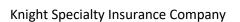


LAWYERS PROFESSIONAL LIABILITY Collections Supplement

1.	Name of Applicant	or Insured:			
2.	How many attorney	s in the firm practice	in this area?		
3.	How much of your	Collections practice in	volves the following	:	
		% of Total Areas Practice	Number of Clients/Cases	Average Client/Case Value	# of Non- Attorney Staff Involved
С	ollections – onsumer/Individual				
С	ollections – orporate/Commercia ⁄lortgage Foreclosure				
	ther (describe below				
Otl	her:				
4.	Have all form collection Practices	ection letters been re Act (FDCPA)?	viewed by an attor	ney for compliance Yes	
5.	Are all collection le	tters reviewed by an a	ttorney before they	are sent? Yes	No
6.	a. If "YES" do	collect debts telephon you use a script that is d the Telephone Cons	s compliant with bot		ection Practices Act
7.	•	on-attorney staff or tl cribe, including steps	•	-	No PCPA and TCPA:
8.		uted indemnity agree	•	•	-
	a. If "YES" des	cribe:		Yes ₋	No





couns	ny of you have any interest(s) in any collection agency or ar seling? If "YES" describe:	ny entity that is involved in credit Yes No
any e	ny of you involved in the purchase of debt or factoring or do ntity that is involved in the purchasing of debt or factoring?	• • • • • • • • • • • • • • • • • • • •
а	. If "YES" describe:	