



SCOTTSDALE INSURANCE COMPANY®

A Stock Insurance Company, herein called the **Company**

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

**COLLECTIONS SUPPLEMENT
Lawyers Professional Liability Insurance**

NAME OF APPLICANT: _____

1. How many lawyers in the firm practice in this area? _____

2. How many support staff assist in this area? _____

3. Regarding your collections practice, please provide a percentage breakdown:

Consumer Collections..... _____%

Commercial Collections..... _____%

Mortgage Foreclosures..... _____%

4. Have all the form letters been reviewed to meet The Fair Debt Collection Practices Act (FDCPA)? Yes No

If "No," please explain why not: _____

5. Are all collection letters reviewed by an attorney before they are sent out? Yes No

6. Does the firm retain either a hard copy or electronic copy of all collection letters sent out? Yes No

7. Is the firm attempting to collect debts via telephone? Yes No

If "Yes," are they using a script which meets The Fair Debt Collection Practices Act? Yes No

8. Is the firm, any member of the firm, or any related entity of the firm involved in debt purchasing? Yes No

9. Does the firm allow any third party the use of their letterhead? Yes No

I declare that the information submitted herein is true and accurate. I understand that it becomes a part of my Professional Liability Application.

Signature of Applicant

(Must be signed by Managing Partner or Officer of the Firm)

Title

Date