

# Roush Insurance Services, Inc.

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- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

## SUPPLEMENT FOR COLLECTION AGENCIES

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: \_\_\_\_\_
2. 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. \_\_\_\_\_  
\_\_\_\_\_
3. Does the Applicant's state require that collection agencies be licensed or certified? ..... [ ] Yes [ ] No  
If Yes, provide the Applicant's license or certificate number or a copy of the Applicant's license or certificate if not numbered.
4. 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) \_\_\_\_\_ %  
\_\_\_\_\_
5. Is the Applicant agency bonded? ..... [ ] Yes [ ] No  
If Yes, provide the following.  
Fidelity Bond: Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_ Amount \_\_\_\_\_  
Surety Bond: Carrier \_\_\_\_\_ Expiration date \_\_\_\_\_ Amount \_\_\_\_\_
6. Does the Applicant have any attorneys on staff? ..... [ ] Yes [ ] No  
If yes, how many? \_\_\_\_\_
7. As part of this Supplement attach copies of the Applicant's collection letters, demand forms and collection telephone scripts.

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent within 60 days of the proposed effective date.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Agency \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Fax \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_