



Kinsale Insurance Company  
P. O. Box 17008  
Richmond, VA 23226  
(804) 289-1300  
[www.kinsaleins.com](http://www.kinsaleins.com)

## COLLECTION AGENCY ERRORS & OMISSIONS APPLICATION

### APPLICANT'S INFORMATION

1. Legal name of the business who is the primary applicant and will be the first named insured listed on the policy: \_\_\_\_\_
2. Please list all other business/dba names for which you are seeking coverage under this policy: \_\_\_\_\_
3. ☐ Corporation    ☐ Individual    ☐ Partnership    ☐ Municipality    ☐ For Profit    ☐ Joint Venture  
☐ Other: \_\_\_\_\_
4. Please list any names of other entities that you own or manage or that you do business under (such entities are not requesting coverage under this policy): \_\_\_\_\_
5. Primary location address: \_\_\_\_\_
6. County of primary location: \_\_\_\_\_ Date business originally established: \_\_\_\_\_
7. Total number of branches? \_\_\_\_\_ List all addresses for additional branches: \_\_\_\_\_
8. What is your web-site address? www. \_\_\_\_\_
9. What is your phone number? \_\_\_\_\_
10. Has the name or ownership of the entity changed or has any other business been purchased, merged or consolidated with the entity within the last 5 years? Yes ☐ No ☐
11. Does any entity own or control your business or does your business own or control any entity? Yes ☐ No ☐
12. During the past five years, has your name been changed or has any other business purchased, merged or consolidated with you? Yes ☐ No ☐  
For questions 9-11, please fully explain any "yes" response, including the names, dates, and revenue impact involved: \_\_\_\_\_
13. Please list any associations of which you are a member: \_\_\_\_\_

### GENERAL INFORMATION

1. A. Year Established \_\_\_\_\_ B. ☐ Individually Owned    ☐ Partnership    ☐ Corporation  
Number of Locations \_\_\_\_\_
2. Full & complete description of operations/services. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_. (Also attach a copy of the firm's brochures)
3. Indicate the specific types of claims or exposures for which coverage is desired.  
\_\_\_\_\_  
\_\_\_\_\_
4. What safeguards or procedures does the firm employ to avoid or reduce the claims and/or exposures identified in question #3 above? \_\_\_\_\_  
\_\_\_\_\_



5. Attach a listing, on the firm's stationary, of the firm's five largest projects during the past five years. Include the client Name, description of services rendered and fees generated from each.
6. A. Has the name or ownership of the firm changed or has any other business been purchased, merged or consolidated with the firm within the last 5 years? Yes ☐ No ☐
- B. Is the firm owned or controlled by any other firm or individual? Yes ☐ No ☐
- C. Does the firm, or any owner or officer of the firm own, engage in, operate, manage or act as a director or officer of any other business? Yes ☐ No ☐
- D. Has any license held by the firm or any individual ever been suspended or revoked? Yes ☐ No ☐
- E. Have any persons proposed for this coverage ever been subject to disciplinary action by any state licensing board, court, regulatory authority, or professional association as a result of professional activities? Yes ☐ No ☐
7. Is the firm or any partner, shareholder, principal or employee bonded for handling client funds? Yes ☐ No ☐
8. Within the past five years, has the firm performed any professional services for any client in which any shareholder, officer or employee of the firm had any ownership interest, or which he/she controlled, operated or managed to any extent?

