

ORDER TO REPOSSESS

Able Auto Adjusters

12619 DAPHNE AVENUE * HAWTHORNE, CALIFORNIA 90250

TEL NO. (310) 306-1555 * FAX NO. (310) 821-7535

STATE LICENSE NO. RA112

You are authorized and directed to repossess the automobile described below: it is understood that you will act as an independent contractor in making such repossession and that we reserve no right to control or direct the manner in which you perform any service for us. The time, manner and method of performance of any such service shall be determined solely by you, and you shall be accountable to us only for the ultimate results accomplished through the rendition of any such services. We will pay your usual fees and expenses for services performed in this connection, and will notify you immediately if settlement is made by us so that repossession should not be carried out. We agree to protect and save you harmless from any and all liability of every kind and nature imposed or sought to be imposed upon you as a result of any negligence, error or omission on our part including employees or agents. We hereby warrant that we are entitled to immediate possession of the below described vehicle:

Year, Make & Model: _____ Lic: _____ Color: _____

Serial Number: _____ Key Codes: _____

Account # _____ CO/X _____

Registered Owner/Lessee: _____ Spouse: _____

Residence: _____ Phone: _____

Business: _____ Occupation: _____

Business Address: _____ Phone: _____

Social Security Number: _____ Drivers License: _____

Insurance Carrier & Agent: _____

Relatives/References: _____

Date Due For: _____ plus all subsequent payments at \$ _____ per month.

Balance on Contract: _____ Payment was last received on: _____

PLEASE ENCLOSE COPY OF THE CREDIT APPLICATION, SECURITY AGREEMENT AND TITLE.

Deliver car to: _____

Assignor: _____ Date: _____

Address: _____

Signature of Authorized Party: _____ Title: _____

Print Name: _____ Phone: _____

ABLE AUTO ADJUSTERS

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*** EXTRA MILEAGE CHARGE- \$125**

**** EXTRA MILEAGE CHARGE- \$250**

**ADVANCED WRITTEN PROOF AUTHORIZING ADDITIONAL MILEAGE IS
REQUIRED (FAX OR E-MAIL)**

AREAS WE COVER

CITIES	ZIP CODES
ACTON	93510
ADELANTO	92301
AGOURA	91301
AGOURA HILLS	91301
AGUA DULCE	91350-90
ALHAMBRA	91801-802-803-804, 91896, 91899
ALISO VIEJO	92651
APPLE VALLEY*	92307-08
ALPINE	91901-03
ALTA LOMA	91701
ALTADENA	91001-3
ANAHEIM	92806-17
ANAHEIM HILLS	92801-05
ARCADIA	91006
ARLETA	91331
ARROWHEAD**	92352
ARTESIA	90701
AZUSA	91702
BALBOA	92658
BALBOA ISLAND	92662
BALDWIN PARK	91706
BANNING	92220
BARSTOW**	92310-11-12
BARSTOW MARINE BASE**	92311
BEAUMONT	92223
BEL AIR	90077
BELL	90201
BELL GARDENS	90201
BELLFLOWER	90706
BELMONT SHORE	90803
BERMUDA DUNES*	92201

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AREAS WE COVER

BORREGO SPRINGS**	92004
BEVERLY HILLS	90210-13
BIG BEAR**	92314
BIG BEAR CITY**	92386
BIG BEAR LAKE**	92315
BIXBY KNOLLS	90807
BLOOMINGTON	92316
BONITA	90902-08
BONSALL	92003
BRADBURY	92621-22
BRAWLEY**	92227
BREA	92821-22-23
BUENA PARK	90623
BURBANK	91501-09
CABAZON*	92230
CALABASAS	91302
CALEXICO**	92231 - 32
CALIFORNIA CITY**	93501
CALIMESA	92320
CAMARILLO*	93010
CAMP PENDLETON	92054-55
CAMPO**	90906-87
CANOGA PARK	91303-08
CANYON COUNTRY*	91351
CANYON LAKE	92380
CAPISTRANO BEACH	92634-24
CARPINTERIA**	93013
CARDIFF BY THE SEA	92007
CARLSBAD	92008-9-10-11-13-18
CARSON	90745-47
CASTAIC	91310
CATHEDRAL CITY*	92234
CENTURY CITY	90067
CERRITOS	90703-05

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AREAS WE COVER

CHATSWORTH	91311-13
CHERRY VALLEY	92320
CHINO	91708-10
CHINO HILLS	91710
CHULA VISTA	91910-11-13-14-15
CITY OF COMMERCE	90040
CITY OF INDUSTRY	91744
CLAREMONT	91711
COACHELLA*	92236
COLTON	92324
COMPTON	90220-22
CORONA	91718-20
CORONA DEL MAR	92625
CORONADO	92118
COSTA MESA	92626-28
COTO DE CAZA	92678
COVINA	91722-24
CRENSHAW	91722-23-24
CRESTLINE**	92325
CUDAHY	90201
CULVER CITY	90230-32
CYPRESS	90630
DANA POINT	92629
DEL MAR	92014
DESCANSO**	91916
DESERT HOT SPRINGS*	92240-41
DEVORE	92401
DIAMOND BAR	91765
DISNEYLAND	92802
DOWNEY	90240-42
DUARTE	91010
EAGLE ROCK	90041
EAST IRVINE	92650
EAST LOS ANGELES	90022

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AREAS WE COVER

ECHO PARK	90026
EDWARDS AIRFORCE BASE**	93523-24
EL CAJON	92019-20-21
EL CENTRO**	92243
EL MONTE	91732
EL SEGUNDO	90245
EL TORO	92610-30
ENCINITAS	92024
ENCINO	91324
ESCONDIDO	92025-26-27-29
ETIWANDA	91739
FALLBROOK	92028
FILLMORE*	93015
FONTANA	92334-36
FOOTHILL RANCH	92610
FORT IRWIN**	92310
FOUNTAIN VALLEY	92631
FRAZIER PARK**	93225
FULLERTON	92631-35
GARDEN GROVE	92640
GARDENA	90247-49
GLENDALE	91201-09
GLENDORA	91740
GOLETA**	93116
GORMAN*	93243
GRANADA HILLS	91344
GRAND TERRACE	92313-24
GRASS VALLEY	95945,95949
GREEN VALLEY LAKE**	92341
HACIENDA HEIGHTS	91745
HARBOR CITY	90710
HAWAIIAN GARDENS	90716
HAWTHORNE	90250

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AREAS WE COVER

HELENDAL**	92342
HEMET*	92343-44
HERMOSA BEACH	90254
HESPERIA*	92345
HIDDEN HILLS	91303
HIGHLAND	92346
HIGHLAND PARK	90042
HOLLYWOOD	90028
HOLTVILLE **	92250
HOMELAND*	92548
HUNTINGTON BEACH	92646-49
HUNTINGTON HARBOR	92646-47-48-49
HUNTINGTON PARK	90255
IDYLLWILD**	92349
IMPERIAL **	92251
IMPERIAL BEACH	91932
INDIAN WELLS*	92260
INDIO*	9220
INGLEWOOD	90301-05
IRVINE	92714-17
IRWINDALE	91706
ISLA VISTA**	93117
JAMUL**	91935
JOSHUA TREE**	92252
JULIAN*	92036
LA CANADA	91214
LA CANADA FLINTRIDGE	91011-12
LA COSTA	92009
LA CRESCENTA	91214
LA HABRA	90632
LA HABRA HEIGHTS	90631
LA JOLLA	92037-39, 92092-93
LA MESA	91941-42
LA MIRADA	90638

