

**SUPPLEMENTAL APPLICATION FOR COLLECTION AGENCIES**

**APPLICANT'S INSTRUCTIONS:**

- 1. Answer all questions. If the answer requires detail, please attach a separate sheet.
- 2. Application must be signed and dated by owner, partner or officer.
- 3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.  
(PLEASE TYPE OR PRINT IN INK)

**1. APPLICANT INFORMATION**

- a. Name of Applicant \_\_\_\_\_
- b. Address \_\_\_\_\_

**2. APPLICANT OPERATIONS**

- a. Does your state require that collection agencies be licensed or certified? ..... [ ] Yes [ ] No  
If Yes, please provide your license or certificate *number* or a copy of your license or certificate *if not numbered*. \_\_\_\_\_
- b. Procedures used to collect funds and percentage of use:
  - (i) Letters \_\_\_\_\_%
  - (ii) Telephone calls \_\_\_\_\_%
  - (iii) Personal contact \_\_\_\_\_%
  - (iv) Institution of legal proceedings \_\_\_\_\_%
  - (v) Other (please describe below) \_\_\_\_\_%
- c. Is your agency bonded? ..... [ ] Yes [ ] No  
Fidelity bond: Carrier \_\_\_\_\_ Expiration date \_\_\_\_\_ Amount \_\_\_\_\_  
Surety bond: Carrier \_\_\_\_\_ Expiration date \_\_\_\_\_ Amount \_\_\_\_\_

I understand information submitted herein becomes a part of my General Application and is subject to the same representation and conditions.

\_\_\_\_\_  
Name of Applicant\*

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

One signed copy will be attached to the policy, cover note or certificate, if issued.

\*Signing this form does not bind the applicant or the Company or the Underwriting Manager to complete the insurance.