

# SPECIALTY E & O PLAN

## SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION COLLECTION AGENCY/CREDIT BUREAU SUPPLEMENT

1. Name of **Your** firm: \_\_\_\_\_
  
2. What measure do **You** take to assure **Your** firm's compliance with the Fair Debt Collection Practices Act and/or the Fair Credit Reporting Act?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Please provide **Us** with a complete description of **Your** standard quality/loss control and employee training procedures:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. List the types of clients serviced and approximate percentage of total operations each represents:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS COLLECTION AGENCY/CREDIT BUREAU SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Your Signature/Title**

**NOTE: THE SIGNATURE MUST BE THAT OF AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER OF YOUR FIRM.**