

ERRORS AND OMISSIONS INSURANCE APPLICATION

COLLECTION AGENTS ERRORS AND OMISSIONS

1. Applicant Name: _____
 Address: _____

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

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

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

3. a. 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. Does the Applicant collect in the name of the creditor (first party), in its own name (third party) or both? If yes, provide percentage breakdown. Yes No

First party ____% Third party ____% Both ____%

5. Does the Applicant perform as a subcontractor for any other agencies? Yes No

6. Does the Applicant hire any subcontractors to collect debts in its name? Yes No

7. Does the Applicant have any contractual indemnity obligations with clients? Yes No

8. Is the Applicant a member of the ACA, or any other industry group? Yes No

9. In which states does the Applicant collect debts?
 List States:

10. Is the Applicant licensed, and if so, in which states or cities? Yes No
 List states or cities:

11. Does the Applicant purchase debt from clients? If yes, please provide corresponding percentage of total collections ____% and a brief explanation. Yes No
 Provide Explanation:

12. Does the Applicant have debt buyers for clients? Yes No

13. Does the Applicant collect time-barred debt? Yes No
14. Does the Applicant provide repossession services? If yes, please provide corresponding percentage of total revenue _____% derived from such activities and types of property repossessed. Yes No
15. Does the Applicant collect debt beyond the statute of limitations? Yes No
16. Does the Applicant have procedures and safeguards in place to ensure it is not pursuing debts that have expired under applicable statutes of limitations? Yes No
17. Does the Applicant have a compliance manager, general counsel or outside counsel? Yes No
If so, please provide a brief explanation:
18. Does the Applicant do skip tracing? Yes No
19. Does the Applicant use a vendor for skip tracing? Yes No
20. What type of dialing equipment is being used? List Equipment:
21. Does the Applicant use a predictive dialer? Yes No
22. Does the Applicant use automated or pre-recorded messages? Yes No
23. Does the Applicant leave messages for consumers? If yes, does the Applicant leave voice mail messages on answering machines or with third parties, or both? Yes No
 Answering machines Third parties Both
24. Is the message "Foti" compliant (does it state the Applicant name, that the Applicant is a debt collector, and that the communication is an attempt to collect a debt)? Yes No
25. Does the dialer have the capacity to store or produce numbers to be called using a random or sequential number generator? Yes No
26. Does the Applicant use a vendor to identify cell phone numbers? Yes No
27. How often are numbers scrubbed to determine if they are cell phone numbers? Please explain:
28. Are all numbers scrubbed, regardless of source (e.g., creditor, client, skip trace, vendors, third party, etc.)? Yes No
29. Does the Applicant call cell phones? If so, does the company use the dialer to call cell phones? If the dialer is used to call cell phones, are steps taken to eliminate the automated function of the dialer or to add human intervention to the call? Yes No
If so, please describe:
30. Does the Applicant use preview dialing to call cell phones? Yes No
31. Does the Applicant confirm it has consent prior to using the dialer to call a cell phone? Yes No

32. Does the Applicant confirm it has the right party number before using a dialer to call a cell phone? Yes No
33. What percentage of numbers being called by the dialer are obtained by skip tracing? _____%
34. Does the Applicant use interactive voice recognition system (IVR)? Yes No
35. Does the Applicant obtain consent to call a consumer? If so, how is that consent documented (in writing, orally, on a recorded line)? Yes No
Please Describe:
36. How is consent obtained by the Applicant documented in the record keeping system? Please Describe:
37. Does the Applicant send text messages? Yes No
38. Does the Applicant have human intervention in the calling process? Yes No
39. Does the Applicant do any telemarketing? Yes No
40. Are there procedures or protocols in place for instances where (please check all that apply). Yes No
- A debtor indicates that he or she has retained an attorney Yes No
 - A debtor requests that the Applicant or the original creditor verify the debt Yes No
 - A believed debtor claims that he or she has received the call in error Yes No
 - A debtor claims that he or she has already resolved the debt with the Applicant, the underlying creditor or another debt collection agency Yes No
41. Does the Applicant's collection letters contain the requisite disclosures and language required by any federal or state law relating to or governing the debt collection industry? (attach a sample form letter). Yes No

APPLICANT FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten

thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____