

**COLLECTION AGENCY/MEDICAL BILLING COMPANY
SUPPLEMENTAL APPLICATION**

1. What measures are taken to assure compliance with the Fair Debt Collection Practices Act and/or the Fair Credit Reporting Act?

2. Please provide us with a complete description of standard operating procedures:

3. List the type of clientele service and approximate percentage of total operations each represents:

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.

Date

Name of Applicant

Signature of person authorized
to execute on behalf of the Applicant