

“Become a Member of Allied Finance Adjusters Conference, Inc.”

Membership Requirements & What to Expect

About Allied: Allied Finance Adjusters (AFA) is the largest, not-for-profit, national trade association of certified, insured and CFPB-compliant recovery professionals. AFA leads the industry as the first trade association to offer its members CFPB Training & ongoing continuing education. AFA Members are the most professional in the industry at locating and repossessing collateral on behalf of all lending institutions including, banks, credit unions, financial institutions, rental & leasing companies, buy-here-pay-here, auto, truck and equipment dealerships. All new AFA Members must pass rigorous physical office inspections and background checks. AFA does not support “phantom” or “ghost” offices, period. All AFA members are independent professional business operators and are covered by a \$1,000,000 Fidelity Policy (f/k/a “bond”). For more information please contact our home office (800) 843-1232. "Professionals Hire Professionals"

Mission Statement: Allied Finance Adjusters Conference, Inc. is a nonprofit national association of individuals who own and operate repossession companies. We are committed to the promotion of excellence within our profession. Allied will do this by educating our members and those associated with the finance industry regarding innovations, changes and improvements that affect this trade and give them the opportunity to exchange knowledge, experience and ideas in a collaborative environment.

Qualifications:

Applicants for Voting Member in the Association must:

- (a) Be at least 21 years of age
- (b) Be a citizen of, or be a legal resident alien of, the United States, and not be on an OFAC watchlist
- (c) Hold all necessary licenses required by the State(s) in which he or she provides repossession services
- (d) Have at least 2 years of repossession or repossession-related experience
- (e) Maintain a valid “wrongful repossession” insurance policy
- (f) Disclose any and all pending and past criminal history regardless of identity change
- (g) Have no ownership interest in a forwarding company, except a forwarding company that is owned by, or a corporate affiliate of, Allied Finance Adjusters
- (h) Have no co-owner, partner or stockholder that has an ownership interest in a forwarding company, except a forwarding company that is owned by, or a corporate affiliate of, Allied Finance Adjusters

Required Documents:

All documents must be in .pdf format. The below documents are required for an application to be complete.

- Current, digital, color photograph of the applicant in business attire (.jpg, .gif or .png format only)
- Minimum one (1) photo of recovery equipment. (.jpg, .gif or .png format only)
- Proof of “wrongful repossession” insurance coverage (Accord Form) with Allied Finance Adjusters listed as “Certificate Holder”
- Copies of all city, county or state licenses held by applicant that are applicable to repossession or repossession-related services
- Copies of all trade memberships/certifications (ex: RISG, CALR, FLAR, IRA, ARA, TexasARP)
- Copy of applicant’s current driver’s license, enlarged or scanned so that photo and written information is clear
- Proof of business start date (ex: articles of incorporation, assumed name registration, etc.)
- Proof of applicant’s ownership of business (ex: stock certificate, stockholder list from state corporation agency, member list from Operating Agreement, etc and all dba or assumed name filings.)
- Current copy of applicant’s individual credit report (within six months)

Fees:	Current annual dues (flat rate):	2019	\$1,400.00
	Historical annual dues information:	2018	\$1,475.00
		2017	\$1,350.00
		2016	\$1,250.00
		2015	\$1,200.00
		2014	\$1,250.00

Note: **Membership special rates may be available! Contact Membership Chairperson**

Application Fee: None

Background Check and Facility Inspection Fee: \$300.00 **Non-refundable**; Due at time of Application

Fidelity Protection Insurance: Discounted premium for Members paid to Insurance Company

Convention Fee: A **nominal** fee is charged to Members attending Annual Convention or Mid-Year Meeting to help cover costs. Convention attendance is mandatory at least every other year.

Assignments Fee: No Charge. Assignments sent to Member from Clients through the Allied website will be transmitted to Member via My Recovery System (MRS) software. Limited User MRS software is available to Members at **No Charge**.

Directory Listing of “Refer To” cities: Up to 10 “refer to” cities may be included as part of the Member Listing at **No Charge**. *“Refer To” cities must be within 100 miles of Applicant’s physical location”*

Membership: Membership is granted to Individuals only, not to business entities, at the sole discretion of the association. Membership is a privilege, not a right.

Background Check—What To Expect: Applicants are rated by AFA Committees that process applications based on the applicant’s personal credit history and criminal history.

