



**COLLECTION AGENCY**

**SUPPLEMENTAL APPLICATION**

Applicant:

- 1. What measures are taken to assure compliance with the Fair Debt Collection Practices Act and/or the Fair Credit Reporting Act?

- 2. Please provide us with a complete description of standard operating procedures:

- 3. List the type of clientele service and approximate percentage of total operations each represents:

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors and Omissions Insurance.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Date:

**A copy of this application should be retained for your records.**