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COLLECTION AGENTS SUPPLEMENTAL APPLICATION

1) Please have the applicant provide a statement as to how it ensures that its activities are in compliance with the Fair Debt Collection Practices Act and any and all similar state laws:

2) Does the applicant have regular meetings regarding compliance with all the Fair Debt Collection Practices Act and any and all similar state laws? ρ Yes ρ No

3) All form collection/dunning notices are reviewed and approved by a lawyer with at least 5 years experience in collection law? ρ Yes ρ No
Please identify the lawyer:

4) Does the applicant perform debt collection activities via the telephone? ρ Yes ρ No
If Yes, what percentage is via telephone? _____ %
What percentage is via letter? _____ %
What percentage is via other methods? _____ %
Please describe:

5) Please set forth the procedures put in place for collecting debt via telephone, including but not limited to the documentation policies regarding these telephone calls:

6) Does the Applicant ensure that a notice in compliance with the FDCPA be sent prior to initiating any phone contact ? ρ Yes ρ No

7) Please state the Applicant's net worth (minus Goodwill): _____

8) Please indicate the percentages of revenue derived from the following relevant services:

- | | | | |
|----------------------------|---------|----------------------------|---------|
| a. Check Recovery | _____ % | k. Factored Debt | _____ % |
| b. Check Verification | _____ % | l. Letter Service | _____ % |
| c. Account Billing | _____ % | m. Medical Assistance | _____ % |
| d. Credit Reporting | _____ % | n. Outsourcing | _____ % |
| e. Early Out/Pre-collect | _____ % | o. Skip Tracing | _____ % |
| f. Insurance Follow-up | _____ % | p. Other (please explain): | _____ % |
| g. Subrogation Recovery | _____ % | | _____ |
| h. Child Support Collector | _____ % | | _____ |
| i. Alimony Obligation | _____ % | | |
| j. Consulting Services | _____ % | | |

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

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date (Mo-Day-Yr): _____

Name and Title (Please Print): _____