COLLECTIONS SUPPLEMENT

INSTRUCTIONS:	1.	Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
	2.	If a question is not applicable, state "N/A". If more space is required to answer a question, please provide details on the last page of the **Application**, or attach additional sheets as necessary.
	3.	Please sign this supplement to include this completed form as part of the **Application.**

Named Insured/ Applicant: _____ _____

Please answer the following concerning your Firm's Collections area of practice:

1. On average, how many collections matters does your Firm handle annually? _____

2. What is the average debt amount for each individual collection account handled by the Firm? _____

3. Do you have written procedures in place to verify compliance with the FDCPA, all amendments thereto and any similar state laws? YES ☐ NO ☐

4. Have all collection letters and correspondence been reviewed and standardized to assure compliance with all applicable federal and state statutes and regulations? YES ☐ NO ☐

5. Do you use a formal script that is fully compliant with all federal and state collection laws when contacting debtors by telephone? YES ☐ NO ☐

6. Do you accept collection cases in states outside of your office location(s)? YES ☐ NO ☐

7. Do you or any of your attorneys have any kind of ownership interest in a collection agency? YES ☐ NO ☐

8. Within the past five years, have you or any of your attorneys executed any hold harmless or indemnity agreements in favor of any collection clients regarding their violation or alleged violation of collection laws? YES ☐ NO ☐

Fraud Prevention – General Warning

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

SIGNED: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

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