



FINANCIAL SERVICES COMPLIANT - ACCREDITATION PROGRAM QUALIFICATIONS and APPLICATION

GENERAL ORGANIZATION OUTLINE

1. Name of Member/Participant:
2. Email: _____ Phone: _____
3. Does the Participant own, or is employed by or otherwise controlled by a parent company or other?
4. If yes, provide the company/entity name and address:
5. Provide the Company's type of legal entity and state of incorporation, if incorporated:
(Provide Proof of Incorporation if applicable)
6. Provide the number of years the Participant has been in the Profession as a Private Process Server:
7. Identify the Participant's office location(s) and main office physical address:
8. Identify the Participant's web address:
9. Provide a description of the services provided by the Participant:

BUSINESS INSURANCE: ORGANIZATIONAL STRUCTURE: HISTORY

1. Identify any relevant business licenses maintained by the Participant:
(Provide Licensing Documents)
2. Does the Participant have insurance coverage, with limits not less than: General and Professional Liability (E&O)
Each Occurrence: \$1,000,000; Damages to Rented Premises: \$100,000; with a General Aggregate of \$1,000,000.
(Provide Certificate of Liability Insurance)
3. Has the Participant had any Judgments against Company or Affiliates, rendered regarding services related to
Bankruptcy, Foreclosure, Collections, and or the Sale and Marketing of Real Estate within the last 10 years. If
none, indicate below:
4. If yes, provide a brief description of the Judgments and/or Material Lawsuits.
5. Has the Participant been subject to an investigation by a governmental entity within the last 12 months?
6. Does the Participant have a Code of Conduct that its employees must follow?
(Provide a copy of the Code of Conduct)

PROTECTING PERSONAL IDENTIFIABLE INFORMATION WITHIN ORGANIZATION: (PII)

1. Do you use a Case Management Software System (AMS) with encryption?
2. Do you have levels of security for various access points?
3. What controls have been put in place to ensure that PII is handled, retained and disposed of appropriately?
4. Do you have a document shredder?
5. Do you maintain a secure entrance? Describe how the entrance and access to your facility is managed:
6. Do you have a sign in process for visitors?
7. Do you have service level agreements or contracts with clients? If yes, provide example.

BUSINESS CONTINUITY PLAN

1. Do you have a contingency plan in place for your organization? If yes, provide details.
2. If yes, how often is the plan updated and tested?
(Provide copy of CP)
3. Do you have an alternate location to work from should your workplace become unavailable?
4. Do you have an alternate secure location to store confidential client data such as filings and or checks?
5. If yes, please list location and briefly describe how the location is secure:
6. What is the Participant's expected recovery time from a significant outage?
7. How are system backups performed and stored?

VENDOR MANAGEMENT

1. Are the Participant's Employees and/or Contractors bound by Confidentiality Agreements?
(Provide a copy of the Agreement)
(Provide a copy of Subcontractor Agreement if Contractors are used)
2. Do you provide written confirmation of vendor fee schedules?
3. Briefly describe the onboard process for new vendors/contractors:
4. Describe how the Participant qualifies its Subcontractors:
5. Do you have a Vendor Management Policy?
(Provide copy of VMP)

INFORMATION SECURITY

1. Does the Participant have a formal Information Security Program?
(Provide a copy of the Information Security Program Guide and Information Security Policy)
2. How often are the Participant's information security policies, standards and procedures reviewed/updated?
3. Does the Participant have a policy regarding access to its computer-based information systems or applications?
(Provide a copy of the User Access Policy)
4. Does the Participant have a policy regarding remote access to its network?
(Provide a copy of the Remote Access Policy)
5. Do Third-Parties have access to the Participant's computer-based information systems or applications?
6. If yes, how is Third-Party access controlled and/or monitored?
(Provide a copy of the Third Party Network Access Policy)
7. Does the Participant have a policy that governs mobile media devices?
(Provide a copy of the Mobile Media Policy)
8. Does the Service Provider require password protection for its case management systems, applications and Client information?
9. If yes, briefly describe the Service Provider's password policy.
(Provide a copy of the Password Policy)
10. How does the Participant remove data from its systems?
11. Does the Participant have firewall protections?
12. Does the Participant have anti-virus protection on its systems?
13. Does the Participant have wireless regulations?
14. If yes, how often are these regulations reviewed/updated?
15. Does the Service Provider utilize a Third-Party data center?
16. If yes, please identify the Participant's current provider and location of the Third-Party data center: