



## COLLECTION AGENCY ERRORS & OMISSIONS APPLICATION

### APPLICANT'S INFORMATION:

APPLICANT NAME:			
BUSINESS NAME:			
INSPECTION CONTACT:		PHONE:	
MAILING ADDRESS:			
INSURED ADDRESS:	<input type="checkbox"/> Same as above		
Business Web-site address: <u>www.</u>			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Municipality <input type="checkbox"/> For Profit <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other: _____			

1.     A. Year Established \_\_\_\_\_     B.  Individually Owned     Partnership     Corporation

Number of Locations \_\_\_\_\_

2.     Full & complete description of operations/services. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(Also attach a copy of the firm's brochures)**

3.     Indicate the specific types of claims or exposures for which coverage is desired.  
 \_\_\_\_\_  
 \_\_\_\_\_

4.     What safeguards or procedures does the firm employ to avoid or reduce the claims and/or exposures identified in question #3 above?  
 \_\_\_\_\_  
 \_\_\_\_\_

5.     Attach a listing, on the firm's stationary, of the firm's five largest projects during the past five years. Include the client Name, description of services rendered and fees generated from each.

6.     A.     Has the name or ownership of the firm changed or has any other business been purchased, merged or consolidated with the firm within the last 5 years?      No    Yes
- B.     Is the firm owned or controlled by any other firm or individual?              No    Yes
- C.     Does the firm, or any owner or officer of the firm own, engage in, operate, manage or act as a director or officer of any other business?      No    Yes
- D.     Has any license held by the firm or any individual ever been suspended or revoked?      No    Yes
- E.     Have any persons proposed for this coverage ever been subject to disciplinary action by any state licensing board, court, regulatory authority, or professional association as a result of professional activities?      No    Yes

7.     Is the firm or any partner, shareholder, principal or employee bonded for handling client funds?      No    Yes

8. Within the past five years, has the firm performed any professional services for any client in which any shareholder, officer or employee of the firm had any ownership interest, or which he/she controlled, operated or managed to any extent?

Client Name	Type of Business	Ownership %	Capacity	Engagement	Annual Fees

9. Within the past five years, has the firm or any partner, officer, principal or employee had any application for professional liability insurance denied, or policy cancelled or non-renewed?  No  Yes

If "Yes," please provide an explanation: \_\_\_\_\_

\_\_\_\_\_

10. Has the firm or any past or present owner, partner, shareholder, principal, officer, director or employee ever been subject to disciplinary action by a state licensing agency or other regulatory body?  No  Yes

If "Yes," please provide an explanation: \_\_\_\_\_

\_\_\_\_\_

11. Have any claims (including lawsuits) been made against the firm, its predecessors, or past or present owners, directors, officers, employees or other individuals during the past five years?  No  Yes

If "Yes," please complete a separate Supplemental Claim Form for each claim or suit.

12. Is the firm aware of any circumstances or any allegations or contentions, which may result in a claim (including lawsuits) being made against the firm, its predecessors, or past or present owners, directors, officers or other individuals?  No  Yes

If "Yes," please complete a separate Supplemental Claim Form for each incident.

13. A. Total Gross Fees: Last Year \$ \_\_\_\_\_ This Year (est) \$ \_\_\_\_\_

B. Total Payroll: Last Year \$ \_\_\_\_\_ This Year (est) \$ \_\_\_\_\_

- C. Does any single client provide over 30% of gross receipts  No  Yes

If "Yes," please provide details: \_\_\_\_\_

\_\_\_\_\_

14. What percentage of applicant's business involves subcontracting work to others? \_\_\_\_\_%

Cost of subcontracted work \_\_\_\_\_ What operations are subcontracted? \_\_\_\_\_

15. Individuals – Please list all owner(s), partners, officers, and employees engaged in professional services. Include part-time employees and all professional staff members. Continue in question 31 if necessary.

Name	Title	Years in Practice

16. Education, Training, Management:

A. Please attach a resume for each owner, partner, principal and professional/technical employee.

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

C. Is educational material presented to, and reviewed with, all employees at least semi-annually?  No  Yes

D. What percentage of employees have less than 2 years business related experience? \_\_\_\_\_%

E. Is management active in daily operations?  No  Yes

Please, enclose any disclaimers and/or descriptive brochures which are provided to existing or prospective clients.

