



### TRAINING & COMPLIANCE



### AGENT TRAINING



### COMPLIANCE

### INSURANCE, BOND & ASSOCIATION



### DATA MANAGEMENT



**ASSOCIATED INVESTIGATORS OF TAMPA, INC.**  
7402 N 56<sup>TH</sup> ST # 795  
TAMPA , FL 33617

**PHONE: 813-985-6661**  
**FAX: 866-985-5778**  
**CELL: 813-468-2468**



### **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.**



# ASSOCIATED INVESTIGATORS OF TAMPA, INC.

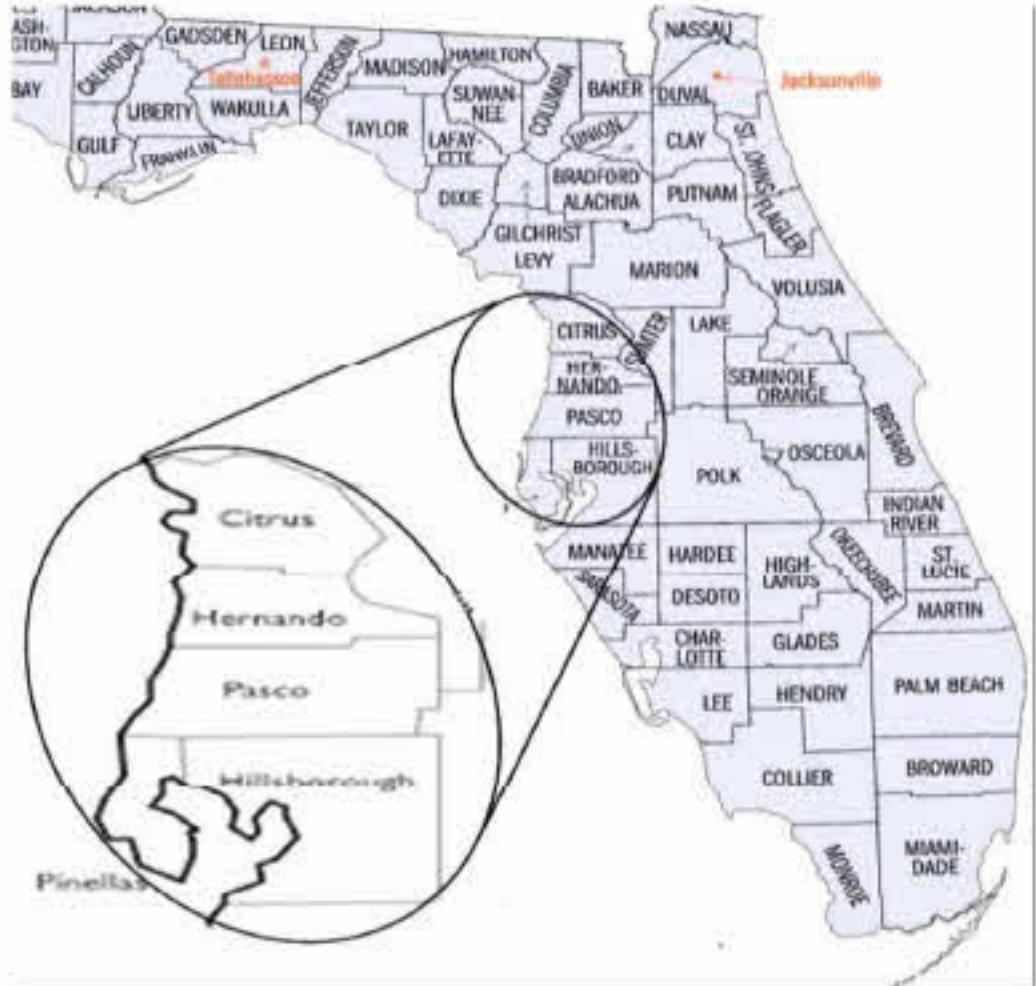
**PH: 813-985-6661**  
**FAX: 813-985-5778**  
**INFO@REPOMANFL.COM**

## Hillsborough County

Apollo Beach  
 Bloomingdale  
 Carrollwood  
 Dover  
 Gibsonton  
 Lutz  
 Mango  
 Plant City  
 Riverview  
 Ruskin  
 Seffner  
 Sun City Center  
**Tampa**  
 Temple Terrace  
 Thonotosassa  
 Ybor City

## Pinellas County

Belleair  
**Clearwater**  
 Dunedin  
 Gulfport  
 Indian Rocks Beach  
 Indian Shores  
 Kenneth City  
**Largo**  
 Madeira Beach  
 Redington Beach  
 Oldsmar