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AREAS WE COVER

LA PALMA	90623
LA PUENTE	91745
LA QUINTA*	92253
LA VERNE	91750
LAGUNA	92652
LAGUNA BEACH	92677
LAGUNA HILLS	92653
LAGUNA NIGUEL	92607
LAKE ARROWHEAD**	92352
LAKE ELSINORE	92330
LAKE FOREST	92630
LAKESIDE	92040
LAKEVIEW TERRACE	91331
LAKEWOOD	90716
LANDERS**	92285
LA VERNE	91750
LANCASTER	93534-39
LAWNDALE	90260-61
LEBEC**	93243
LEMON GROVE	91945
LEISURE WORLD	92654
LENNOX	90304
LENWOOD**	92311
LEUCADIA	92024
LITTLEROCK	93543
LOMA LINDA	92354
LOMITA	90717
LONG BEACH	90801-07
LOS ALAMITOS	90720
LOS ANGELES	90001-79
LOS ANGELES INT'L AIRPORT	90045
LUCERNE VALLEY**	92356
LYNWOOD	90262

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AREAS WE COVER

MALIBU	90265
MANHATTAN BEACH	90266
MAR VISTA	90066
MARINA DEL REY	90292
MAYWOOD	90270
MECCA**	92254
MENIFEE	92584
MENTONE	92359
MIDWAY CITY	92655
MIRA LOMA	91752
MIRA MESA	92126
MIRAMAR	92145
MIRAMAR NAVAL AIR STATION	92145
MISSION BEACH	92109
MISSION HILLS	91345
MISSION VIEJO	92691
MOJAVE**	93502
MONROVIA	91016
MONTCLAIR	91763
MONTEBELLO	90640
MONTEREY PARK	91754
MONTROSE	91020
MOORPARK*	93021
MORENO VALLEY	92551-57
MORONGO VALLEY**	92256
MURRIETA	92562-63
MURRIETA HOT SPRINGS	92563
NATIONAL CITY	91950
NAVAL REGIONAL MEDICAL CENTER SAN DIEGO	92105
NAVAL STATION SAN	92136

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AREAS WE COVER

DIEGO	
NAVAL SUBMARINE SUPPORT FACILITY AT SAN DIEGO	92106
NAVAL SURFACE FORCE PACIFIC FLEET AT SAN DIEGO	92135
NEWBURY PARK*	91360
NEWBERRY SPRINGS**	92338,92365
NEWHALL	91321
NEWPORT BEACH	92660-64
NILAND**	92257
NORCO	91760
NORTH HILLS	91342
NORTH HOLLYWOOD	91601-08
NORTH ISLAND NAVAL AIR STATION	92135
NORTH LONG BEACH	90805
NORTHRIDGE	91325-28
NORWALK	90650
NUEVO	92567
OAK VIEW*	93022
OCEANSIDE	92054
OJAI*	93024
ONTARIO	91761
ORANGE	92861,92862,92865,92866, 92867,92868,92869
OTAY MESA	92154
OXNARD*	93030-35
PACIFIC BEACH	92109
PACIFIC PALISADES	90272
PACOIMA	91331
PALM DESERT*	92210,92211-,92260
PALM SPRINGS*	92262-64

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PALMDALE	93550-55
PALM DESERT*	92260-61
PALOS VERDES	90274
PALOS VERDES ESTATES	90274
PANORAMA CITY	91402
PARAMOUNT	90723
PASADENA	91101-08
PEAR BLOSSOM	93553
PERRIS	92571
PHELAN*	92329-92371
PICO RIVERA	90660
PIRU*	93040
PLACENTIA	92670
PLAYA DEL REY	90293
POINT MUGU*	93041
POINT MUGU NAVAL STATION*	93042
POMONA	91766
PORT HUENEME*	93041-43
POWAY	92064
QUARTZ HILLS	93551
RAINBOW**	92028
RAMONA	92065
RANCHO CUCAMONGA	91701,91730,91737,91739
RANCHO DOMINGUEZ	90221
RANCHO MIRAGE*	92270
RANCHO PALOS VERDES	90275
RANCHO PENASQUITOS	92129
RANCHO SANTA FE	92091
RANCHO SANTA MARGARITA	92688
REDLANDS	92373
REDONDO BEACH	90277-78
RESEDA	91335

