



Supplemental Application
for
Canadian Miscellaneous Professional Liability
Insurance Policy

THIS IS A CLAIMS MADE AND REPORTED INSURANCE POLICY. READ IT CAREFULLY.

COLLECTION AGENTS SUPPLEMENTAL APPLICATION

Name of Applicant: _____

1. Describe the nature of your collection business:

2. Does the Applicant collect on owned debt? ☐ Yes ☐ No

3. Does the Applicant collect any debt beyond the statute of limitations? ☐ Yes ☐ No

4. Does the Applicant employ a compliance manager or similar position? ☐ Yes ☐ No

5. Does the Applicant record all calls made to debtors? ☐ Yes ☐ No

6. Does the Applicant engage in repossession activities? ☐ Yes ☐ No

7. What is the letter and call volume of the Applicant on a monthly basis and annual basis?

Monthly _____; and

Annual _____

8. Does the Applicant do time zone checks to ensure calls are made at permissible times? ☐ Yes ☐ No

9. Does the Applicant use a "predictive dialer?" ☐ Yes ☐ No

If yes, please list the manufacturer of the dialer (i.e. Global Connect, LiveVox)

10. Does the Applicant's dialing system have the capacity to store or produce numbers to be called using a random and sequential number generator?

☐ Yes ☐ No

11. Does the Applicant use prerecorded or automated messages? ☐ Yes ☐ No

12. Does the Applicant use a third party vendor to identify cell phone numbers? ☐ Yes ☐ No

13. Are all phone numbers scrubbed, regardless of the source?
(i.e. creditor client, skip trace, vendors, third parties) ☐ Yes ☐ No

14. Does the Applicant take steps to add human intervention and eliminate the automated function of the dialing system when calling cell phone numbers? Yes No

If yes, please explain:

15. Does the Applicant confirm that it has the appropriate party/debtor and consent prior to calling a cell phone? ☐ Yes ☐ No

16. Has the Applicant ever filed for bankruptcy or reorganization? ☐ Yes ☐ No

17. Are controls and procedures in place to ensure the Applicant's compliance with the Business Practices and Consumer Protection Act and/or the Collection and Debt Settlement Services Act. ☐ Yes ☐ No

Please Submit the following documentation along with this Application:

- ☐ Complete claims information
☐ Sample of all Applicant debt collection training manuals
☐ Copy of the most recent audited financial statements

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS A PART OF THE CANADIAN MISCELLANEOUS PROFESSIONAL LIABILITY POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

This Application must be signed by the Applicant.

Signature

Title

Date

**Insurance Brokerage
Name & Address:**

NOTE: This Supplemental Application including any material submitted herewith shall be treated in strictest confidence.