Inspection—What To Expect: Prior to, or during the on-site inspection of the physical location of applicant’s office and storage lot, business documents will be verified to show that applicant’s rent, lease or ownership of the location matches the business location. During the on-site inspection, photos will be taken of all aspects of the business location(s), including: office building, storage lot, door locks, gate locks, fencing, lighting, towing/recovery vehicles, public areas, personal effects storage area, restrooms, break rooms, file cabinets (with locks), work stations, shredders and bins, public notes posted, business notices posted, security cameras, key cutting equipment, computer server room, alarm system(s), backup generators, etc. (as applicable).

Membership Process: Once the complete Membership Application and **non-refundable** fee have been remitted to AFA, the applicant will be listed in the next monthly AFA Newsletter as an “Applicant”. The AFA Home Office will order an on-site inspection of the physical office and storage location(s) and will order a background check from a third-party vetting company. The inspection company will contact Applicant to arrange a date and time for the inspection.

Applicants should note that timing is important in this process. The AFA Newsletter is scheduled to be published to all Members at the beginning of each month. All applicants must be listed in at least one AFA Newsletter (or listed publicly to the Members for at least 30 days). The closer to Newsletter publication an applicant remits required paperwork and fees to AFA, the shorter the wait-time for publication in the Newsletter.

When the inspection(s) and background check have been completed and results received by Home Office, the applicant will be listed in the next monthly AFA Newsletter as a “Pending Member”. The Membership, Risk Management and Executive Committees will review the application, inspection report and background report. If the applicant is approved for membership, a phone call will be made, and a Letter of Acceptance will be sent to the applicant. At that time, the annual membership dues (prorated by quarter-year) will be due in-full. Membership

privileges are not conferred, in any respect, until the dues are received by AFA. After the dues are received, Home Office will notify Brunswick Insurance Agency that applicant has been approved as a Member and the new Member will receive insurance documents from the insurance company declaring coverage for Member of his or her \$1,000,000 fidelity protection policy at the AFA Members' discounted rate. Members' new listing will go into the online AFA directory and will be scheduled for inclusion in the next printed AFA directory book and *Professional Repossessors Magazine*. All new Members must attend the next Annual Convention or Mid-Year Meeting to be sworn in.

Note: Except for Members located in Texas, AFA may pass a portion of annual dues to the insurance company to pay the new Members' deeply-discounted insurance premium for the fidelity protection policy (a "passthrough"). Texas Members will receive a separate invoice from the insurance company and must remit the premium directly to the agency; therefore, the annual dues collected from Texas Members will vary from other Members by the amount of premium required for this coverage.]

Code of Ethics (Required of Every Member):

1. To serve the business of finance with loyalty, and to cooperate with the finance industry, its executives, collections managers and representatives, in the proper handling of assignments.
2. To conduct ourselves as to command respect and confidence.
3. To promote by an unvarying attitude of fairness, by competence, by integrity, and by a proper respect for the persons with whom we have dealings, good will toward business and finance.
4. To approach investigations and adjustments with an unprejudiced and open mind.
5. To make truthful and unbiased reports of facts, as we find them.
6. To resist influences tending to produce improper alliances, and to serve our clients fearlessly.
7. To render equitable bills, and to strive for economy in expense.
8. To refrain from improper solicitation.
9. To render the highest quality of service.
10. To work in harmony with one another and with our clients so as to foster cordial relationships among ourselves and with the finance fraternity.

Compliance:

With the onset of clients seeking Bureau of Consumer Financial Protection compliance standards from the agents they hire, Allied Finance Adjusters' Membership requirements have increased over the years. Our educational programs, such as the BCFP training, has set a higher standard than any other trade. Once you become a Member we ask to you to attend our annual education training held at our conventions each year.

SUBMITTING YOUR APPLICATION FOR MEMBERSHIP

You may complete the online application and sign it in each location with a locked electronic signature. Or you may print the application, complete and sign it in each location, then submit it by e-mail to: HomeOffice@AlliedFinanceAdjusters.com.

You must then submit all other documents listed above as "Required Documents" by e-mail, USPS, or delivery courier. Please remit the **non-refundable** inspection and background check fee of \$300.00 by check, payable to Allied Finance Adjusters Conference, Inc., or by credit card. If you require an invoice to remit payment by credit card, please call Home Office at 800-843-1232.

