



**MASS TORTS**  
VENDOR ASSOCIATION



## Mass Torts Vendor Association Gold Audit Member Application and Questionnaire

The Gold Audit process utilizes a gathering of more detailed information and results in a high level of scrutiny for each applicant.

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Name

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Address

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Address

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City

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State

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Zip Code

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Phone Number

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Website Address

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Main Contact

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Email Address

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MTVA Vendor Category

By completing and submitting this application, The MTVA Member "Company" above confirms and agrees to the following:

1. The process to become a Gold Audit Member of the MTVA requires the Applicant to:
  - a. execute a Non-Disclosure and Hold Harmless Agreement
  - b. complete this questionnaire and fulfill all the requirements indicated
  - c. agrees to a third-party due diligence inquiry
  - d. secure the law firm testimonials required
2. The Applicant supplying the information requested in this questionnaire states that the information provided by the Applicant is true and correct to the best of the Applicant's knowledge and belief.
3. Applicant understands that the application and evaluation process may take up to 90 days to complete, the company must fulfill all the requirements indicated and the application may not be accepted.

4. The fee to apply to become a Gold Audit Member of the MTVA is \$750 (if you are already a member in good standing and have paid the annual membership fee of \$2,500) for Year One and is non-refundable regardless of whether the application is accepted or not. If you are applying to become a member and want to pursue the Gold Member Audit – the total year one cost is \$3,250.
5. For years 2, 3, 4 and 5 the Gold Audit Member status may be sustained for \$250 each year along with a letter certifying no substantive changes or problems have occurred or exist within or to the business since the original application was submitted.
6. There are category specific requirements that must be met as part of this process.
7. Once the process is complete the company will be notified as to whether (or not) they have passed the Gold Audit and are a confirmed Gold Audit Member of the MTVA.
8. The decision on Gold Audit Membership is final and not subject to appeal or review.

## Applicant Questionnaire

Where Y/N is an option – when you click on your selection, a check mark will appear over the letter indicating this is your choice.

### A. Detailed Company Identity Information

- Company Legal Name: \_\_\_\_\_
- Date Formed: \_\_\_\_\_
- Company Federal Employer Identification Number (FEIN): \_\_\_\_\_
- Company Legal Structure (Check One):
  - Sole Proprietorship
  - Partnership
  - Limited Liability Company (LLC)
  - Corporation or S-Corporation
- Does company have a Federal License or Permit? Y/N (if yes attach copy)  
If no, explain: \_\_\_\_\_
- Does company have a State License or Permit? Y/N (if yes attach copy)  
If no, explain: \_\_\_\_\_
- Does company have a business license? Y/N (if yes attach copy)  
If no, explain: \_\_\_\_\_

### B. Operating Procedures, Systems, Structure, etc.

- Describe business enterprise software or business software: \_\_\_\_\_  
\_\_\_\_\_
- Confirm company has an employee handbook Y/N - attach
- Confirm company utilizes an independent CPA – name of CPA: \_\_\_\_\_  
\_\_\_\_\_
- Confirm company has audited or CPA prepared financial statements Y/N  
Name of Auditor or CPA: \_\_\_\_\_
- Data security controls and policies:
  - Data Security Management Controls
    - i. Confirm company has a written policy. Y/N
    - ii. Data Security Operational Controls
      - 1. Confirm company has a periodic staff training system in place. Y/N
    - iii. Data Security Technical Controls
      - 1. Confirm company has security software in place. Y/N
- Litigation disclosure
  - Is the company or any of its principals involved in any lawsuits or litigation claiming company negligence, illegality, or wrongdoing in any way? Y/N IF yes –explain:  
\_\_\_\_\_  
\_\_\_\_\_

### Partner business ownerships

- Confirm the principal owners in this company do not own any other businesses that may create a conflict of interest. Y/N

