

BERKLEY SELECT LLC

Lawyers Professional Liability Insurance SUPPLEMENTAL COLLECTIONS PRACTICE QUESTIONNAIRE

Applicant Instructions:

- Answer all questions in ink. If answer is none, state "none."
- If space is insufficient to answer all questions fully, use separate sheets of paper.

1. Do all lawyers and staff in this specialty receive training on the Fair Debt Collection Practices Act? Yes No
2. Have form letters and other correspondence been reviewed for compliance with all federal and state statutes? N/A Yes No
3. Does the firm require use of a script which has been reviewed for compliance with the Fair Debt Collection Practices Act and applicable state laws when collecting debts via phone? N/A Yes No

I understand information submitted herein becomes a part of the application and is subject to the same conditions as stated on the Application.

THIS SUPPLEMENT MUST BE SIGNED BY AN OWNER, PARTNER OR PRINCIPAL OF THE FIRM.

Signed: _____ Date: _____
Partner, Officer and/or Owner Title

Name of Firm: _____

The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in the supplement that occur after the date of the application and before policy inception.