

## Application Supplement for Collection Agency / Credit Bureau

**Please attach the following information:**

1. Name of Applicant: \_\_\_\_\_
2. What measures are taken to assure compliance with the Fair Debt Collection Practices Act and the Fair Credit Reporting Act?
  - (a) Are employees instructed on all aspects of the above-mentioned laws? .....  Yes  No
  - (b) Do employees investigate reports challenged by consumers, and stay with the problem until it is resolved?.....  Yes  No
  - (c) Please describe the system for obtaining and disseminating credit or collections information.  
\_\_\_\_\_  
\_\_\_\_\_
3. What percent of gross annual revenues are from:
  - (a) Consumer or retail collections \_\_\_\_\_ %
  - (b) Commercial collections-business debts or other non-consumer \_\_\_\_\_ %
4. What is the dollar amount of the largest commercial debt collected during the past 12 months? \$ \_\_\_\_\_
5. What approximate percentage of time is spent on the following activities?
  - (a) Collection efforts by mail \_\_\_\_\_ %
  - (b) Collection efforts by telephone \_\_\_\_\_ %
  - (c) In person visits to debtors residence or place of business \_\_\_\_\_ %
6. Does the Applicant carry employee dishonesty coverage or a fidelity bond on your employees?.....  
.....  Yes  No

**Notice to Applicant**

This is a supplemental application and is subject to the same provisions concerning representation made in the general application originally submitted to obtain professional liability coverage.

I understand that the information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions. This Supplemental Application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

\_\_\_\_\_  
Name of Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Date



**Applicant Information**

11. During the past five years, has the Applicant been involved in, or presently contemplating:
- (a) Any merger, consolidation or acquisition? .....  Yes  No  
 If yes, please provide details: \_\_\_\_\_
- (b) A change in the nature of business operations? .....  Yes  No  
 If yes, please provide details: \_\_\_\_\_
12. During the past five years, has the name of the Applicant been changed? .....  Yes  No  
 If yes, please provide details: \_\_\_\_\_

**Professional Activities and Specialty**

1. Describe all professional services performed for others and indicate the percentage of gross revenues derived from each activity.

Professional Services	Percent of Gross Revenues
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

2. Estimate annual gross revenues for the coming year: .....\$ \_\_\_\_\_
- (a) Percentage of annual gross revenues for the coming year:
- i. Domestic ..... %
- ii. Foreign ..... %
- (b) Annual gross revenues for the last three (3) years:
- i. Last twelve months:                      Year \_\_\_\_\_ \$ \_\_\_\_\_
- ii. 1<sup>st</sup> Prior Year:                                Year \_\_\_\_\_ \$ \_\_\_\_\_
- iii. 2<sup>nd</sup> Prior Year:                                Year \_\_\_\_\_ \$ \_\_\_\_\_

3. Describe Applicant's five largest jobs in the last three (3) years:

Client Name	Professional Services	Gross Revenues
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Is the Applicant engaged in any business or profession other than as described above? .....  Yes  No  
 If yes, please describe: \_\_\_\_\_
5. Were more than 50% of the Applicant's gross revenues for any of the last three (3) years derived from any one contract? .....  Yes  No  
 If yes, please specify client, professional services and duration of contract: \_\_\_\_\_
6. Does the Applicant utilize the services of independent contractors or sub-consultants? .....  Yes  No

**Professional Activities and Specialty continued**

If yes, please indicate percentage of billings and whether a certificate of professional liability insurance is required of each: \_\_\_\_\_

7. (a) Does the Applicant, any of its subsidiaries and/or affiliates build, service, repair, install, manufacture or fabricate anything? .....  Yes  No

(b) Does the Applicant, any of its subsidiaries and/or affiliates sell any product other than computer software? .....  Yes  No

If yes, to either (a) or (b) please describe: \_\_\_\_\_

8. Is any partner, owner, officer, director or employee of the Applicant a certified public accountant, an attorney or lawyer, an architect or engineer, a provider of any form of healthcare services or responsible for supervision or management of others who are providers of healthcare services? .....  Yes  No

If yes, please advise of the name of the individual(s), their position(s) with the Applicant and the nature of services they perform for clients of the Applicant:

**Claims/History**

1. During the last five years, have there been any professional liability claims against the Applicant, its predecessors, subsidiaries, affiliates, employees and/or against any other person or entity proposed for its insurance? .....  Yes  No

If yes, please attach complete details including description of allegations, status of claim, amounts demanded or paid, date of claim and action taken to prevent the same type of claim in the future.

2. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any fact, circumstances or situation which might afford grounds for any claim, such as would fall under the proposed insurance? ...  Yes  No

If yes, please provide details:

3. Has any insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates, employees and/or for any other person or entity proposed for this insurance in the last five (5) years? .....  Yes  No

If yes, please attach a copy of such insurer's notice.

4. Has the Applicant and/or any of its directors, officers and/or employees its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance been involved in or have knowledge of any pending or completed governmental regulatory, investigative or administrative proceedings? .....  Yes  No

If yes, please attach a copy of the outcome of such proceedings.

**Claims/History continued**

5. Previous Professional Liability Insurance:

Policy Period	Insurer	Claims Made or Occurrence policy	Limits	Deductible	Retro Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

6. Does the Applicant carry General Liability Insurance? .....  Yes  No

If yes, please provide: Insurer: \_\_\_\_\_ Limits: \_\_\_\_\_

Does coverage include Products/completed Operations Hazards? .....  Yes  No

**Notice to Applicant**

The undersigned is an authorized employee of the prospective Named Insured and certifies that reasonable inquiry has been made to obtain answers to these questions. The answers are true, correct, and complete to his/her best knowledge and belief.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject civil penalties or criminal punishment.

Any changes in your operation must be reported to your agent.

**Claims Made Coverage - Notice to Applicant**

The coverage applied for is solely as stated in the policy. The policy provides coverage on a claims made basis for those claims that are first made against the insured during the policy period and after the retroactive date, unless the extended reporting period option is purchased in accordance with the terms of the policy.

WARRANTY: I warrant to the insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein.

Signing this application shall not obligate the insurer to bind coverage. It is agreed this application shall be the basis upon which a policy may be issued if the insurer accepts and provides evidence of coverage.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date