



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