Client Name	Type of Business	Ownership %	Capacity	Engagement	Annual Fees

9. Within the past five years, has the firm or any partner, officer, principal or employee had any application for professional liability insurance denied, or policy cancelled or non-renewed? ☐ Yes ☐ No  
**If "Yes," please provide an explanation:** \_\_\_\_\_
10. Has the firm or any past or present owner, partner, shareholder, principal, officer, director or employee ever been subject to disciplinary action by a state licensing agency or other regulatory body? ☐ Yes ☐ No  
**If "Yes," please provide an explanation:** \_\_\_\_\_
11. Have any claims (including lawsuits) been made against the firm, its predecessors, or past or present owners, directors, officers, employees or other individuals during the past five years? ☐ Yes ☐ No  
**If "Yes," please complete a separate Supplemental Claim Form for each claim or suit.**
12. Is the firm aware of any circumstances or any allegations or contentions, which may result in a claim (including lawsuits) being made against the firm, its predecessors, or past or present owners, directors, officers or other individuals? ☐ Yes ☐ No  
**If "Yes," please complete a separate Supplemental Claim Form for each incident.**
13. A. Total Gross Fees: Last Year \$\_\_\_\_\_ This Year (est) \$\_\_\_\_\_
- B. Total Payroll: Last Year \$\_\_\_\_\_ This Year (est) \$\_\_\_\_\_
- C. Does any single client provide over 30% of gross receipts? ☐ Yes ☐ No  
**If "Yes," please provide details:** \_\_\_\_\_
14. What percentage of applicant's business involves subcontracting work to others? \_\_\_\_\_%  
 Cost of subcontracted work \_\_\_\_\_ What operations are subcontracted? \_\_\_\_\_



15. Individuals – Please list all owner(s), partners, officers, and employees engaged in professional services. Include part- time employees and all professional staff members. Continue in question 30 if necessary.

Name	Title	Years in Practice

16. Education, Training, Management:

A. Please attach a resume for each owner, partner, principal and professional/technical employee.

B. Do all employees (including management) attend at least one annual educational seminar?

☐ Yes ☐ No

C. Is educational material presented to, and reviewed with, all employees at least semi-annually?

☐ Yes ☐ No

D. What percentage of employees have less than 2 years business related experience?

\_\_\_\_\_ %

E. Is management active in daily operations?

☐ Yes ☐ No

**Please, enclose any disclaimers and/or descriptive brochures which are provided to existing or prospective clients.**

17. Membership(s) in Professional Organizations, Associations and Societies:

☐ Yes ☐ No

Name(s) of organization(s) \_\_\_\_\_

18. Does the Applicant collect funds for others for a fee?

☐ Yes ☐ No

**If "Yes," provide the type of debt and the average size of debt collected:** \_\_\_\_\_

19. Provide the percentage of the procedures used to collect funds:

(i) Letters \_\_\_\_\_ %

(ii) Telephone calls \_\_\_\_\_ %

(iii) Personal contact \_\_\_\_\_ %

(iv) Institution of legal proceedings \_\_\_\_\_ %

(v) Other (please describe below) \_\_\_\_\_ %

\_\_\_\_\_

20. Is the Applicant agency bonded?

☐ Yes ☐ No

**If "Yes," provide the following:**

Fidelity Bond: Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_ Amount \_\_\_\_\_

Surety Bond: Carrier \_\_\_\_\_ Expiration date \_\_\_\_\_ Amount \_\_\_\_\_

21. List all states where you pursue collection monies: \_\_\_\_\_

\_\_\_\_\_

22. Describe all steps taken to comply with the FDCPA and all applicable state collection laws: \_\_\_\_\_

\_\_\_\_\_

23. Does the Applicant have any attorneys on staff?

☐ Yes ☐ No

**If "Yes," how many?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Describe fully the extent of litigation activities/involvement with your collection agency: \_\_\_\_\_

\_\_\_\_\_



25. Has a lawyer reviewed & approved all collection forms/letters that are sent:

☐ Yes ☐ No

If "No" to the above, please explain why not:

\_\_\_\_\_

26. Describe fully the extent of involvement with repossessing property of others:

\_\_\_\_\_

27. As part of this Supplement attach copies of the Applicant's collection letters, demand forms and collection telephone scripts.

28. Errors and Omissions coverage provided to the firm for the past five years:

From/To	Carrier	Limit	Deductible	Premiums	Retroactive Date

29. Coverage Requested: \_\_\_\_\_

Requested Effective Date \_\_\_\_\_

Requested Retroactive Date \_\_\_\_\_

**(If prior acts coverage is desired, a copy of current policy declarations must be attached.)**

Limits of Liability: ☐ \$100,000/\$100,000 ☐ \$300,000/\$300,000 ☐ \$500,000/\$500,000  
☐ \$1,000,000/\$1,000,000

Deductible: ☐ \$1,500 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000

30. **Supplemental Information** (Use this area to provide additional information)

Question #	Additional Information

#### FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.



**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 and subjects the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_  
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_

