REPOSSESSION FEES

Recovery Rates are determined on a per-client basis.
Special needs determine rates.

Normal Fee Schedule:

Involuntary repossession @ +$ 400
(Cars & Light Trucks)

Includes: Timely Updates, Repossession, Towing,
Pictures & Condition Report.

Storage per day: Quote
Debtor redemption charge: $75

Not included: Attaining Keys, Investigations,
Specialty Towing & Excess Mileage Charges.
(Request/approval required if over $40)

Voluntaries are normally half involuntary price.
Involuntary may not transform to voluntary.

Close out fees will accrue and be charged to cover expenses.

Positive Resolution / Bail outs @ $250
10% surcharge + 1% per additional 14 days on funds paid out on client’s behalf.
# Certificate of Liability Insurance

**Date:** 10/5/2015

**Producer:**
- **Name:** American Transportation Insurance Group
- **Address:** 1507 Park Center Drive, Unit 1 C, Orlando, FL 32835

**Insured:**
- **Name:** ASSOCIATED INVESTIGATORS OF TAMPA, INC
- **Address:** 7402 N. 56TH ST. #795, TAMPA, FL 33617

**Contact:**
- **Name:** Bob Roddenberry
- **Phone:** (407) 472-9600
- **Fax:** (407) 472-9600
- **Email:** bobroddenberry@atiginc.com

**Insurers:**
- **Granite State Insurance Co:** 23809
- **Evanston Insurance Company:** 35378

## Coverages

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Policy Number</th>
<th>Policy Effective Date</th>
<th>Policy Expiration Date</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Liability</strong></td>
<td>A-41-LX-067042988-0</td>
<td>10/1/2016</td>
<td>10/1/2017</td>
<td>$2,000,000</td>
</tr>
<tr>
<td><strong>Automobile Liability</strong></td>
<td>A-02-CA-066165177-0</td>
<td>10/1/2016</td>
<td>10/1/2017</td>
<td>$1,000,000</td>
</tr>
<tr>
<td><strong>Umbrella Liability</strong></td>
<td>B-XOBW6500316</td>
<td>5/27/2016</td>
<td>5/27/2017</td>
<td>$1,000,000</td>
</tr>
<tr>
<td><strong>Workers' Compensation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description of Operations:**
- On-Hook
- Garage Keepers

**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:**
- **Name:** Bob Roddenberry
- **Signature:** [Signature]

**Certificate Holder is Listed as Additional Insured**
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/05/2016

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

INSURED
Allied Finance Adjusters Conference Inc.
956 South Bartlett Rd #321
Bartlett IL 60103

INSURER(S) AFFORDING COVERAGE
TRAVELERS CASUALTY AND SURETY
31194

COVERAGES
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.

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>AMOUNT INSURED</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMERCIAL OVERALL LIABILITY</td>
<td>CLAIMS MADE</td>
<td>OCCUR</td>
<td></td>
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<tr>
<td>GENERAL LIABILITY</td>
<td></td>
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</tr>
<tr>
<td>Aggregate Limit Applies Per:</td>
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<tr>
<td>Policy</td>
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<tr>
<td>Other</td>
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<tr>
<td>AUTOMOBILE LIABILITY</td>
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<tr>
<td>ANY AUTO</td>
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<td>ALL OWNED</td>
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<tr>
<td>SCHEDULED AUTOS</td>
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<tr>
<td>NON OWNED AUTOS</td>
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<tr>
<td>HIRED AUTOS</td>
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<tr>
<td>UMBRELLA LIABILITY</td>
<td>OCCUR</td>
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</tr>
<tr>
<td>EXCESS LIABILITY</td>
<td>CLAIMS-MADE</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</td>
<td>V/N</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>AN OFFICER/EXECUTIVE OFFICER EXCLUDED?</td>
<td>Yes</td>
<td></td>
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<tr>
<td>MANDATORY IN NYS</td>
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</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 10), Additional Remarks Schedule may be attached if more space is required.

