



Knight Specialty Insurance Company

LAWYERS PROFESSIONAL LIABILITY Collections Supplement

1. Name of Applicant or Insured: _____

2. How many attorneys in the firm practice in this area? _____

3. How much of **your** Collections practice involves the following:

	% of Total Areas Practice	Number of Clients/Cases	Average Client/Case Value	# of Non-Attorney Staff Involved
Collections – Consumer/Individual				
Collections – Corporate/Commercial				
Mortgage Foreclosures				
Other (describe below)				

Other: _____

4. Have all form collection letters been reviewed by an attorney for compliance with the Fair Debt Collection Practices Act (FDCPA)? Yes ___ No ___

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

6. Do **you** attempt to collect debts telephonically? Yes ___ No ___

a. If "YES" do **you** use a script that is compliant with both the Fair Debt Collection Practices Act (FDCPA) and the Telephone Consumer Protection Act (TCPA)? Yes ___ No ___

7. Do **you** utilize any non-attorney staff or third parties to collect debts? Yes ___ No ___

a. If "YES" describe, including steps taken to ensure compliance with the FDCPA and TCPA:

8. Do **you** have executed indemnity agreements in place with any client for which **you** are doing collection work that indemnifies and holds **you** harmless for any client violation of the FDCPA or TCPA? Yes ___ No ___

a. If "YES" describe:



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9. Do any of **you** have any interest(s) in any collection agency or any entity that is involved in credit counseling? Yes ___ No ___

a. If "YES" describe:

10. Are any of **you** involved in the purchase of debt or factoring or do any of **you** have any interest(s) in any entity that is involved in the purchasing of debt or factoring? Yes ___ No ___

a. If "YES" describe:

Signature of Applicant: _____ Date: _____