VELA
INSURANCE SERVICES, LLC
A BERKLEY COMPANY

SUPPLEMENTAL FOR COLLECTION AGENCIES

1 **Full Name of Applicant: _____**

2 **Does the Applicant collect funds for others for a fee? YES NO**

If yes, provide the type of debt and the average size of debt collected. _____

_____

3 **Does the Applicant's state require that collection agencies be licensed or certified? YES NO**

If yes, provide the Applicant's license or certificate number of a copy of the Applicant's license of certificate of not numbered.

4 **Provide the percentage of the procedures used to collect funds:**

Letters	**%**
Telephone Calls	**%**
Personal Contact	**%**
Institution of legal proceedings	**%**
Other (please describe below)	**%**

5 **Is the Applicant agency bonded? YES NO**

If yes, provide the following.

Fidelity Bond: Carrier _____Exp Date_____Amount_____

Surety Bond: Carrier _____Exp Date_____Amount_____

6 **Does the Applicant have any attorneys on staff? YES NO**

If yes, how many? _____

7 **As part of this Supplemental attach copies of the Applicant's collection letters, demand forms and collection telephone scripts. Gross Receipts**

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

_____ _____

Name of Applicant **Title**

_____ _____

Signature of Applicant. Date