

**Attn: Insurance Agent**

**Please add this certificate holder. Or,  
if you already have USAWeb / Repoman.com as a  
certificate holder, please change the C/O,  
address, fax number and email address to:**

USAWeb / Repoman.com  
C/O RCS  
10805 Sunset Office Dr #300  
St Louis, MO 63127  
Fax: 314-732-1377  
[submitcertificate@recoverycompliance.com](mailto:submitcertificate@recoverycompliance.com)

**Agency Name:** \_\_\_\_\_

**City, St:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Print this form, add your agency's info,  
and fax to your insurance carrier.**