Pinellas Park  
 Safety Harbor  
 Seminole  
 South Pasadena  
**St. Petersburg**  
 Tarpon Springs  
 Treasure Island

## Pasco County

Dade City  
 New Port Richey  
 Port Richey  
 Saint Leo  
 San Antonio  
 Zephyrhills

## Hernando County

Brooksville  
 Hudson  
 Spring Hill  
 Weeki Wachee  
**Citrus County**  
 Crystal River  
 Inverness

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/26/2019

**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).**

<b>PRODUCER</b> Legacy Plus Insurance Agency 3303 Kimber Drive Ste E  Newbury Park CA 91320		<b>CONTACT NAME:</b> Melody Holguin <b>PHONE (A/C No, Ext):</b> (818) 865-8867 <b>FAX (A/C, No):</b> (818) 865-8869 <b>E-MAIL ADDRESS:</b> CSR@Legacyplusins.com																						
<b>INSURED</b> Associated Investigators, Inc. P.O. Box 291071  Port Orange FL 32129-1071		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td colspan="2">INSURER A: Clear Blue Insurance Company</td> <td style="text-align: center;">28860</td> </tr> <tr> <td colspan="2">INSURER B:</td> <td></td> </tr> <tr> <td colspan="2">INSURER C:</td> <td></td> </tr> <tr> <td colspan="2">INSURER D:</td> <td></td> </tr> <tr> <td colspan="2">INSURER E:</td> <td></td> </tr> <tr> <td colspan="2">INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Clear Blue Insurance Company		28860	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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**COVERAGES**                                      **CERTIFICATE NUMBER:** CL1992601207                                      **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	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BE0111000197-00	10/01/2019	10/01/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Driveaway			BE0111000197-00	10/01/2019	10/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						Uninsured motorist	\$ 20,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Garagekeeper Direct Primary On-Hook/Cargo			BE0111000197-00	10/01/2019	10/01/2020	Ded 500/2500 Ded 1000	\$1,000,000 \$500,000

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

Certificate holder is named as additional insured only when required by written contract or agreement per policy provisions, and will be given 30 days written notice of cancellation (10 days for non-payment) per policy provisions.  
 Locations: 1) 2800 Sanford Avenue, Sanford, FL 32773 2) 5501 Martin Lane, Tampa, FL 33617  
 Vehicles: 2015 Ford F650 VIN 3FRWF6FE6FV716595, 2016 Dodge 4500 VIN 3C7WRKAL1GG348015, 2012 Dodge 4500 VIN 3C7WDKAL6CG318209, 2017 Dodge 4500 VIN 3C7WRKAL0HG727962, 2014 Dodge 4500 VIN 3C7WRKAL4EG214645

<b>CERTIFICATE HOLDER</b> Adesa Tampa 3225 North 50th Street  Tampa FL 33619	<b>CANCELLATION</b> <p style="text-align: center;"><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> AUTHORIZED REPRESENTATIVE 
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Nicole "Nikki" Fried  
Commissioner

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# Public Access System

## ASSOCIATED INVESTIGATORS, INC.

### License Number

R 9600069

### Expires

02/03/2020

### Status

LICENSE ISSUED

#### Physical Address

2800 S. SANFORD AVE.  
SUITE A  
SANFORD FL 32773  
(407) 330-4456

#### Mailing Address

P.O. BOX 620458  
OVIEDO FL 32765

#### Principals

CASE, DAVID W  
PRESIDENT

CASE, DAWN E.  
VICE PRESIDENT

#### Companion License

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Florida Capitol - Tallahassee, Florida 32399-0800

Questions? 1-800-HELP-FLA (1-800-435-7352) - [Mon. - Fri. 8am - 5pm EST] | [LIVE CHAT](#)

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                  <input type="checkbox"/> C Corporation                  <input type="checkbox"/> S Corporation                  <input type="checkbox"/> Partnership                  <input type="checkbox"/> Trust/estate         </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____         </p> <p><b>Note:</b> 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 <b>not</b> 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.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____         </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

## 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.

<b>Social security number</b>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td></td> <td></td> </tr> </table>					-	-		
-	-							
<b>or</b>								
<b>Employer identification number</b>								
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## 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.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Dawn Case</i>	Date ▶ _____	<div style="background-color: #e0f0e0; padding: 5px; border-radius: 5px;"> <b>APPROVED</b>                      By Dan Meeks at 4:15 pm, Oct 14, 2018                 </div>
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## 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](http://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.*