



Miscellaneous PROtectSM
Collection Agency Supplemental Application

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER COLONY INSURANCE COMPANY, COLONY SPECIALTY INSURANCE COMPANY OR PELEUS INSURANCE COMPANY, AN AUTHORIZED SURPLUS LINES INSURER OR ARGONAUT INSURANCE COMPANY, A LICENSED INSURER.

INSTRUCTIONS –

- Answer all questions. The information provided herein is considered material to our underwriting and pricing decision for the policy or additional coverage under consideration at the time this supplemental application is submitted.
• This form must be completed, dated and signed by an authorized officer of the Applicant to include this completed form as part of the Application.

1. Applicant Name (as identified in the application submitted for the proposed insurance):

2. a. Indicate the specific types of claims or exposures for which coverage is desired:

b. What safeguards or procedures does the Applicant employ to avoid or reduce the claims and/or exposures identified in above question (2.a.)?

3. Does the Applicant collect funds for others for a fee? [] Yes [] No
If "Yes", provide the type of debt and the average size of debt collected.

4. Is the Applicant bonded? [] Yes [] No
If "Yes", provide the following for Fidelity Bond:

Table with 4 columns: Carrier, Expiration Date, Amount, and an empty column.

5. List all states where the Applicant pursues collection monies.

6. Describe all steps taken to comply with the Federal Fair Debt Collection Practices Act (FDCPA), Fair Credit Reporting Act (FCRA) and all applicable state collection laws.

7. a. Does the Applicant call debtor's cellular telephone numbers? Yes No
- b. If "Yes", how does the Applicant document the debtor has granted written permission to call the cellular telephone in compliance with the Telephone Consumer Protection Act (TCPA)?
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- c. Describe all steps taken to comply with the Telephone Consumer Protection Act (TCPA).
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8. Does the Applicant have any attorneys on staff? Yes No
If Yes, how many?
9. Describe fully the extent of litigation activities/involvement with your collection agency.
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10. a. Have all form letters and other correspondence been reviewed by an attorney for compliance with all federal and state statutes? Yes No
If "No", please explain why not.
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- b. As part of this Supplement attach copies of the Applicant's collection letters, demand forms and collection telephone scripts. Attached
11. Is Applicant involved with repossessing of property of others? Yes No
If "Yes", please provide full details.
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THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE