #ESM0039916059 Effective 04/1/2025 - 04/01/2026. Certificate holder is added as additional insured as required by written contract or agreement. Garagekeepers Direct Primary Includes Wind / Hail / Flood Coverage. Lot Locations: 3061 Cardiff St Punta Gorda FL 33983

Driver has 4 Drive Away Tags used solely for repossession purposes only.

CERTIFICATE HOLDER**CANCELLATION**Proof of Insurance
USA

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



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).

PRODUCER Pro Surety Bond 919 S 25 E Ammon ID 83406	CONTACT NAME: Kristi Buckland PHONE (A/C, No, Ext): (208) 522-3380 E-MAIL ADDRESS: kristi@inusreitall.com FAX (A/C, No): (919) 702-4854 INSURER(S) AFFORDING COVERAGE INSURER A: Markel American Insurance Company NAIC # 28932
INSURED Southwest Recovery Inc 3061 CARDIFF ST PUNTA GORDA FL 33983	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 \$ OTHER: \$
	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) \$ OTHER: \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER: \$
	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

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/12/2024

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).

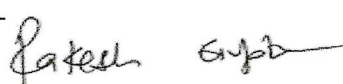
PRODUCER biBERK P.O. Box 113247 Stamford, CT 06911	CONTACT NAME:	
	PHONE (A/C, No, Ext): 844-472-0967	FAX (A/C, No): 203-654-3613
INSURED Southwest Recovery Inc. 3061 Cardiff St. Punta Gorda, FL 33983	E-MAIL ADDRESS: customerservice@biBERK.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Wellfleet New York Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC # 20931		

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 \$ 0 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 0 GENERAL AGGREGATE \$ 0 PRODUCTS - COMP/OP AGG \$ 0
	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 checked="" type="checkbox"/> Y	N/A		N9WC302630	08/01/2024	08/01/2025	X PER STATUTE 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
	Professional Liability (Errors & Omissions): Claims-Made						Per Occurrence/ Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Exclusions: Carolyn Alvarez; William Alvarez;

CERTIFICATE HOLDER Southwest Recovery Inc. 3061 Cardiff St. Punta Gorda, FL 33983	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 
---	--

**2024 / 2025 CHARLOTTE COUNTY
LOCAL BUSINESS TAX RECEIPT**

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

ACCOUNT 5589
EXPIRES SEPTEMBER 30, 2025
RENEWAL

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

AMOUNT 35.00
PENALTY 0.00
TOTAL 35.00

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED

Paid 07/18/2024 Receipt # 999-00050318 35.00

**2024 / 2025 CHARLOTTE COUNTY
LOCAL BUSINESS TAX RECEIPT**

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

ACCOUNT 5589
EXPIRES SEPTEMBER 30, 2025
RENEWAL

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

AMOUNT 35.00
PENALTY 0.00
TOTAL 35.00

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED

Paid 07/18/2024 Receipt # 999-00050318 35.00

Dear Business Owner:

Your 2024 - 2025 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 2024 - 2025 Local Business Tax Receipt is valid from October 01, 2024 through September 30, 2025. 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

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.

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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ► <i>Craig A. Alvar</i>	Date ► <i>1/9/2024</i>
-----------	--	------------------------

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: _____

ADDITONAL INFORMATION: _____

VEHICLE INFORMATION

YEAR _____ MAKE _____ MODEL: _____ TAG: _____

VIN: _____ COLOR _____

PAYMENT INFORMATION

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

THIS IS YOUR AUTHROIZATION TO PROCESS FOR COLLECTION OR REPOSESSION OF THE ABOVE DESCRIBED ASSIGNMENT. WE AGREE TO INDEMNIFY AND SAVE YOU HARLMESS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGE, LOSSES AND ACTION RESULTING FROM OR ARISING OUT OF OUR EFFORTS TO COLLECT OR REPOSEESS 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.