



International Lawyers Company

CONFIDENTIAL APPLICATION FOR LISTING

Name:			
Firm Name:		Employer ID Number:	Type:
Type of Firm: (Please check one) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> True Proprietorship <input type="checkbox"/> Professional Corporation (P.C.) <input type="checkbox"/> Professional Association, (P.A.) <input type="checkbox"/> Office Sharing Arrangement			
Mailing Address:	City	State	Zip
Street Address: (if different from above)	City	State	Zip
Telephone:	Fax:	Other: (email or 800#)	

Name(s) of any other Lawyers and staff that would be our contacts: _____

PERSONAL INFORMATION

Home Address:	Social Security #: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City, State, Zip:	Date of Birth: (MM-DD-YYYY) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Telephone:	Spouse Name:

CLAIMS INFORMATION

Do you have any dollar amount limits on the claims you accept? _____ Please describe: _____

Please indicate the different types of collection work your firm handles: (please select all that apply)

<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Commercial	<input type="checkbox"/> Medical
<input type="checkbox"/> Insurance	<input type="checkbox"/> Retail / Consumer	<input type="checkbox"/> Child Support
<input type="checkbox"/> Transportation	<input type="checkbox"/> Student Loans	<input type="checkbox"/> Mechanics Liens

Indicate the counties serviced: _____

List the Zip Codes for the service areas your firm handles: _____

Are you a member of the Commercial Law League? Yes No

Please indicate any other law list where you are currently listed: _____

What contingent fee arrangement does your office normally charge for collecting claims?
 Commercial \$ _____
 Consumer \$ _____

Does your office refer legal matters to out-of-town counsel? Yes No

PERSONAL REFERENCES (Lawyers, Judges, CPAs, etc.)

1.	Name:	Address:	Company or Firm:	Phone:
2.	Name:	Address:	Company or Firm:	Phone:

PROFESSIONAL REFERENCES (Collection Agencies or Companies you currently handle collection work)

1.	Name:	Address:
2.	Name:	Address:
3.	Name:	Address:

FINANCIAL & INSURANCE INFORMATION

Bank where Trust Account is held:	Bank Address:	Account Number:	Phone:
Do you and/or your firm carry Malpractice Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, amount: \$ _____			
Name of Agent:	Address:	Policy Number:	Phone:
Does this policy cover Embezzlement, Larceny or Wrongful Conversion of Funds? <input type="checkbox"/> Yes <input type="checkbox"/> No			

The above information will be used by the **International Lawyers Company** only, and the information contained herein will be kept strictly confidential.

I (we) do hereby certify that I am (we are) in good standing and licensed to practice law in the state(s) of _____, and the information I (we) provided on this application is truthful and accurate.

BY:

SIGN HERE

DATE

PLEASE PRINT NAME

TITLE

SUBMIT YOUR APPLICATION

By Mail:

International Lawyers Company
P.O. Box 40335
Cleveland, OH 44140-0335



Questions? Please call:

1-800-LAWLIST

OR

By Fax: 440-899-1005