

**ALLSOUTH**  
PROFESSIONAL LIABILITY, INC.

P.O.Box 66689, St . Pete Beach, FL 33736-66689  
Phone (813) 288-0990 Fax (813) 282-0994

**COLLECTION AGENCY**  
**SUPPLEMENTAL APPLICATION**

1. What measures are taken to assure compliance with the Fair Debt Collection Practices Act and/or the Fair Credit Reporting Act?

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2. Please provide us with a complete description of standard operating procedures:

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3. List the type of clientele service and approximate percentage of total operations each represents:

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**It is understood and agreed that this supplemental application shall become part of the application for Professional Liability Errors and Omissions Insurance.**

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of person authorized  
to execute on behalf of the  
Applicant