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AREAS WE COVER

RIALTO	92376
RIDGECREST**	92315
RIVERSIDE	92506-08
ROLLING HILLS	90274
ROMOLAND	92585
ROSAMOND*	93560
ROSEMEAD	91770
ROWLAND HEIGHTS	91748
RUBIDOUX	92284
RUNNING SPRINGS**	92382
SALTON CITY**	92275
SAN BERNARDINO	92401-07
SAN CLEMENTE	92672
SAN DIMAS	91773
SAN FERNANDO	91340-43
SAN GABRIEL	91776
SAN JACINTO*	92581,82,83
SAN JUAN CAPISTRANO	92690
SAN MARCOS	92069,92078
SAN MARINO	91108
SAN PEDRO	90731
SAN YSIDRO	92173
SAN YSIDRO IMMIGRATION AND NATURALIZATION SERVICE	92173
SANTA ANA	92701-07
SANTA BARBARA**	93101-05
SANTA CLARITA	91351
SANTA FE SPRINGS	90670
SANTA MARGARITA	93453
SANTA MONICA	90401-05
SANTA PAULA*	93060,61

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AREAS WE COVER

SANTEE	92071
SATICOY	93004
SAUGUS	91355
SEAL BEACH	90740
SEPULVEDA	91343
SHERMAN OAKS	91423
SIERRA MADRE	91024-25
SIGNAL HILL	90813
SILVER LAKE	90026
SIMI VALLEY	93063-6 4
SKYFOREST*	92385
SOBOBA HOT SPRINGS*	92583
SOLANA BEACH	92075
SOMIS*	93066
SOUTH EL MONTE	91733
SOUTH GATE	90280
SOUTH LAGUNA	92677
SOUTH PASADENA	91030
SPRING VALLEY	91977-78
STANTON	90680
STEVENSON RANCH	91381
STUDIO CITY	91604
SUMMERLAND**	93067
SUN CITY	92380
SUN VALLEY	91352
SUNLAND	91040
SUNNYMEAD	92553
SUNSET BEACH	90742
SURFSIDE	90743
SYLMAR	91342
TARZANA	91335,91356
TECATE**	91980,91987
TEHACHAPI**	93561
TEMECULA	92390

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AREAS WE COVER

TEMPLE CITY	91780
THERMAL**	92274
THOUSAND OAKS	91320
THOUSAND PALMS*	92276
TIERRASANTA	92124
TOPANGA	90290
TORRANCE	90503-09
TRABUCO CANYON	92679
TUJUNGA	91042
TUSTIN	92780,81,82
TWENTYNINE PALMS**	92277
TWENTYNINE PALMS MARINE BASE**	92278
UNIVERSAL CITY	91608
UPLAND	91786
VALENCIA	91355
VALLEY CENTER**	92082
VAN NUYS	91301-16
VENICE	90291
VENTURA*	93001-04
VERNON	90058
VISTA	92081,92083-92084
VICTORVILLE*	92392
WALNUT	91789
WALNUT PARK	90255
WALTERIA	90505
WARNER SPRINGS*	92066,92086
WATTS	90047
WEST COVINA	91791-95
WEST HILLS	91304,91307
WEST HOLLYWOOD	90069
WEST LOS ANGELES	90025
WESTCHESTER	90045

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AREAS WE COVER

WESTLAKE VILLAGE	91361-62
WESTMINISTER	92683-84
WESTMORELAND**	92281
WESTWOOD	96137
WHITTIER	90603-06
WILDOMAR	92595
WILMINGTON	90744
WOODLAND HILLS	91267,68
WRIGHTWOOD**	92397
YORBA LINDA	92686
YUCAIPA*	92399
YUCCA VALLEY**	92284-84

WE SERVICE NORTHERN BAJA, CALL FOR A QUOTE.

