

**C.L. “BUTCH” OTTER**

**Governor**

**GAVIN M. GEE**

**Director**

**COMPLIANCE EXAMINATION QUESTIONNAIRE**

Idaho Collection Agency Act

Idaho Code 26-2221 *et seq*

Licensee: **XXX**

Idaho License: **XXX**

Mailing/Email Date: **xxx**

**Due Date:** **xxx**

Examiner: xxx

Telephone: xxx

Email: xxx

**Date of Request: xx Return by: xx**

**Examination Date: xxx**

***Information and Document Request Relative to Idaho Collection Agency Activities***

**Licensee: xxx**

**Examination Address: XXX**

**email: xxxx**

***All licensees must complete and return this Questionnaire by the Due Date above****.*

***(Delivery method for Questionnaire and other materials to be determined)***

All questions are to be answered. If not applicable, insert N/A. If there is inadequate

space or attachments are required, attach additional sheets or material to this questionnaire

and reference the section to which it refers.

**please contact xxx@ 208 xx Email –** [**xxxx@xxx**](mailto:tom.little@finance.idaho.gov)

**if you have questions. Please keep a copy of this questionnaire for reference**

**GENERAL INFORMATION**

**Address if Different from above:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Are Collection Efforts Made From this Location? **Yes No**
2. Please list addresses of all branch locations and attach as **Exhibit A**
3. Provide Nationwide Mortgage Licensing System (NMLS) number(s) as applicable

**4.** Please identify your Contact Person for this examination:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is any business other than collection agency business conducted at this, or other company locations? Yes \_\_\_ No \_\_\_

If yes, describe the nature of the business and reveal any ownership in such business by your firm and attach as **Exhibit B**

1. **Gross collections for the period xxx – xxx: \_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_**

**Commissions earned on gross collections: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gross Idaho for the period xxx – xxx: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Commissions earned on Idaho collections: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Idaho Department of Finance**

**Idaho Collection Agency Questionnaire**

**XXX**

**Examination Period xxxx**

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|  | **ADMINISTRATIVE** |  |
| 1 | Please submit an organization chart including relative holding companies, subsidiaries and affiliates |  |
| 2 | Please submit a management chart |  |
| 3 | Please provide a listing of all entities, and the respective addresses, to which Idaho collection activities are reassigned, including law firms |  |
| 4 | Please provide:  Total number of active creditor clients anywhere  Total number of debtor accounts being worked anywhere  Total number of Idaho creditor clients  Total number of Idaho debtor accounts being worked  A listing by name and address of all Idaho clients |  |
| 5 | Please identify the credit bureaus reported to, if any |  |
|  | **LEGAL** |  |
| 6 | Does your firm sue Idaho debtors in magistrate/district court | Yes No |
| 7 | If applicable, please report the number of suits filed during the review period |  |
| 8 | If applicable, please submit a listing of the attorneys, and respective addresses, representing your firm in Idaho suits |  |
| 9 | If applicable, please report the number of Idaho judgment awards |  |
| 10 | Does your firm sue Idaho debtors in small claims court? | Yes No |

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|  | **FORMS** | |  |
| 11 | Please submit a copy of each Idaho client agreement; if no Idaho clients, please submit a copy of the agreement commonly used | |  |
| 12 | Please submit a copy of all letters, forms and other printed material used to communicate with Idaho debtors | |  |
| 13 | Please submit a copy of all envelopes used to communicate with Idaho debtors | |  |
| 14 | Please submit a copy of all forms used pursuant to payment agreements and electronic payment processing | |  |
|  | **PROCEDURAL** | |  |
| 15 | What categories of debt does your firm collect:  Consumer \_\_\_ % of total: \_\_\_  Commercial \_\_\_ % of total: \_\_\_ | |  |
| 16 | If your firm purchases debt, please provide:   1. Total # of accounts purchased 2. Total # of Idaho accounts purchased 3. Total face value of accounts purchased 4. Total face value of Idaho accounts purchased 5. Total $ value of accounts collected 6. Total $ value of Idaho accounts collected | |  |
| 17 | Does your firm collect on dishonored checks on behalf of creditor clients? | | Yes No |
| 18 | Does your firm assess a returned item fee for dishonored Idaho payments? | | Yes No |
| 19 | If applicable, what is the fee and how is it determined? | |  |
| 20 | Please list the methods of payment that are accepted | |  |
| 21 | Please describe the methods used to conform to the requirements of Regulation E with respect to electronic payments and recurring electronic payments | |  |
| 22 | Does your firm collect a convenience fee for particular methods of payment? | | Yes No |
| 23 | | Please provide a listing of any fee or charge of any type, whether imposed by the creditor or your firm, that may be collected in addition to the principal obligation of any account |  |
| 24 | | If applicable, identify each payment method subject to a convenience fee and the amount of the fee |  |
| 25 | How is the amount of each fee determined? | |  |
| 26 | Does your firm accrue interest on debtor accounts? | | Yes No |
| 27 | If applicable, how is the interest rate determined? | |  |
| 28 | If interest is collected, how is it distributed – all kept by your firm, all paid to the creditor, split – etc. | |  |
| 29 | Does your firm collect on behalf of consumer lenders? | | Yes No |
| 30 | If applicable, please list all consumer lender clients by name and location | |  |
| 31 | Does your firm record debtor call conversations? | | Yes No |
| 32 | If yes, 100% or selectively? | |  |
| 33 | If selective, what are the determining criteria? | |  |
| 34 | How long are call recordings retained? | |  |
| 35 | How long are other debtor account records retained? | |  |
| 36 | Does your firm leave voice mail messages for debtors? | | Yes No |
| 37 | If yes, please explain the procedures that are followed when a VM is left and provide a copy of any script or message that is left. | |  |
| 38 | Please provide a flow chart or narrative of the collection process that is followed once an account is assigned | |  |
| 39 | Are payment agreements set up with debtors? | | Yes No |
| 40 | If applicable, is a written payment agreement prepared? | | Yes No |
| 41 | If yes, please submit a copy of the agreement | |  |
| 42 | If recurring payments are arranged, how is the credit/debit card/bank account information stored? | |  |
| 43 | Who has access to stored account information? | |  |
| 44 | Does your firm accept promissory notes from debtors? | | Yes No |
| 45 | If yes, is interest collected on the note? | | Yes No |
| 46 | Does your firm use a mailing service? | | Yes No |
| 47 | If yes, please provide name and address  If yes please describe what service is provided  If yes please explain how returned mail is processed | |  |
| 48 | If walk in payments are accepted, does your firm provide receipts? | | Yes No |
| 49 | If yes, please describe method of receipt and how the payment received is subsequently handled | |  |
| 50 | Are electronic receipts provided for remote payments? | | Yes No |
| 51 | If an automated dialing system is used, please provide a copy of the dialer policies and procedures manual, a copy of all dialer message content(s) and all scripts. Please identify scripts used for incoming/outgoing calls, or any other purpose | |  |
|  | **FINANCIAL** | |  |
| 52 | How frequently are unaudited financial statements prepared? | |  |
| 53 | Is an internal auditor employed by your firm?  If yes, describe the reporting procedure and the audit program used | | Yes No |
| 54 | Please submit the most recent month-end balance sheet and income statement (may be internally prepared) | |  |
| 55 | Please submit the firm’s most recent audited financial statements, inclusive of all notes and the accountant’s Engagement Statement and opinion | |  |
| 56 | Please provide a listing of all bank accounts used or maintained during the previous 12 months, including the account number, the name and address of the depository, and the purpose of the account | |  |