Coverage under this certificate is afforded to the following Additional Member Named Insured:

Associated Investigators of Tampa, Inc.
Daniel Meeks
7402 N. 56th St. #795, Tampa, FL 33617

CERTIFICATE HOLDER

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/MLISS

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### Certificates of Liability Insurance

**Producer:** Plymouth Insurance Agency  
2739 U.S. Highway 19 N.  
Holiday, FL 34691  
(727) 938-5562

**Insured:** South East Personnel Leasing, Inc. & Subsidiaries  
2739 U.S. Highway 19 N.  
Holiday, FL 34691

**Coverages**

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 the 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. Aggregate limits shown may have been reduced by paid claims.

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Policy Number</th>
<th>Policy Effective Date (MM/DD/YY)</th>
<th>Policy Expiration Date (MM/DD/YY)</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commercial General Liability</strong></td>
<td>WC 71949</td>
<td>01/01/2017</td>
<td>01/01/2018</td>
<td>Each Occurrence: 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Damage to rented premises (EA occurrence): 5</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>Auto Exp: 5</td>
</tr>
<tr>
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<td></td>
<td>Personal Adv Injury: 5</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>General Aggregate: 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Products - Comp/Op Agg: 5</td>
</tr>
</tbody>
</table>

**Automobile Liability**

- Any Party
- All Owned Autos
- Scheduled Autos
- Hire Autos
- Non-Owned Autos

**Excess/umbrella Liability**

<table>
<thead>
<tr>
<th>Occur</th>
<th>Claims Made</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

**Workers Compensation and Employers’ Liability**

<table>
<thead>
<tr>
<th>Any person/employee/associate excluded?</th>
<th>No</th>
</tr>
</thead>
</table>

**Other**

Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616

Descriptions of Operations/locations/vehicles/exclusions added by endorsement/special provisions:

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following “client company”:

AI of T. Associated Investigators of Tampa, Inc.

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in FL.

Coverage does not apply to statutory employee(s) of the Client Company or any other entity.

A list of the active employee(s) included in the Client Company can be obtained by联系人 responds to (727) 938-2260 or by calling (727) 938-2262.

**Project Name:** ISSUE 12-28-16 (BP), REISSUE 12-29-16 (BP)

**Certificate Holder Cancellation**

If, for any reason, the holder desires to cancel the coverage before the expiration date thereof, the holder must provide written notice to the certificate holder named above the certificate holder and the holder of the policy. Upon receipt of such notice, the policyholder shall not be liable for the future risk to any extent of the policy unless and until notice is received in writing of the cancellation.

[Signature]
2016 - 2017 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT

OCC. CODE
280.044000 CREDIT REPORTING BUREAU

ACCOUNT NO: 249167

RENEWAL

$ Employees Receipt Fee 22.00
Hazardous Waste Surcharge 0.00
Law Library Fee 0.00

BUSINESS ASSOCIATED INVESTIGATORS OF TAMPA INC
7402 N 56TH ST 795
TAMPA, FL 33617

NAME ASSOCIATED INVESTIGATORS OF TAMPA INC
MAILING EXECUTIVE AUTO RECOVERY
ADDRESS 7402 N 56TH ST 795
TAMPA, FL 33617

BUSINESS TAX RECEIPT DOUG BELDEN, TAX COLLECTOR
2016 - 2017

245.81M-4200

THIS BECOMES A TAX RECEIPT WHEN VALIDATED.

22.00

Paid 15-0-227018
07/07/2016
FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

ADAM H. PUTNAM
COMMISSIONER
DIVISION OF LICENSING

09/12/16
DATE ISSUED

10/31/19
DATE OF EXPIRATION

R 9000026
LICENSE NUMBER

ASSOCIATED INVESTIGATORS OF TAMPA, INC.
DBA AIOT

7402 N. 56 STREET
SUITE 795
TAMPA, FL 33617

MEEMS, DANIEL EUGENE, DIRECTOR

THE RECOVERY AGENCY NAMED ABOVE IS LICENSED AND REGULATED UNDER THE PROVISIONS OF CHAPTER 493, FLORIDA STATUTES.
RISC, LLC

$1,000,000 Client Protection Bond

The Bond is effective from 12:01 am, on the 6th day of October 20_17, subject to further renewal. The Bond provides indemnification of the Covered parties, up to the Bond amount, under the following Insuring Agreements:

1. Employee Dishonesty
   We will pay for loss or, and loss from damage to, money, securities and other property resulting directly from dishonest acts committed by an employee, whether identified or not, acting alone or in collusion with other persons, with the manifest intent to:
   A. Cause you to sustain loss; and also
   B. Obtain financial benefit (other than employee benefits earned in the normal course of employment, including: salaries, commissions, fees, bonuses, promotions, awards, profit sharing or pensions) for:
      (1) The employee, or
      (2) Any person or organization intended by the employee to receive that benefit.

