



Law Firm Name: \_\_\_\_\_

1. Name of attorney(s) practicing in this area: \_\_\_\_\_

2. Please indicate the number of staff used for the firm's collection area of practice:

☐ 1-5 staff    ☐ 6-10 staff    ☐ 11-15 staff    ☐ 16+ staff

3. Please indicate what percentage of your total collection practice is in the following areas:

Commercial collections .....	_____	%
Consumer collections .....	_____	%
Mortgage foreclosures .....	_____	%

4. Does the firm require the use of a script that has been reviewed for compliance with the Fair Debt Collection Practices Act (FDCPA) and applicable state laws when collecting debts via telephone? ..... ☐ Yes ☐ No

5. Have all forms, letters and other correspondence been reviewed for compliance with all Federal and State laws? ..... ☐ Yes ☐ No

6. Does the firm retain copies of all letters? ..... ☐ Yes ☐ No

7. Does the firm, or any attorney in the firm, have ownership interest in or hold a position in any collection agency or business? ..... ☐ Yes ☐ No

*If yes, please complete the **Outside Interest Supplement**.*

For residents of all states except CO: 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 or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Colorado: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Professional liability insurance offered through Attorney Shield is underwritten by Professional Solutions Insurance Company (doing business in California as PSIC Insurance Company).

\_\_\_\_\_  
Signature/Title of Law Firm Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Soliciting Agent

\_\_\_\_\_  
Agency Name



**Professional**  
SOLUTIONS

INSURANCE  
COMPANY

**Mail to:**  
14001 University Avenue  
Clive, Iowa 50325

**Questions:**  
Phone: 800-510-8240  
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