STATE OF CALIFORNIA

dca

DEPARTMENT OF CONSUMER AFFAIRS



Bureau of Security and Investigative Services
P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000

REPOSSESSION AGENCY

License No. RA112

Valid Until: 04/30/2020

Receipt No. 373

ABLE AUTO ADJUSTERS
12619 DAPHNE AVE
HAWTHORNE, CA 90250

In accordance with the provisions of
Division 3, Chapter 11 of the Business
and Professions Code, the company
named hereon is issued a Repossession
Agency License Renewal.

-----NON-TRANSFERABLE----- POST IN PUBLIC VIEW -----

WPIRA 10/2015

AUCTIONS

Adesa San Diego 2175 Cactus Road San Diego, CA 92154 (619) 661-5565 (Luis)	Nationwide Auto Auction 13005 E. Temple Avenue City of Industry, CA 91746 (626)968-3110
Adesa Los Angeles 11625 Nino Way Mira Loma, CA 91752 Jolene or Irma (951)361-9400	Norwalk Auto Auction 12405 E. Rosecrans Avenue Norwalk, CA 90650 (562)864-7464 (Diva/Transportation)
All Valley Dealers Auto Auction 9864 Glenoaks Blvd. Sun Valley, CA 91352	Repo Ranch 15836 Valley Blvd. Fontana, CA (909)349-2030
California Auto Dealers Exchange 1320 N. Tustin Anaheim, CA 92805 (714)996-2400	Riverside Auto Auction 6446 Freemont Riverside, CA 92504 (951)689-6000
Collateral Liquidators (Cliff) 3854 Cherry Avenue Long Beach, CA Phone #: (562)988-7611 Fax #: (562)988-7811	San Diego Auto Auction 4691 Calle Joven Oceanside, CA 92057 (760)754-3635
Golden Gate Auto Auction (NOT LOCAL) Fremont, CA (510)657-5660 Nizelda Direct # (510)226-4540	South Bay Auto Auction 13210 South Normandie Avenue Gardena, CA 90249 Hank or Sal (310)719-2000
Los Angeles Dealers Auto Auction 8001 Garvey Avenue Rosemead 91770 (626)573-8001 (PAT)	Southern California Auto Auction 10700 Beech Avenue Gate 13 Fontana, CA (909)822-2261 Judy Dir (909)854-2128
Lenders Resale of California 7331 Laurel Canyon Blvd. North Hollywood, CA 91605 (818)503-8448/ FAX (818)8444	Quality Auto 9846 S. Atlantic Blvd. South Gate, CA 90280
Family Motors 17454 Chatsworth Granada Hills, CA	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/26/2018

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 Harding Brooks Associates LLC 441 Commerce Rd. Vestal NY 13850		CONTACT NAME: Melissa Frawley PHONE (A/C, No. Ext): (315) 214-5822 FAX (A/C, No): (607) 798-6693 E-MAIL ADDRESS: mfrawley@hardingbrooks.com	
INSURED Able Auto Adjusters, Inc. 12619 Daphne Ave Hawthorne CA 90250		INSURER(S) AFFORDING COVERAGE INSURER A: Wesco Insurance Company INSURER B: Hiscox Insurance Company Inc. INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 25011 10200	

COVERAGES**CERTIFICATE NUMBER:** CL1822811804**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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		WPP1540214-01	3/13/2018	3/13/2019	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input checked="" type="checkbox"/> Wrongful Repo (E&O)						MED EXP (Any one person) \$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000	
	OTHER:						GENERAL AGGREGATE \$ 3,000,000	
							PRODUCTS - COMP/OP AGG \$ 3,000,000	
							Wrongful Repossession (E&O) \$ 1,000,000	
A	AUTOMOBILE LIABILITY	X		WPP1540214-01	3/13/2018	3/13/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						<input checked="" type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						<input checked="" type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> Drive Away							
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	EXCESS LIAB						AGGREGATE \$	
	DED						\$	
	RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. EACH ACCIDENT \$	
							E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	
a	Garagekeepers Direct Prim			WPP1540214-01	3/13/2018	3/13/2019	\$500/\$2,500 Ded \$1,200,000	
A	On-Hook Cargo			WPP1540214-00	3/13/2018	3/13/2019	\$1,000 Ded \$100,000	