2. Forgery or Alteration
   A. We will pay for loss resulting directly from forgery or alteration of checks, drafts, promissory notes, or similar written promises, orders, or directions to pay a sum certain in money that are:
      (1) Made or drawn by or drawn upon you,
      (2) Made or drawn by one acting as your agent, or that are purported to have been made or drawn
   B. If you are sued for refusing to pay any instrument covered in paragraph 2 A on the bases that it has been forged or altered, and you have our written consent to defend against the suit, we will pay for any reasonable legal expenses that you incur and pay in that defense. The amount that we will pay is in addition to the limit of insurance applicable to this Insuring Agreement.

3. Inside the Premises
   A. We will pay for loss of money and securities inside the premises or banking premises resulting directly from theft, disappearance or destruction.
   B. We will pay for loss of, and loss from damage to other property:
      (1) Inside the premises resulting directly from an actual or attempted robbery or a conviction, or
      (2) Inside the premises in a safe or vault, resulting from an actual or attempted burglary.
   C. We will pay:
      (1) For loss from damage to the premises or its exterior; or
      (2) For loss of, and loss from damage to, a locked safe, vault, cash register, cash box or cash drawer located on the premises; resulting directly from an actual or attempted theft, robbery or safe burglary, if you are the owner of the premises or are liable for damage to it.

4. Outside the Premises
   We will pay for loss of, and from damage to, money, securities and other property outside the premises while in the care and custody of a messenger or armored motor vehicle company:
   A. For money and securities resulting from theft, disappearance or destruction, and
   B. For other property resulting from actual or attempted robbery.

5. Computer Fraud
   We will pay for loss of, and loss from damage to, money, securities and other property resulting from the use of any computer to fraudulently cause a transfer of the property from inside the premises or banking premises:
   A. To a person (other than a messenger) outside those premises;
   B. To a place outside those premises.

6. Money Orders and Counterfeit Paper Currency
   We will pay for loss resulting directly from your having accepted in good faith, in exchange for merchandise, money or services:
   A. Money orders issued by any post office, express company or bank in the United States or Canada that are not paid upon presentation, or
   B. Counterfeit United States or Canadian paper currency; that is acquired during the regular course of business.

Associated Investigators of Tampa, Inc

Member
This certifies that
Daniel Meeks
of
Associated Investigators of Tampa, Inc.
is a full member of
Allied Finance Adjusters Conference, Inc.
in good standing through
December 31st, 2017
with all rights and privileges pertaining thereof.

2017 CERTIFICATE OF MEMBERSHIP
ALLIED FINANCE ADJUSTERS CONFERENCE, INC.
$1,000,000 CLIENT PROTECTION BOND

Associated Investigators of Tampa, Inc.
Tampa, Florida

By these Presents, effective as of 12:01 a.m. on the first day of January 2017 to the thirty-first day of December 2017 that Allied finance Adjusters Conference, Inc. ("Allied") hereby issues this bond up to the amount of $1,000,000 during the above period to indemnify Lenders, Allied Members, their agents, servants and employees, Allied, its Officers and Directors, its agents, servants and employees, pursuant to the terms and conditions set forth below.

1) Who is covered:
Those persons who are entitled to be indemnified under the terms of this Bond are collectively referred to as the "Indemnities" and they are grouped into three categories,
(1) Lenders engaging the above identified Allied Member
(2) Allied Itself
(3) The individual Officers, Directors and Members of Allied

Definitions:
a) Lender: A Lender must search the member through the Allied website to verify the member is in good standing with the Association, and which has the authority to assign accounts that are either delinquent or in default.
b) Allied: Allied Finance Adjusters Conference, Inc.
c) Officers and Directors: The officers and Directors of Allied either collectively or individually.

2) Method of Assignment of Accounts for Repossession:
Lenders, which are indemnified under the terms set forth herein, shall assign all of their rights, title and interest in any loan underlying the subject of the underlying repossession, as a condition of indemnification, by either (1) electronic transmission over the Allied Web site.
(2) on an approved Allied form with the proper hold harmless clause as contained in the current Allied Directory of Approved Members.