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| 58 | Please provide the most recent three month’s bank statements for any **trust** account used to managedebtor payments or disbursements to Idaho creditors, together with the check register and reconciliation for each account for each month. Reconciliations should include a listing of all cleared & uncleared checks by number, date, amount, and name of payee |  |
| 59 | Please provide the most recent three month’s bank statements for the general operating account |  |
| 59 |  |  |
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|  | **PAYMENT PROCESSING** |  |
| 60 | Please provide a flow chart detailing the money trail for each type of debtor payment accepted (card/check/cash/eft/electronic check, etc.) from receipt to client remittance |  |
| 61 | Please provide an Excel spreadsheet of all Idaho debtor account activity for the period **June 1, 2015 – May 31, 2016,** to include:   1. Debtor account number 2. Debtor name 3. Debtor address 4. Debtor contact information 5. Creditor name 6. Date of assignment 7. Amount of original assignment 8. Amount collected to date 9. Date of last payment 10. Method of payment (check, cash, credit card, debit card, ACH, etc.) 11. Amount of last payment 12. Current account status   Please include a lexicon for abbreviations or acronyms used on the spread sheet  An account payment sampling will be selected from this spreadsheet, and the following information will be requested:   1. A copy of the underlying client agreement 2. A copy of the account transactional history 3. Evidence that the payment was deposited to a trust account 4. Evidence that the client received credit 5. Evidence the payment was remitted to the creditor   6. Evidence that the remittance payment cleared the trust account |  |
|  | **COMPLAINTS** |  |
| 62 | Does the firm differentiate or categorize complaints as to formal or informal? Please define each category, if any | Yes No |
| 63 | Please describe the compliant resolution process for each complaint category |  |
| 64 | Is a written procedure for handling complaints in place?  If yes, please submit a copy |  |
| 65 | Please provide a listing of all IDAHO complaints filed against your firm during the last 12 months, to include:   1. Full name of complainant 2. Account number 3. Compliant number 4. Address 5. Telephone 6. Client 7. Summary of complaint and response 8. Resolution 9. Collector/location of collector if different site |  |
|  | **LEGAL – CONSUMER SUITS** |  |
| 66 | Please provide a listing of all consumer lawsuits filed against the firm within the review period, or that were filed earlier but have not been resolved, to include:   1. Full name of plaintiff(s) 2. Suit reference number 3. Where suit was filed 4. Substance of the claim 5. Status of suit 6. If settled, withdrawn, or dismissed, please detail specifics of settlement |  |
|  | **TRAINING** |  |
| 67 | Please describe the internal training procedure:   1. Who is in charge of training 2. Who is subject to training 3. What is the regimen for new hires 4. What is the frequency and content of retraining   Please provide a copy of the training policy and procedures |  |
|  | **SECURITY** |  |
| 68 | Please describe the physical security measures in place |  |
| 69 | Please describe the data security measures in place |  |
|  | **COMPLIANCE** |  |
| 70 | Does the firm have a formal, written Compliance Management Program in place (CMP)? If yes, please submit a copy |  |
| 71 | If no CMP is in place, please describe in detail the procedures and methods used to ensure regulatory compliance |  |
| 72 | Does the firm employ a full time compliance officer? |  |
| 73 | Please submit a chart showing the hierarchy of CMP oversight by management |  |

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| 74 | Describe the audit and monitoring procedures associated with the CMP:   1. Are agent communications with consumers monitored, and if so, what processes are employed and at what frequency? 2. Are results of such monitoring evaluated, retained and included in review with personnel? 3. What corrective procedures are in place to help ensure that areas needing attention are corrected?   Please Note: Call recordings may be requested during the examination process |  |

**CERTIFICATION**

**I certify that all the information provided in response to this questionnaire is true and correct to the best of my knowledge.**

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**Signature Date Title**

**xxx**

**Licensee**