



# Agent Qualifications

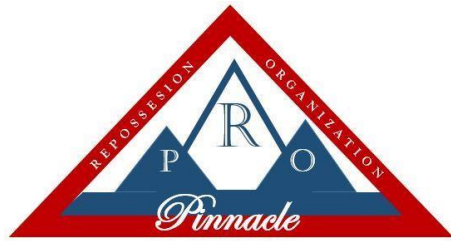
“Compliance based on trust.”

## OWNER:

1. Current owner and operator of a full-service collateral recovery company
2. Minimum of two years of experience in the collateral recovery industry
3. Good credit report (individually)
4. Positive business and personal references
5. No serious criminal history
6. Member in good standing of Allied Finance Adjusters Conference, Inc.
7. U.S. Citizen or properly documented to work and operate a business in the U.S. or its territories
8. Not a Specially Designated individual on the U.S. Office of Foreign Assets Control list maintained by the U.S. Office of the Treasury

## BUSINESS ENTITY:

1. Must be in good standing with state taxing and corporation authorities (as applicable).
2. Good credit report (business report)
3. Positive business references
4. Must have the following written employee policies:
  - a. No field agents under the age of 23
  - b. All field agents are employees and not independent contractors
  - c. NO BADGES OR OTHER DISPLAY OF AUTHORITY
  - d. No firearms or other weapons allowed in field equipment or on any field operations.
  - e. Continuing Education Policy
    - (i) Compliance certification from a recognized compliance vendor in the collateral recovery industry
    - (ii) Including periodic education for owner and all field and office personnel
  - f. Clean Desk Policy
  - g. Complaint Handling Policy
  - h. Data Security and Breach Policy
  - i. Disaster Recovery Plan
  - j. Drug Abuse Prevention Policy
    - (i) Including no use of controlled substance on the job and at least post-accident drug testing
  - k. Employee Confidentiality
  - l. Red Flags Rule Policy
  - m. Safe Driving Practices Policy
  - n. Wrongful Repossession Procedure Policy
  - o. Pre-Employment Background Checks Policy
  - p. Non-Public Information Compliance Policy
  - q. Facilities Security Policy
  - r. Identity Theft Prevention Policy
  - s. Communications with Debtors and Third Party Policy
  - t. Personal Property Handling and Disposal Policy
5. Minimum of two years of loss runs with no unacceptable claims (careless, reckless, intentional, etc.)



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## FACILITY:

1. A professional-appearing, clean office facility
  - a. Professionally appearing office staff
  - b. Sufficient space for employees
  - c. Adequately equipped with office staff and office equipment to offer clients full collateral recovery and related services.
    - (i) Dedicated telephone voice line
    - (ii) Dedicated computer(s)
    - (iii) Digital camera
    - (iv) Cellular phones sufficient to run mobile applications required by clients
    - (v) Access to necessary towing vehicles and field equipment to offer a client standard field recovery services
2. A safe and secure collateral storage facility
  - a. Manned during all office hours
  - b. Hard-surfaced storage
  - c. Enclosed by a chain link fence (or stronger)
  - d. Fence must be at least 6' (six feet) tall and topped with security wire (or comparable security)
  - e. Security devices and/or cameras necessary to deter unauthorized entry
3. Facility subject to inspection upon reasonable notice
4. Must maintain normal business hours from at least 9:00 to 5:00 local time, including the lunch hour, on each business day.

## INSURANCE:

1. Insurance coverage required:
  - a. Limits: \$1,000,000 limit (with \$3,000,000 aggregate) combined single limit bodily injury and property damage
  - b. Coverage:
    - (i) Premises/Operations Liability
    - (ii) Independent Contractors
    - (iii) Completed Operations/Products Liability
    - (iv) Contractual Liability
    - (v) Personal Injury Liability
    - (vi) Advertising Injury Liability
    - (vii) Broad Form Property Damage
    - (viii) Hired Automobile Liability
    - (ix) Non-Owned Automobile Liability
    - (x) Non-Owned Watercraft Liability
    - (xi) Limited Worldwide Liability
    - (xii) Extended Bodily Injury
    - (xiii) On-Hook: \$100,000 per vehicle
    - (xiv) Garagekeeper: \$500,000 per location

- c. Deductibles:
  - (i) For liability coverage, if the deductible is more than \$5,000 per claim, vendor must provide financial information sufficient to verify ability to pay the deductible at any given time, in the event of a claim involving an account forwarded by PRO.
  - (ii) For Garagekeepers and On-Hook coverage a \$500 deductible per unit
- 2. Pinnacle Recovery Organization must be named as an "additional insured" and "certificate holder" on each policy.



Agent Development

# Part 1 REQUEST FOR CONSIDERATION

I hereby request consideration as a Pinnacle Repossession Organization agent. The facts set forth in my request for consideration are true and complete. I understand that if I am accepted, any false statement on this application shall be considered sufficient cause for agent termination. If I qualify as an agent additional information may be requested.

## PLEASE ANSWER ALL QUESTIONS

TERRITORY FOR WHICH REQUEST IS MADE:				WOULD YOU CONSIDER ANY OTHER AREA? IF YES, WHERE?		YES	NO
LAST NAME		FIRST NAME		MIDDLE NAME		DATE OF APPLICATION	
SOCIAL SECURITY NUMBER			DATE OF BIRTH	SEX M      F		TELEPHONE NUMBER	
CURRENT ADDRESS			CITY	STATE	ZIP	HOW LONG? yr      mo	
PREVIOUS ADDRESS			CITY	STATE	ZIP	HOW LONG? yr      mo	
HEIGHT ft.      in.	WEIGHT lbs.	MARITAL STATUS: SINGLE      MARRIED      WIDOWED      DIVORCED					
BUSINESS NAME							
TYPE OF BUSINESS ENTITY SOLE      PARTNER      CORP      LLC			STATE OF RESIDENCE OF ENTITY			EIN	
ARE YOU A CITIZEN OF THE U.S.A.? APPLICANT: YES      NO      SPOUSE: YES      NO						INCOME MONTHLY:      ANNUALLY:	
DRIVER'S LICENSE NUMBER			STATE	EXPIRATION DATE	ANY OTHER INCOME? IF SO STATE SOURCE AND AMOUNT. YES      NO		
WILL THE ENTITY BE OWNED AND OPERATED BY ONLY YOU? YES      NO				PARTNERSHIP? YES      NO		WRITTEN CONTRACT? YES      NO	
PLEASE EXPLAIN:							
HAVE YOU EVER BEEN BONDED?		IF YES, ON WHAT JOBS?					
HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY OR NOLO CONTENDERE TO A CRIME? YES      NO      IF YES, DESCRIBE.							
HAVE YOU EVER BEEN HELD LIABLE BY A CIVIL JUDGEMENT OR FINAL ARBITRATION AWARD FOR ANY ACT RELATING TO COLLATERAL RECOVERY OR COLLECTION ACTIVITIES OR RELATED SERVICES CONDUCTED BY YOU OR YOUR DISCRETION? YES      NO      IF YES, DESCRIBE.							
ARE YOU CURRENTLY SUBJECT TO ANY PENDING LITIGATION OR UNSATISFIED CIVIL JUDGMENT OR ARBITRATION AWARD? YES      NO      IF YES, DESCRIBE.							

You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative credit agencies or bureaus of your choice.

In making this application for consideration, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews as to my character, general reputation, personal characteristics and mode of living.

By typing my name in the "Signature of Applicant" box below I am signing this request for consideration as if I was writing my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**All information provided will be protected, kept confidential and used only for the purposes for which it is given.**