



## Questionnaire

Date \_\_\_\_\_

Agency's Legal Name \_\_\_\_\_

Responsible Party \_\_\_\_\_ Tax ID# \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

c/s/z \_\_\_\_\_ Fax# \_\_\_\_\_

SSN# \_\_\_\_\_ Date of Birth \_\_\_\_\_

**This questionnaire may seem to be a bit excessive, but it is important for all potential new members to understand that we do not do business with fly-by-night organizations. Our members gain access to data that one cannot obtain from a typical google search, and security is always of the utmost importance to us.**

**Our members are professionals, and the integrity of each new member reflects on our existing members. You are not applying for a country club membership. We are overly cautious, and we are not just looking to sell seat licenses. We will decline a membership if we believe that that applicant may jeopardize the honor of our existing members.**

**Before we begin our process, all new network members must authorize and pass a background security check. The cost of this service is typically \$47.00. This is a non-refundable amount that must be paid in addition to the standard setup fee. Your setup fee is not processed until **AFTER** your background check has been approved. Please initial here to confirm you are aware that this background check fee is non-refundable.** \_\_\_\_\_

**From time-to-time, certain indicators may require that the standard background check deepen to include a county level search. Most county level searches are free, but there are a number of counties throughout the US that charge a "pass through" fee, and this cost varies from county-to-county. Please indicate the County and State that you reside in, and you will be made aware of this cost prior to us processing your background check.** County \_\_\_\_\_ State \_\_\_\_\_

**Please initial here to confirm that you have been made aware that Unified Collection Network LLC (hereafter "UCN") is not a Collection agency. UCN merely provides a number of management services to the collection industry, and at no time are you ever considered an employee of UCN.** \_\_\_\_\_

Do you currently have Errors and Omission (E&O) Insurance? Y\_\_\_ N\_\_\_  
(Please attach copy of policy)

Please initial here to confirm that you are aware that within thirty (30) days from the date on your network service agreement, you are required to secure Errors and Omission (E&O) Insurance for a minimum of \$250,000.00 or your service may be suspended until proof of insurance is supplied. \_\_\_\_\_

It is not uncommon for potential clients to require a higher amount of E&O Insurance. In the event that we secure client(s) who have such a requirement, please initial here to acknowledge that you are aware that your policy must be expanded in order to meet that client's requirement, and, in turn, be able to gain access and work their accounts. \_\_\_\_\_

By initialing here you also acknowledge that you are aware that you may be asked to submit proof of insurance, and your seat license may be deactivated by UCN until proof has been submitted. \_\_\_\_\_

Please list all states where collection licenses are current (Please attach copy of all licenses). There is no need to list "open border states" where a license is not needed.

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Please initial here to confirm that you are aware that accounts will not be assigned to you from states that require collection licenses, unless, of course, you have a current license in that state. \_\_\_\_\_

As a part of the network fees, UCN provides a phone system to its members. Please initial here to confirm that you are aware that ALL collection calls for accounts provided through UCN must be made from the phone system that UCN has provided. \_\_\_\_\_

Please also acknowledge that you are aware that all calls on this phone and dialer system are recorded and kept on file for at least six (6) months \_\_\_\_\_

Name of collection representative you'll be assigning to this network, as you wish it to appear on dunning notices. Only one name per seat license can be accepted.

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Please indicate the address that your want to have on your dunning notices

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**IMPORTANT:** All network members utilize “UCN Payment Processing Service” to process and post all payments on accounts assigned to them through UCN. Debtors should be advised of this accordingly. Debtors should be instructed to send mail-in payments to:

UCN Payment Processing Service  
PO Box 307167  
Gahanna, OH 43230

-or-

MoneyGram  
Received Code: 6804  
UCN Payment Processing

Please initial here to acknowledge that you are aware of where ALL payments are to be sent, and at no time are you ever authorized to deposit a consumer’s payment.

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By initialing here, you understand that both UCN and their clients consider unauthorized deposits of payments a serious issue, and UCN reserves the right to pursue both civil and criminal action against your organization and you personally in the event that unauthorized acceptance of payment is taken and deposited by your company.

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As a part of the network fees, UCN provides network members with dunning notices that are approved by their clients. ALL dunning notice for accounts provided through UCN must be made from these pre-approved notices. All Network Members are required to approve these letters, and are 100% responsible for the content of all dunning notices. You cannot begin working in this network until you have approved all your dunning notices for content. Please initial here to acknowledge that you are aware of this. If there is a legal issue of any kind with the dunning notice(s) that you have been provided, it is your responsibility to bring that to UCN’s attention and demand that the issue be altered and resolved prior to your start date.

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All Network members are required to take and pass an FD CPA test prior to working the files assigned by UCN. Additionally, all collection staff that network members assign these accounts will also be required to take this test. UCN requires a 100% on the test to pass. Please initial to confirm that you are aware of this.

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All Network members are subject to random monitoring by both UCN and their clients. It is your responsibility to advise the consumers that you make phone contact with accordingly. Please initial to confirm that you are aware of this

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**In the event that you leave the UCN network, the accounts in your desk cannot be taken with you and will be forfeited, and you are forbidden to contact UCN clients and other network members for a period of two (2) years for the purpose of doing business.**

\_\_\_\_\_

**Indicate the Fax# that you intend to use on your letters** \_\_\_\_\_

**Number of years you've been in business:** \_\_\_\_\_

**Number of years you've been in this industry:** \_\_\_\_\_

**Number of years in management in third party collection environment:** \_\_\_\_\_

**Please list the names of any business partners that you may have**

\_\_\_\_\_

**Please list three business references and their phone numbers with whom you have done business within the past two years.**

**Name** \_\_\_\_\_ **Ph#** \_\_\_\_\_

**Name** \_\_\_\_\_ **Ph#** \_\_\_\_\_

**Name** \_\_\_\_\_ **Ph#** \_\_\_\_\_

**Average number of hours you anticipate working weekly** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Web Site URL** \_\_\_\_\_

**This is probably the most important question, so think long and hard before answering: Do you have the time to build your own business?**

**Yes**     **No**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_

Questions, comments or concerns that you may need addressed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_