



FREEDOM SPECIALTY
 INSURANCE COMPANY®
 a Nationwide Insurance® company
 7 World Trade Center 37th Floor
 250 Greenwich Street
 New York, NY 10007-0033
 1-800-423-7675

COLLECTIONS SUPPLEMENT
Lawyers Professional Liability Insurance

NAME OF APPLICANT: _____

1. How many lawyers in the firm practice in this area? _____
2. How many support staff assist in this area? _____
3. Regarding your collections practice, please provide a percentage breakdown:
 Consumer Collections..... _____ %
 Commercial Collections..... _____ %
 Mortgage Foreclosures..... _____ %
4. Have all the form letters been reviewed to meet The Fair Debt Collection Practices Act (FDCPA)? Yes No
 If "No," please explain why not: _____

5. Are all collection letters reviewed by an attorney before they are sent out? Yes No
6. Does the firm retain either a hard copy or electronic copy of all collection letters sent out? Yes No
7. Is the firm attempting to collect debts via telephone? Yes No
 If "Yes," are they using a script which meets The Fair Debt Collection Practices Act? Yes No
8. Is the firm, any member of the firm, or any related entity of the firm involved in debt purchasing? Yes No
9. Does the firm allow any third party the use of their letterhead? Yes No

I declare that the information submitted herein is true and accurate. I understand that it becomes a part of my Professional Liability Application.

 Signature of Applicant
 (Must be signed by Managing Partner or Officer of the Firm)

 Title

 Date