

MARKEL SHAND MORAHAN & COMPANY, INC.
 Ten Parkway North, Deerfield, IL 60015
 (847) 572-6000 Fax (847) 572-6137
 Underwriting Manager
 A Markel Company

- o DEERFIELD INSURANCE COMPANY
- o EVANSTON INSURANCE COMPANY
- o ESSEX INSURANCE COMPANY
- o MARKEL AMERICAN INSURANCE COMPANY
- o MARKEL INSURANCE COMPANY



SUPPLEMENTAL APPLICATION FOR COLLECTION AGENCIES

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
 (PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

- a. Name of Applicant _____
- b. Address _____

2. APPLICANT OPERATIONS

- a. Does your state require that collection agencies be licensed or certified? [] Yes [] No
 If Yes, please provide your license or certificate *number* or a copy of your license or certificate *if not numbered*. _____
- b. Procedures used to collect funds and percentage of use:
- (i) Letters _____%
 - (ii) Telephone calls _____%
 - (iii) Personal contact _____%
 - (iv) Institution of legal proceedings _____%
 - (v) Other (please describe below) _____%
- c. Is your agency bonded? [] Yes [] No
 Fidelity bond: Carrier _____ Expiration date _____ Amount _____
 Surety bond: Carrier _____ Expiration date _____ Amount _____

I understand information submitted herein becomes a part of my General Application and is subject to the same representation and conditions.

 Name of Applicant*

 Title (Officer, partner, etc.)

 Signature of Applicant

 Date

One signed copy will be attached to the policy, cover note or certificate, if issued.

*Signing this form does not bind the applicant or the Company or the Underwriting Manager to complete the insurance.