- Succession plan
  - Confirm the company has a succession plan. Y/N
- Insurance proof
  - Confirm company has business professional liability insurance. Y/N
- Organizational (org) Chart
  - Confirm company has an organizational chart and attach copy. Y/N
- Bankruptcy History
  - Have the principal owners or has the business filed for bankruptcy? Y/N  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - Confirm company agrees to a Third-Party Enhanced Due Diligence non-invasive process conducted by “Refinitiv” (Thomson Reuters) – or a similar company Y/N
- Attorney or Law Firm Testimonials –
  - Company must provide three (3) letters from attorney customers that can provide an accurate opinion regarding the vendor that must include the following:
    - i. Describe historical experience (must be more than 2 years)
    - ii. Have there been any issues and if so, were they resolved quickly and fairly?
    - iii. Description of the quality of service provided overall
    - iv. Attorney’s opinion of the character of the owners and the company
    - v. Other
  - Note a draft example of a testimonial is provided for guidance.
- Category specific requirements:
  - Law Firm Capacity (Financing and Consulting):
    - i. Provide written confirmation of access to capital by vendor’s funding partners.
    - ii. Confirm your company has not had any FINRA (Financial Industry Regulatory Authority) or other regulatory complaints in the past 2 years Y/N
      1. If you experienced complaints but they were resolved in a satisfactory manner, please provide written explanation on your letterhead and a written satisfactory resolution from the regulatory agency.
  - Case Origination (Law Firm Marketing):
    - i. Confirm your company does not Sell Dockets, Cases, or Clients in any form Y/N
    - ii. Confirm that your company is actively engaged in the business and is not a shell corporation for a single client or entity Y/N
  - Client Logistics (Intake, Evaluation, Information Management):
    - i. Confirm your company is not in violation of any and follows all TCPA (Telephone Consumer Protection Act) regulations and guidelines Y/N
    - ii. Confirm your company has a Quality Assurance Protocol and an ongoing Training Program in place and functioning Y/N
  - Case Preparation (Trial Support, Record Retrieval):
    - i. Confirm you have a successful track record with two firms within your specific core business and are willing offer them as a reference. Y/N Names: \_\_\_\_\_  
\_\_\_\_\_
    - ii. Confirm you are currently providing your core service to at least four separate law firms. Y/N
  - Settlement Services:
    - i. Confirm your company has readily available metrics (providing transparency) to share with customers Y/N
    - ii. Confirm you provide your customers direct access to systems for the purpose of transparency and sharing information Y/N

*(Signature and affirmation on following page)*



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I, \_\_\_\_\_, as \_\_\_\_\_ of the Applicant, (company name), hereby certify that all of the above and foregoing statements are true and correct based on my knowledge, information and belief.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Position with Applicant

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, a Notary Public in and for said State and County, do hereby certify that \_\_\_\_\_, did on this date personally appear before me and after being known to me or made known to me and being by me first duly sworn, executed the Mass Tort Vendor Association Gold Audit Member Application and Questionnaire and does acknowledge that the information provided by the Applicant is true and correct to the best of his/her and the Applicant's knowledge and belief.

In Witness Whereof I have hereunto set my hand and seal on this the \_\_\_\_\_ day of \_\_\_\_\_ 2020.

\_\_\_\_\_  
 Notary Public

My Commission Expires: \_\_\_\_\_



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*HOLD HARMLESS/INDEMNIFICATION. In consideration for membership or continued membership in the Mass Torts Vendor Association and other good and valuable consideration, the Applicant agrees to waive, release, indemnify and hold harmless Mass Torts Vendor Association, its members, affiliates and service providers, from and against any and all actions or causes of action, liabilities, obligations, losses, claims, demands, judgments, damages, costs, charges, and other expenses of every kind and character whatsoever arising out of or in any way related to the MTVA Gold Audit Member status application and decision. This is intended to be construed and interpreted as broadly as possible and includes but is not limited to any act, error, or omission arising out of or in any way related to the MTVA Gold Audit Member application, the Gold Audit Member application process and decision, and MTVA Gold Member status.*

\_\_\_\_\_  
 Signature of Representative of Applicant

\_\_\_\_\_  
 Date

*CONFIDENTIALITY. MTVA and Applicant acknowledge that in the course of the MTVA Gold Audit Member application process each may obtain confidential information regarding the other's business. MTVA and Applicant agree to treat all such information as confidential and to take all reasonable precautions against disclosure of such information to unauthorized third parties during and after the application process. Upon request by an owner of such confidential information, all documents relating to the confidential information will be returned to such owner. Subject to clauses (i), (ii) and (iii) below, MTVA and Applicant shall treat as strictly confidential all information received or obtained.*

*Each Party may disclose information which would otherwise be confidential if and to the extent:*

- (i) required by the law of any relevant jurisdiction;*
- (ii) the information has come into the public domain through no fault of that Party; or*
- (iii) the other Party has given prior written approval to the disclosure, provided that any such information disclosed shall be disclosed only after consultation with and notice to the other Party.*

\_\_\_\_\_  
 Signature of Representative of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Representative of MTVA

\_\_\_\_\_  
 Date



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## LAW FIRM / ATTORNEY TESTIMONIAL

Date:

To: The Mass Torts Vendor Association – Gold Audit Membership  
Attn: Mr. Trevor Goins  
430 West Main Street  
Dothan, AL 36301

From: Attorney Name  
Firm Name  
Firm Address

Subject: Testimonial for ... Vendor Name

I am pleased to be involved in providing a testimonial for (Vendor Name) and confirm I have been conducting business with them for XX years (must be more than 2 years). I had XX number of issues with them over the span of our relationship and in every case the issues were resolved to our satisfaction in a timely manner.

(Vendor Name) has provided (description of the service level you have received... for example exemplary, excellent, fine, standard) to our firm and I find them to be one of the very best in their field.

I find the character and of the owners (or leadership) to be (description of the owner's character).

Any other pertinent comments...

It is without hesitation I confirm my experience with (vendor Name) and the services they provide to be of the highest caliber.

Sincerely,

Attorney.