## **Collections Supplement**

## N/A

Pr	inted Name:	Name of firm:				
Si	gnature:	Title:			Date:	
Sign and date in ink						
APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.						
5.	What is the total number of non-lawyer staff involve creditor clients?	red in debt collection	on matters on b	ehalf of	Yes	No
4.	Does the Applicant Firm attempt to collect payment of debt from debtors located outside of the Applicant Firm's home state?				Yes	No
3.	Does the Applicant Firm write letters in an attempt to collect payment of debt prior to filing suit?				Yes	No
2.	2. Has the Applicant Firm ever received an allegation or otherwise been put on notice that it has violated any provisions of the Fair Debt Collections Practices Act ("FDCPA"), or any similar state or local "fair debt collections" law?				Yes	No
1.	What percent of the Applicant Firm's gross revenu from representing creditors or debtors in debt colle		Creditors	%	Debtors	%