



**COLLECTION WORK  
SUPPLEMENTAL APPLICATION**

**Administered by:**  
PCM Services, LLC  
11 Hanover Square, 6th Floor  
New York, NY 10005-2863  
212 344 8200

**NOTE:** For purposes of this Supplemental Application, the term "Collection" means any activity relative to collecting or attempting to collect any personal or consumer debt. The term "Collection" also means any kind of advice or legal or other services provided to any party who was or is involved in any way in collecting or attempting to collect any personal or consumer debt.

**APPLICANT'S INSTRUCTIONS:**

This form is to be completed if the Applicant firm provided a percentage in the main application, Section II, Firm's Practice, Question 1.a., that would require completion of this supplemental application. If space is insufficient to answer any question fully, attach a separate sheet. Answer all questions completely.

APPLICANT FIRM: \_\_\_\_\_

- 1. During the past two (2) years, approximately how many different individual consumer debtors have been contacted by phone, letter, e-mail, fax or otherwise, by anyone presently or formerly employed by, or in any way affiliated with the Applicant firm? \_\_\_\_\_
- 2. During the past two (2) years, how many lawyers, non-lawyer employees, independent contractors or other persons or entities in any way affiliated with the Applicant firm have been involved in contacting consumers relative to debts owed or any other kind of consumer debt collection activities? \_\_\_\_\_
- 3. a. During the past two (2) years, has the Applicant firm allowed any collector, collection agency, or other party to use the law firm name or any of the law firm's lawyer's names in any collection-related letter?  Yes  No  
 b. If Yes, please explain in detail: \_\_\_\_\_  
 \_\_\_\_\_
- 4. a. During the past two (2) years, has the firm provided any kind of advice or opinion to any party relative to their development or implementation of any debt collection procedures, or relative to whether any kind of collection letter or collection-related activity of theirs would be in compliance with the provisions of the federal Fair Debt Collection Practices Act, or any related or similar federal or state statute or regulation?  Yes  No  
 b. If Yes, please explain in detail: \_\_\_\_\_  
 \_\_\_\_\_
- 5. a. Within the past two (2) years, has any lawyer presently or formerly associated with the Applicant firm, or their past or present spouse, had any beneficial ownership interest of any kind in any collection agency?  Yes  No  
 b. If Yes, please explain in detail: \_\_\_\_\_  
 \_\_\_\_\_

The undersigned understands the information submitted herein becomes a part of the Applicant firm's Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

\_\_\_\_\_  
Signature of Owner, Officer or Partner      Print or Type Name and Title      Date (month-day-year)

