

**CALL CENTER
SUPPLEMENTAL APPLICATION**



INSTRUCTIONS FOR COMPLETING APPLICATION:

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
2. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach exhibit with the question number.
3. Application must be signed and dated by authorized person.

-
1. Applicant name: _____
 2. What is the nature of the product and technical support? Please describe.
 3. Does the firm perform any additional functions:
___Monitoring of alarms
___Dispatching personnel
___Lifeline services
___Other (Please describe) _____
Please provide explanation of the additional services.
 4. Do operators/representatives follow a scripted question and response log or is it free flowing dialogue? Please describe.
 5. Who provides the training for the Customer Support Representative on the Product information/Technical support? Please explain:
 6. Are services performed carried out by representatives of the customers? Yes No
If "no", do they sign off on the training and materials provided? Yes No
 7. Does Applicant keep a formal record of sales received, messages taken and when and to whom messages were delivered? Yes No
If "yes", for how long do they keep these records? _____
 8. How many clients are handled per operator/representative? Yes No
 9. Do contract conditions with clients exclude economic, consequential and other indirect losses? Yes No

10. What percentage of calls are monitored and reviewed for the quality of the response given? Yes No
11. Are the people calling in aware it is a call center or do they believe they are actually speaking to someone from the customer? Yes No
If “no”, please explain why.

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner	Print or Type Name and Title	Date (m-d-y)
--	------------------------------	--------------