



**James River Insurance  
Company**

7130 Glen Forest Drive, Suite 210  
Richmond, VA 23226  
804-289-2700

**Collection Work Supplemental  
Application**

**PROFESSIONAL LIABILITY  
Division**

Email to [PL@jamesriverins.com](mailto:PL@jamesriverins.com) or,  
Fax to 804-287-2816

**APPLICANT'S INSTRUCTIONS:**

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

**COLLECTION WORK SUPPLEMENTAL APPLICATION**

**This supplement is to be completed if the Applicant indicated activity in the Collection area of practice from question number 16 of the Law Firm Application. If necessary, attach an additional sheet to fully answer all questions.**

1. During the past three (3) years:
  - a. How many lawyers have done collection work? \_\_\_\_\_
  - b. Approximately how many individual consumer debtors have been contracted by phone, letter or otherwise by anyone employed by or in any way affiliated with the Applicant firm? \_\_\_\_\_
2. During the past three (3) years have you allowed any collector, collection agency, or any other party to use your law firm name or any lawyer's names in collection-related matters?  Yes  No  
If "Yes", please explain:  
\_\_\_\_\_  
\_\_\_\_\_
3. During the past three (3) years, have you provided any advice or opinions to any party relative to implementation of any debt collection procedure, collection letter or other collection activity would be in compliance with the Federal Fair Debt Collection Practices Act or similar state or federal regulation?  Yes  No  
If "Yes", please explain:  
\_\_\_\_\_  
\_\_\_\_\_
4. What steps do you take to assure that all Collection letters the firm sends are in compliance with the Federal Fair Debt Collection Practices Act? Please explain:  
\_\_\_\_\_  
\_\_\_\_\_
5. What steps do you take to assure that all Lawyers in the firm remain current with the changes in the Federal Fair Debt Collection Practices Act? Please explain:  
\_\_\_\_\_  
\_\_\_\_\_
6. Within the past three (3) years, has any present or past lawyer had any ownership interest in any kind of collection agency?  Yes  No
7. Has the firm executed any indemnity agreements with clients (for which you are doing collections work) which would indemnify or hold the client harmless for any violation of the Federal Fair Debt Collection Practices Act provisions related to the collections work?  Yes  No

**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**In New York: 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 and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

**In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.**

**WARRANTY:** I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

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

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