17. Membership(s) in Professional Organizations, Associations and Societies:  No  Yes  
 Name(s) of organization(s) \_\_\_\_\_

18. Does the Applicant collect funds for others for a fee?  No  Yes  
**If "Yes," provide the type of debt and the average size of debt collected:** \_\_\_\_\_  
 \_\_\_\_\_

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

- (i) Letters \_\_\_\_\_%
- (ii) Telephone calls \_\_\_\_\_%
- (iii) Personal contact \_\_\_\_\_%
- (iv) Institution of legal proceedings \_\_\_\_\_%
- (v) Other (please describe below) \_\_\_\_\_%

\_\_\_\_\_

20. Is the Applicant agency bonded?  No  Yes  
**If "Yes," provide the following:**

Fidelity Bond: Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_ Amount \_\_\_\_\_

Surety Bond: Carrier \_\_\_\_\_ Expiration date \_\_\_\_\_ Amount \_\_\_\_\_

21. List all states where you pursue collection monies: \_\_\_\_\_

22. Describe all steps taken to comply with the FDCPA and all applicable state collection laws: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

23. Does the Applicant have any attorneys on staff?  No  Yes  
**If "Yes," how many?** \_\_\_\_\_

24. Describe fully the extent of litigation activities/involvement with your collection agency: \_\_\_\_\_  
 \_\_\_\_\_

25. Has a lawyer reviewed & approved all collection forms/letters that are sent:  No  Yes

26. **If "No" to the above, please explain why not:** \_\_\_\_\_  
 \_\_\_\_\_

27. Describe fully the extent of involvement with repossessing property of others: \_\_\_\_\_  
 \_\_\_\_\_

28. As part of this Supplement attach copies of the Applicant's collection letters, demand forms and collection telephone scripts.

29. Errors and Omissions coverage provided to the firm for the past five years:

From/To	Carrier	Limit	Deductible	Premiums	Retroactive Date

30. Coverage Requested:

Requested Effective Date \_\_\_\_\_

Requested Retroactive Date \_\_\_\_\_

**(If prior acts coverage is desired, a copy of current policy declarations must be attached. )**

Limits of Liability: [ ] \$100,000/\$100,000 [ ] \$300,000/\$300,000 [ ] \$500,000/\$500,000  
[ ] \$1,000,000/\$1,000,000

Deductible: [ ] \$1,500 [ ] \$2,500 [ ] \$5,000 [ ] \$10,000

31. **Supplemental Information** (Use this area to provide additional information)

Question #	Additional Information

32. **Signatures** - THIS APPLICATION MUST BE SIGNED BELOW BY ALL OWNER, PARTNERS OR PRINCIPALS.

The undersigned, being authorized by, and acting on behalf of the firm and all persons or concerns seeking insurance, have read and understand this application and declare all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue, or incomplete, any statement made herein, will immediately be reported in writing to the company.

The signing of this application does not bind the undersigned to purchase the insurance, nor does receipt or review of the application bind the company to issue a policy. It is agreed that if a policy is issued, it is issued in reliance upon the statements in this application.

**REPRESENTATION:** I/We represent that the information contained herein is true, and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company/underwriter evidence acceptance of this application by issuance of a policy. I/We further represent that I/We have not withheld any information which is reasonably likely to influence the judgment of the company/underwriter considering this application (i.e. prior claims, prior difficulties with authorities, cancellations or refusals to renew by insurance companies, prior lapses of coverage, etc....) If I/We have withheld any such information, I/We understand that the coverage may be voided. I/We further understand that failure to disclose any information in my/our possession regarding possible acts, errors or omissions which may lead to a claim, will relieve the insurance company of any obligation under the policy.

**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.**

I/We hereby authorize the insurance company, its agents and representatives to secure any information from my/our current and previous insurance carriers.

**NO INSURANCE SHALL BE GRANTED UNLESS ALL QUESTIONS ARE FULLY ANSWERED.**

\* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

\* not applicable in all states

Signature & Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signature & Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signature & Date: \_\_\_\_\_ Date: \_\_\_\_\_