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

Employee Dishonesty Crime/Theft of Client's Property: \$1,000,000 Limit. Insurer B listed above. Policy #UC1195567718 Policy term 05/05/2018-03/13/2020 Certificate holder is added as additional insured as required by written contract or agreement. Lot Locations:

12619 Daphne Ave Hawthorne CA 90250; 7636 North Ave Lemon Grove CA 91945; 11429 Santa Fe Avenue East Hesperia CA 92345; 35026 Wildwood Canyon Rd Yucipa CA 92399; 4993 Pedley Rd Riverside CA 92509

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance	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 Thomas Harding/HAILY 

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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.

ABLE AUTO ADJUSTERS

2 Business name/disregarded entity name, if different from above

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 single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

12619 DAPHNE AVENUE

6 City, state, and ZIP code

HAWTHORNE, CA 90250

7 List account number(s) here (optional)

Requester's name and address (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

9 5 - 2 2 6 3 9 8 8

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 ►

[Signature]

Date ►

X 1/26/18

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.

American Recovery Association, Inc.

\$5,000,000

Client Protection Bond



ISSUED IN THE NAME OF
Myles S. Weiss, Able Auto Adjusters

KNOW ALL MEN BY THESE PRESENTS, that effective at 12:01a.m. on the 1st day of January, 2016 to the 31st day of December, 2016 that the **AMERICAN RECOVERY ASSOCIATION, INC.** (herein after "ARA") does by this instrument enter into a self-insuring bond up to a total maximum of \$5,000,000 in any policy period to indemnify the customers of the ARA membership against those acts of ARA members, their agents, servants or employees as set forth hereinbelow and upon the terms and conditions of this instrument.

1. WHO IS COVERED

Those persons who are entitled to be indemnified under this bond are collectively referred to as the Insured and fall into one of these classes: (1) Customers, (2) The ARA itself, and (3) The individual Officers and/or Directors of the ARA.

Customer is defined as a credit grantor who has assigned to an ARA member a delinquent account for repossession of certain collateral property against which said customer holds a secure interest, the payment of which said account is on default. The Customer shall have executed in behalf of the ARA member either a) the standard form of Confirmation Letter with Hold Harmless Clause as contained in the ARA directory, b) an electronic assignment, or c) an assignment by facsimile. The Customer shall be indemnified under this bond for loss sustained by such acts of the ARA member as hereinafter set forth, upon compliance with the requirements set forth in the ARA Directory.

ARA – The American Recovery Association, Inc., may reimburse or indemnify itself from the funds held in trust under the bond for any loss sustained by the ARA by such acts of its members as hereinafter set forth.

Officers/Directors – The individual officers and/or Directors of the ARA may be reimbursed or indemnified from the funds held in trust under this bond for any individual loss sustained by such officer or director, in his said capacity, by acts of an ARA member, other than his/their own, as hereinafter set forth.

2. WHAT ACTIONS ARE COVERED

The following actions, causing loss to the Insured, are covered:

(1) Loss of Money, Securities or other property sustained by the Insured, up to the amount of this Bond, resulting directly from one or more fraudulent or dishonest acts committed by any member of the ARA, or an employee of said member, resulting from an assignment by the Insured of a repossession to said member.

Dishonest or fraudulent acts are defined to mean such acts committed by an ARA member, or an employee of said member, with the manifest intent to cause the Insured to sustain such loss and to obtain financial benefit to or for the member of his employee other than the salary, bonus, commission or other benefits or emoluments earned in the normal course of employment and whether acting alone or in collusion with others.