Address for USPS:

Allied Finance Adjusters Conference, Inc.
P.O. Box 3853
Midland, Texas 79702

Address for delivery courier:

Allied Finance Adjusters Conference, Inc.
214 W. Texas Avenue, Suite 203
Midland, Texas 79701

APPLICATION FOR MEMBERSHIP ALLIED FINANCE ADJUSTERS CONFERENCE, INC.

PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Disclosure, Authorization, and Release of Liability

Disclosure: Allied Finance Adjusters Conference, an Illinois not-for-profit corporation (“AFAC”), hereby discloses that it may obtain and review information and reports about its potential and current members, such as (but not limited to) credit reports, criminal history, physical site checks and other similar information and reports that AFAC deems relevant (collectively, “Background Information”). Background Information may be obtained and/or reviewed when processing a potential member’s membership application and at any time during the course of a member’s membership in AFAC, for purposes of determining suitability for and continuation of membership. AFAC may obtain Background Information from third party vendors, in its sole discretion. AFAC may retain all Background Information in its permanent files and reserves the right to terminate a member’s membership in AFAC at any time if the Background Information is not satisfactory to AFAC, in AFAC’s sole discretion. All Background Information collected or obtained shall remain the sole proprietary property of the AFAC.

Authorization: The undersigned hereby authorizes AFAC and its agents to obtain and review Background Information for use in considering an application for membership and determining suitability for continued membership.

Release of Liability: The undersigned agrees to indemnify and hold harmless AFAC and its agents from and against any and all loss, liability, damage, penalty, fine, judgment, claim or expense (including actual attorneys’ fees) incurred by or asserted against AFAC and its agents in Connection with or arising from the Background Information; except to the extent that such losses arose from the gross negligence or intentional malfeasance of Allied Finance Adjusters Conference.

Applicant Signature
Date: _____

Printed Applicant Name
Printed Company Name

Hold Harmless Agreement

I, Applicant for Membership in Allied Finance Adjusters Conference, Inc., (“AFAC”) acknowledge and agree that Membership with the Association is a privilege bestowed at the sole discretion of the Association. I acknowledge that I have no right to appeal a negative decision regarding my Application for Membership and, if denied membership, I must wait a minimum of six months to re-apply. I agree to defend, indemnify and hold harmless AFAC, and any individual committee Member, their insurers, directors, officers and assignees, from and against any and all claims regarding or brought about because of my application for membership, membership listings and all other related association business, including costs, expenses of litigation and reasonable attorney fees. I agree that any and all legal action(s) I may bring against AFAC., its Committees, directors, officers, insurers or assignees, upon my application and during my membership tenure (if any) shall be subject to mediation prior to court proceedings, will have jurisdiction and venue in the State or Federal Courts located in Midland, Texas, and will be subject to resolution pursuant to Texas law, regardless of where I am located or if or how long-arm jurisdiction of other states may apply.

Applicant Signature
Date: _____

Printed Applicant Name
Printed Company Name

PLEASE TYPE OR WRITE LEGIBLY IN BLUE OR BLACK INK

Applicant:

Today's Date: _____

First Name: _____ Middle: _____ Last: _____

Social Security Number: _____ Date of Birth: _____

Driver License #: _____ State: _____

Current residence address: _____

List Previous address, if less than one year at your current address: _____

Home telephone: _____ Personal cell phone: _____

Direct or personal email address: _____

Business Trade Name: _____

Business Corporate Name (if different from Trade Name): _____

Business organization: corporation _____ partnership _____ sole proprietor _____ State of organization: _____

Business physical address: _____

Own: _____ Rent/Lease: _____ Landlord Name: _____

Business Main telephone: _____ After hours telephone: _____

Business email address: _____

Company Website: _____

Other principals in business (print name and title): _____

Are you licensed under any State or local law: Yes: _____ No: _____

If yes, please list your license number(s): _____

Length of time in the repossession industry personally: _____ Length of time in agency ownership: _____

Does your company require certification programs for employee education: Yes: _____ No: _____

If yes, which programs: _____

List all National or State trade associations or other organizations to which you belong:

Are you, your partners, corporate officers, members or stockholders financially or otherwise connected with:

New or used car sales: No: _____ Yes: Name of Business: _____

Repair garage or shop: No: _____ Yes: Name of Business: _____

Finance or lending: No: _____ Yes: Name of Institution: _____

Repossession Forwarding: No: _____ Yes: Name of Business: _____

Dismantling, wrecking, towing or salvage yard: No: _____ Yes: Name: _____

Skip-tracing: No: _____ Yes: Name: _____

Percentage of your time devoted to your repossession business: _____%

Have you, your partners, corporate officers, members or stockholders:

Ever gone by a different name (even if legally changed): No: _____ Yes: _____ *

Ever been convicted of a felony or crime of moral turpitude: No: _____ Yes: _____ *

Ever been denied a bond or insurance of any kind: No: _____ Yes: _____ *

Ever been denied a license of any type: No: _____ Yes: _____ *

Have other business interests: No: _____ Yes: _____ *

* **If you answered "Yes" to any of the questions above, please explain in detail on a separate sheet and include it with your application.**

** **The questionnaire on the following page is required for membership and will be forwarded to the insurance agent. Please complete it in full to avoid any delay in your membership. Once you are approved as a member, the insurance broker will provide you with your "Hanover Insurance Group" \$1,000,000 fidelity policy and a copy of the certificate will be placed on your AFA Member Profile page.**

All information is true and correct. Falsifying any information is cause for immediate denial of membership. I have read and will abide by the Allied Finance Adjusters "Code of Ethics" if approved for membership. I agree to be bound by the By-Laws, Standing Rules, Code of Ethics and any applicable written procedures if approved for membership. I have read and understand this Disclosure, Authorization & Release of Liability, the Hold Harmless Agreement and this entire Application packet. I consent thereto and affix my signature:

Applicant (natural person only)

Date

_____ I have attached, uploaded or emailed the required documents and signed this completed Application

To withdraw your application, submit your request in writing by mail or e-mail. Reminder: Investigation fee is non-refundable.



The Hanover Insurance Company | 440 Lincoln Street, Worcester, MA 01653
Citizens Insurance Company of America | 645 West Grand River Avenue, Howell, MI 48843
Massachusetts Bay Insurance Company | 440 Lincoln Street, Worcester, MA 01653

REPOSSESSORS EMPLOYEE THEFT CRIME APPLICATION
For the Members of Allied Finance Adjusters, Inc. Only
\$1,000,000 Theft of Client Property Retention is \$250,000

Application is hereby made by _____

Principle Address _____
(No.) (Street) (City) (State) (Zip)

For a COMMERCIAL CRIME POLICY. To become Effective as of 12:01 A.M. on _____.

1) FINANCIALS:

Annual Revenue: \$ _____ Net Income: \$ _____
Total Assets: \$ _____ Net Worth: \$ _____

2) INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES):

(a) Are bank accounts reconciled by someone not authorized to deposit or withdraw from? ___Yes___ No
If "No", explain your internal controls to prevent against concealment of improper deposits or withdrawals:

(b) Is countersignature of checks required? ___Yes___ No
If "No", explain the procedures you use to prevent unauthorized issuance of checks:

3) AUTOMOBILE AUCTIONS:

(a) Does your firm handle proceeds of automobile auctions? ___Yes___ No

(b) If "Yes", how quickly are the net proceeds turned over to your credit grantor customer?

4) LOSSES:

Provide detailed explanation on a separate page of all losses discovered whether reimbursed or not for the past three years. Check if none _____

5) EMPLOYEES:

- (a) Total number of all employees _____
- (b) Of this total, number doing client repossessions _____
- (c) Number of independent contractors included in total _____

6) Is a personnel file established and maintained for all new and existing employees, including independent contractors, which includes a photograph, fingerprint card, documented background investigation, previous employer reference check and credit check? ? ____ Yes ____ No

If 'No', explain what information is maintained:

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: PURSUANT TO s.817.234, FLORIDA STATUTE, ANY PERSON WHO WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURER OR INSURED, PREPARES, PRESENTS OR CAUSES TO BE PRESENTED A PROOF OF LOSS OR ESTIMATE OF COST OR REPAIR DAMAGED PROPERTY IN SUPPORT OF A CLAIM UNDER AN INSURANCE POLICY KNOWING THAT THE PROOF OF LOSS OR ESTIMATE OF CLAIM OR REPAIRS CONTAIN ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION CONCERNING ANY FACT OR THING MATERIAL TO THE CLAIM COMMITS A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED IN s.775.082, s.775.083 OR s.775.084 FLORIDA STATUTES.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO KNOWINGLY INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: **WARNING** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES A CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION ON AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA & WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH VIOLATION.

Dated at _____ this _____ day of _____, 20_____

(Insured Name)

By _____
(Signer's Name and Title)