



AMERICAN INTERNATIONAL COMPANIES[®]

Name of Insurance Company
To Which Application is Made: _____
(herein called the Insurer)

COLLECTION AGENCY SUPPLEMENTAL APPLICATION

NOTE: ALL QUESTIONS ASKED IN THIS APPLICATION ARE WITH REGARD TO PROFESSIONAL SERVICES FOR OTHERS.

1. Name of Applicant: _____

2. a. What type(s) of collections are handled?

b. What is the average dollar value of each collection? \$ _____

c. What is the highest value of any collection done in the past 12 months? \$ _____

3. Are the applicant's fees contingent upon collection (e.g. does the applicant receive a percentage or commission on each successful collection)? Yes No
If Yes, provide an explanation of terms and conditions.

4. What controls are in place to ensure that the applicant and its employees operate within the guidelines prescribed by Consumer Protection Laws?

5. Does the applicant engage in any repossession activities? Yes No
If Yes, specify percentage of total revenues derived from such activities and types of property repossessed.

Named Applicant _____

Date _____

6. Are any collections referred to outside attorneys for legal action, on behalf of clients?

Yes No

If Yes, provide a brief explanation.

7. Does the applicant purchase debt from clients?

Yes No

If Yes, provide a brief explanation.

8. Is the applicant involved in factoring of Accounts Receivable?

Yes No

If Yes, provide a brief explanation.

THIS SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO BUY OR THE INSURER TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY. THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS SUPPLEMENTAL APPLICATION ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS SUPPLEMENTAL APPLICATION CHANGES BETWEEN THE DATE OF THIS SUPPLEMENTAL APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Signed: _____

Print Name: _____

Date: _____

Title: _____

(must be signed by the President or Chief Executive Officer if a corporation, a general partner if a partnership)

Broker: _____

Address: _____