The following actions which cause a loss to a qualified Lender are covered:
a) Loss of money security or property up to the amount of this Bond which results directly from any fraudulent or dishonest act committed by any Allied member.

1) Fraudulent or dishonest acts are defined to mean any acts committed by an Allied member or an employee of said member with the express intent to cause the Lender to sustain such loss and to obtain financial benefit for the Allied member or his/her employees other than salary, bonus commission, or other benefits or emoluments earned in the normal course of employment, whether acting alone or in collusion with others.

2) Bonding conditions, limits, and conditions:
a) A loss is covered only if reported within 30 days of discovery or 30 days from occurrence. However, in no event will a loss be covered if reported more than 90 days after occurrence.
b) No legal action shall be filed for a period of 120 days from the date of reporting the loss unless a formal rejection of the claim is sent in writing to the claimant prior to the expiration of the 120-day period. Thereafter suit shall be filed within one year from the reported date of loss or 120 days from the date of rejection whichever is shorter.

www.AlliedFinanceAdjusters.com
c) This bond applies to losses sustained worldwide due to the acts of an Allied Member, as described herein.

d) This bond shall not apply to a loss that may be sustained due to war, insurrection, or revolution or in any acts or incidents thereto.

e) This bond will not apply to losses due to accounting or arithmetical errors or omissions or due in loss or destruction of books of accounts or records due to acts of God.

f) This bond shall not apply to losses incurred due to loss or surrender of moneys, securities, or any other property as a result of threat of bodily injury to a person or to cause damage to the premises of any Allied member or his/her property.

g) This bond shall not apply to a loss if the loss has to be determined by inventory or a profit and loss computation.

h) This bond shall not apply unless all remedies available to the indemnitee have been exhausted and the claim has been legally adjudicated.

i) This bond shall not apply to any claim for the loss or potential loss of income all inclusive due to a loss covered by this bond, nor for damages arising from a loss covered under this bond as to costs, fines, or fees incurred by the insured in establishment of the existence of costs. j) This bond shall not apply to loss due to nuclear radiation or radioactive contamination or to any acts or conditions relative to the foregoing.

k) In no event shall this bond be liable for any loss as to securities or properties pledged as additional collateral which secure in addition to said title and contract of said loan. Allied's liability shall in no way exceed the loan value of the subject vehicle as listed in the National Automotive Dealers Association (NADA) official used car guide for the year, month and region of the occurrence of loss or reported date of loss.

l) In the event of a payment of loss by this bond, Allied Finance Adjusters Conference, Inc. shall assume all rights of subrogation. At that time, all of the claimants right of recovery against a person or organization shall be deemed “settled” and the insured shall deliver any and all instruments, papers, and information to Allied and do whatever else is necessary to secure and transfer such rights to Allied. The insured shall do nothing to prejudice such rights.

m) The coverage granted herein shall in no way be adopted or adjusted directly or indirectly to the benefit of any other carrier or bailee for hire.

Duration of bond coverage:
The coverage of this bond shall be effective at 12:01 am on the first day of January to the thirty-first day of December. Only full members listed on the Allied website are covered by this instrument. Any and all losses or claims under this bond shall be bound by the specific provisions of this instrument or any subsequent rider in effect as of the date of occurrence or date of discovery and shall not be affected by any extensions or modifications.

For more information regarding the Allied Finance Adjuster $1,000,000 Bond please contact the
AFA Home Office.

www.AlliedFinanceAdjusters.com
Form W-9
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return):
Associated Investigators of Tampa, Inc. / also dba Executive Auto Recovery
Business name, if different from above:

Check appropriate box:  ☑ Individual  ☑ Sole proprietor  ☑ Corporation  ☑ Partnership  ☑ Other  ☑ Exempt from backup withholding

Address (number, street, and apt. or suite no.):
7628 N. 56th St #6
City, state, and ZIP code:
Tampa, FL 33617

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 your social security number (SSN). However, for a resident alien, a corporation, or a disregarded entity, see Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

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. person (including a U.S. resident alien).

Certification instructions. 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 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 on page 4.)

Signature of U.S. person:  

Date: 4/22/2010

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:
- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.
Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:
1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

Cat. No. 10231X  Form W-9 (Rev. 1-2005)