

**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?

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

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

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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