



223 West Ohio Street • Chicago, IL 60654-4445 • 800-473-4722 • 312-379-2000 • Fax: 312-379-2001 • www.isbamutual.com

CONSUMER COLLECTIONS SUPPLEMENT

PLEASE TYPE OR PRINT IN INK. If space is needed for further explanation, please use Applicant letterhead.

Applicant Name: _____ Policy No. (if applicable): _____

1. Identify the approximate net worth (assets minus liabilities) of Applicant \$_____
2. What percentage of Applicant's collections clients are:
 - (a) Local _____%
 - (b) Regional _____%
 - (c) National _____%
3. How many years of experience does each member of Applicant who practices collections have in this area of practice? _____
4. Does Applicant use a script which has been reviewed for compliance with the Fair Debt Collection Practices Act and applicable state laws, when collecting debts via telephone? If no, please explain. No Yes

5. Does Applicant use an outgoing voice mail message which has been reviewed for compliance with the Fair Debt Collections Practices Act and applicable state laws? If no, please explain. No Yes

6. Does Applicant have a written procedure for compliance with Fair Debt Collection Practices Act such that the bona fide error defense to a claim can be asserted? If no, please explain. No Yes

7. Does an attorney review and personally sign each letter that is sent to a debtor under the Applicant's name? If no, please explain. No Yes

8. Does Applicant use the letter suggested by the court in *Bartlett v. Heibl*, 128 F.3d 497(7th Cir. 1997)? If no, please explain. Copy attached. No Yes

9. Has Applicant or Applicant member entered into any indemnification agreement(s) with collections clients? If yes, please explain. No Yes

10. Has Applicant or Applicant member ever been sued under the Fair Debt Collections Practices Act? If yes, please explain. No Yes



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CONSUMER COLLECTIONS SUPPLEMENT (cont'd)

Applicant Name: _____ Policy No. (if applicable): _____

11. Does Applicant or Applicant member or any relative of Applicant member, have an ownership interest in or involvement as a director or officer of a collection agency or collection business separate from Applicant firm? ("Relative" is defined in this application to mean a parent, sibling, spouse, child or grandparent.) If yes, please explain. No Yes

12. Does Applicant or Applicant member or any relative of Applicant member purchase debt? If yes, please explain. No Yes

I affirm that the information contained herein is true and complete to the best of my knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

Signature of Owner, Partner, or Officer _____ **Date** _____

Print Applicant Name _____ **Title** _____

Nothing contained herein nor attached constitutes the rendering of legal advice and should not be interpreted as such.