



COLLECTION AGENCY PROFESSIONAL LIABILITY APPLICATION

I. INSTRUCTIONS

1. All application questions must be fully answered. If more space is needed, continue on a separate sheet and indicate the question number.
2. If a question does not apply, write "N/A".
3. When applicable, provide copies of:
 - a. Loss runs, dated within 60 days of submission, covering the past five (5) or more years.
 - b. Expiring Declarations Page with retroactive date (if applicable)
 - c. Any disclaimers and/or descriptive brochures which are provided to existing or prospective clients
 - d. Copies of Applicant's collection letters, demand forms and collection telephone scripts

II. GENERAL INFORMATION

1. Name of Applicant (include any DBA's) : _____
2. Contact Name: _____ Contact Title: _____
Phone Number: _____ Email Address: _____
3. Year Business was established (MM/DD/YYYY): ____ / ____ / ____
4. Principal Address: _____
5. Total Branch Locations: _____ List all addresses for additional branches: _____
6. Applicant's website: www. _____
7. Applicant is: Corporation Partnership Individual LLC Other _____
8. Is the Applicant firm controlled, owned or associates with any other firm, corporation or company? Yes No
If yes, are services provided to such organization(s)? Yes No
If yes, to either of the above, attached detailed explanation.

III. PROFESSIONAL SERVICES

1. Full description of services rendered. Coverage will only apply to disclosed premises and operations. Attach all brochures and promotional materials and contracts: _____

2. Indicate the specific types of claims or exposures for which coverage is desired: _____

3. What safeguards or procedures does the firm employ to avoid or reduce the claims and/or exposures indicated in question 2 above? _____

4. Total Gross Revenues: (Please provide projections if a new business)

PROJECTED CURRENT YEAR	1 ST YEAR PRIOR	2 YEARS PRIOR
\$ _____	\$ _____	\$ _____

5. Does any single client provide over 30% of gross receipts? Yes No
If yes, please provide full details: _____

6. What percentage of Applicant's business involves subcontracting work to others? _____%
 What operations are subcontracted? _____

7. List all owner(s), partners, officers, and employees engaged in professional services. Include part-time employees and all professional staff members:

NAME	TITLE	YEARS IN PRACTICE

8. Do all employees (including management) attend at least one annual educational seminar? Yes No

9. Is management active in daily operations? Yes No

10. List any membership(s) in Professional Organizations, Associations and Societies: _____

11. Does the Applicant collect funds for others for a fee? Yes No
If yes, provide the following:

- a. Type of debt collected: _____
- b. Average size of debt: \$ _____
- c. Maximum debt size: \$ _____

12. Provide the percentage of procedures used to collect funds:

- a. Letters: _____%
- b. Telephone calls: _____%
- c. Institution of legal proceedings: _____%
- d. Other (describe): _____%

13. Does the Applicant purchase debt from clients? Yes No
If yes, please provide corresponding percentage of total collections: _____%

14. List all states where you pursue collection monies: _____

15. Describe all steps taken to comply with the FDCPA and all applicable state collection laws: _____

16. Describe all steps taken to comply with the TCCPA all applicable state collection laws: _____

17. Does the Applicant have procedures and safeguards in place to ensure it is not pursuing debts that have expired under applicable statues of limitations? Yes No

18. Does the Applicant have any attorneys on staff? Yes No
If yes, how many? _____

19. Fully describe the extent of litigation activities/involvement with your collection agency: _____

20. Has a lawyer reviewed and approved all collection forms/letters that are sent? Yes No
If no, why not? _____

21. Fully describe the extent of involvement with repossessing property of others: _____

22. Do you perform any other activities or services not previously referenced above for which coverage is desired? Yes No
If yes, please provide full details: _____

23. Is Applicant agency bonded?

If yes, provide the following:

Fidelity Bond: Carrier _____	Expiration Date _____	Amount _____
Surety Bond: Carrier _____	Expiration Date _____	Amount _____

IV. INSURANCE AND LOSS HISTORY

1. Is similar insurance currently in force? Yes No

If yes, provide:

Description of services being covered: _____

POLICY PERIOD	CARRIER	PER CLAIM/ AGGREGATE LIMIT	DEDUCTIBLE	RETROACTIVE DATE	PREMIUM
					\$
					\$
					\$

If you are requesting prior acts coverage you will be asked to upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

2. Requested limits: \$100k/\$300k \$250k/\$250k \$500k/\$500k
 \$1M/\$1M \$2M/\$2M Other: _____
 Requested Deductible: \$2,500 \$5,000 \$10,000 Other: _____

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

If yes, please explain why: _____

4. After inquiry, with each person as appropriate, in the last five (5) years, have any claims been made against the person or entity applying for insurance, or any of your past or present members, partners, officers, directors, employees, or any predecessors in business? Yes No

If yes,:

a. How many claims have been made in the past five (5) years: _____

b. Complete a separate Supplemental Claim Application for each claim.

5. Is the Applicant or any principal, partner, owner, officer, director, employee, manager, or managing member of the Applicant or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance situation, incident, or allegation of negligence or wrongdoing, which may afford grounds for any claim such as would fall under proposed insurance? Yes No

If yes, provide full details: _____

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

If yes, provide:

a. Insurer: _____

b. Limits: _____

c. Does the coverage include Products/ Completed Operations Hazards? Yes No

V. FRAUD WARNINGS

General Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable Notice to Applicants in:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

VI. NOTICE TO APPLICANT

NOTICE: THE INSURANCE COVERAGE FOR WHICH THE APPLICANT IS APPLYING IS WRITTEN ON A CLAIMS MADE AND REPORTED POLICY, WHICH APPLIES ONLY TO **CLAIMS** FIRST MADE AND REPORTED DURING THE **POLICY PERIOD** AS STATED IN THE DECLARATIONS, OR ANY APPLICABLE **EXTENDED REPORTING PERIOD**. THE LIMIT OF LIABILITY TO PAY **DAMAGES** WILL BE REDUCED AND MAY BE EXHAUSTED BY **CLAIM EXPENSES**, AND **CLAIM EXPENSES** MAY BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT, IF APPLICABLE. IN NO EVENT WILL WE BE LIABLE FOR **DAMAGES** OR **CLAIM EXPENSES** IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS THAT COULD RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO POTENTIALLY COVER SUCH CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS. WE WILL NOT PROVIDE COVERAGE, AND COVERAGE IS EXPRESSLY EXCLUDED, FOR CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS OF WHICH THE APPLICANT HAS KNOWLEDGE AND/OR IS AWARE PRIOR TO THE EFFECTIVE DATE OF THIS POLICY, IF OFFERED AND ACCEPTED. PLEASE READ THE ENTIRE **APPLICATION** CAREFULLY BEFORE SIGNING.

VII. REPRESENTATION AND WARRANTY

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Name of Applicant:		
Signature of person authorized to execute on behalf of the Applicant:		Date:
Print name and title of person authorized on behalf of the Applicant:		
Agent/Broker Name:		