



Collection Agents Supplemental Questionnaire

This form must be completed for each new policy and at each premium anniversary. If more space is needed to answer any of the questions contained herein, attach additional sheets.

Application is hereby made by _____

(List all Insureds)

Principal Address _____ City _____ State _____ Zip Code _____

Policy Effective Period _____ to _____

	Yes	No
1. Are collection attempts made by an office:		
a. in person	<input type="checkbox"/>	<input type="checkbox"/>
b. by telephone	<input type="checkbox"/>	<input type="checkbox"/>
c. by email	<input type="checkbox"/>	<input type="checkbox"/>
2. Are any collections made of cash?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a daily accounting of funds collected by each agent?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a daily reconciliation of funds collected with bank deposits?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a follow up audit of collections with the client's customers?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there any collections of tangible personal property?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes , is the property stored in a secure location with day-to-day inventory accountability?	<input type="checkbox"/>	<input type="checkbox"/>
b. If jewelry, specie, or fine art items are collected, are they vaulted?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there an internal audit procedure?	<input type="checkbox"/>	<input type="checkbox"/>
If no , explain: _____		
8. Does any outside audit randomly audit a sampling of individual collectors?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are client's funds:		
a. escrowed separately	<input type="checkbox"/>	<input type="checkbox"/>
b. mingled in one account	<input type="checkbox"/>	<input type="checkbox"/>
10. Are clients furnished a monthly statement?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are collections and bank deposits from remote locations monitored and audited?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you hired or retained persons with prior convictions?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , do you have employees working in the state of New York?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to (b) , do you weigh the factors set out in New York State Corrections Law Article 23-A in making the determination to hire or retain such persons?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain documentation of your New York State Corrections Law Article 23-A assessment?	<input type="checkbox"/>	<input type="checkbox"/>

Please attach a separate sheet to answer, if necessary

NOTE TO APPLICANTS

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, which is a crime.

Applicant's Signature _____ Date _____