

# Lexington Insurance Company

## CALL CENTER SUPPLEMENTAL APPLICATION

Applicant Company Name: \_\_\_\_\_

1. Does or has the applicant provide(d) any answering services to any of the following: Medical Doctors, Dentists, Ambulance Services, Oxygen Supply Companies, Druggists or Pharmaceutical Companies, Veterinarians or like service providers? \_\_\_\_\_
2. Does or has the applicant provided any answering services for any of the following activities?
  - a) 911 Emergency calls: \_\_\_\_\_
  - b) Services to any Company monitoring life line type devices: \_\_\_\_\_
  - c) Crises Centers: \_\_\_\_\_
3. Does the applicant adhere to Do Not Call Lists and have procedures for maintaining confidentiality of client lists? \_\_\_\_\_
4. Does the applicant utilize prepared scripts? \_\_\_\_\_
5. Does the applicant use a voice logger during the enrollment process? \_\_\_\_\_

**Notice** \_\_\_\_\_  
I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions.

Must be signed and dated by Owner, Partner or Principal as duly authorized on behalf of the Applicant.

\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
DATE