(2) Loss due to acceptance by a Customer of an ARA member's check which is dishonored upon presentation, said checking being in payment of funds collected in behalf of said customer by the ARA member.

3. CONDITIONS, LIMITATIONS & EXCLUSIONS

(1) Loss is covered only if reported within thirty (30)

days of occurrence, or within thirty (30) days of discovery if discovery occurs more than thirty (30) days after occurrence, but in no event shall loss be covered if reported more than ninety (90) days after occurrence.

(2) No suit for recovery under the terms of this bond shall be filed for a period of six months from the date of reporting loss, unless formal notice of rejections of claim to be sent to claimant prior to the expiration of such period. Thereafter, suit shall be filed within one year from the date of reporting loss for six months from the date of rejection of claim, which ever is shorter.

(3) This bond shall apply only to loss sustained within any state of the U.S.A., or the district of Columbia.

(4) This bond shall not apply to loss sustained due to war, whether or not declared, civil war, insurrection, rebellion or revolution or to any act or condition incident thereto.

(5) This bond shall not apply to loss due to accounting or arithmetical error or omission or to loss or destruction of books of accounts or records.

(6) This bond shall not apply to a loss due to surrender of Money, Securities or other Property as a result of a threat to do bodily harm to any person or to cause damage to the premises of any ARA member.

(7) This bond shall not apply to a loss, whole or in part, the proof of which, either as to its factual existence or as to its amount, is dependent upon an inventory computation or a profit and loss computation.

(8) This bond shall not apply to any claim for loss of potential income, including but not limited to interest and dividends not realized by the Insured because of a loss covered in the bond, nor for any damages other than direct compensatory damages arising from a loss covered under the bond, nor for the costs, fees, or other expenses incurred by the Insured in establishing the amount or existence of costs.

(9) This bond shall not apply to loss due to nuclear radiation or radioactive contamination or to any act of incident or condition relative to the foregoing.

(10) The following definitions shall apply:

(a) "**Money**" is defined as currency, coins, bank notes and bullion, travelers checks and money orders.

(b) "**Securities**" is defined as all negotiable and non-negotiable instruments or contracts representing neither money nor property.

(11) In no event shall the bond be liable as respects Securities for more than the actual cash value thereof on the close of business on the business day next preceding the day on which the loss was discovered, nor as respects other property, for more than the actual cash value thereof at the time of loss; provided however, the actual cash of such other property held by the Insured as a pledge, or as collateral for an

advance or loan shall be deemed not to exceed the value of the property as determined and recorded by the Insured when making the advance of loan, nor, in the absence of such record, the unpaid portion of the advance or loan accrued interest thereon at legal rates.

In no event shall ARA's liability under this section exceed the Loan Value of the vehicle as contained in the National Automobile Dealers Association (NADA) Official Used Car Guide, both for the month and region of repossession in which loss occurred, or reported if date of occurrence cannot be determined.

(12) In the event of any payment under this policy the ARA shall be subrogated to all the Insured's rights of recovery therefrom against any person or organization and the Insured shall execute and deliver instruments and papers and do whatsoever else is necessary to secure such rights. The Insured shall do nothing after loss to prejudice such rights.

(13) The coverage afforded by this Bond shall not inure directly or indirectly to the benefit of any carrier or other bailee for hire.

DURATION OF COVERAGE

The coverage afforded by this instrument shall be for one year from effective date but may be extended, modified, or otherwise revised on one or more occasions by subsequent actions of the Board of Directors of the ARA in which instance it shall not be necessary to rewrite the entire instrument, unless desired, by extensions or modifications may be effected by the rider(s).

All losses or claims under this instrument shall be bound by the provisions of the instrument or any subsequent rider in effect, only as of the date of loss, or date of discovery if date of loss cannot be ascertained, and shall not be affected by any subsequent extension or modification thereafter.

IN WITNESS WHEREOF The American Recovery Association, Inc. has caused this Bond to be executed on this 1st day of January, 2016.

President