



TITLE AGENTS PROFESSIONAL LIABILITY INSURANCE

APPLICATION FOR CLAIMS-MADE AND REPORTED PROFESSIONAL LIABILITY INSURANCE POLICY, LIMITED TO ONLY THOSE CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE INSURER DURING THE POLICY PERIOD OR AN EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF INSURANCE WILL BE REDUCED BY PAYMENT OF CLAIMS EXPENSES AND DAMAGES.

It is agreed that in granting coverage under this Policy, the Insurer has relied upon the information and materials described below and any other material submitted by the Applicant in connection with the underwriting of this Policy.

A. BASIC INFORMATION

- 1. Applicant/Company Name:
2. Contact Person & Title:
3. Email Address: Website Address:
4. Street Address:
5. City, State, Zip:
6. Mailing Address (if different):
7. Telephone Number: Fax Number:
8. Year Established:
9. Applicant Type: Individual Partnership Corporation LLC Other (Explain):
10. Please list addresses of all branch offices: (Use a separate sheet, if necessary) Check if N/A

B. GENERAL INFORMATION ABOUT YOU

- 11. Does any person or entity with any equity or ownership interest in the Applicant Company also own, control, manage, or operate a law firm, real estate agency, real estate development, or investment firm, construction firm, mortgage or financial institution, title insurance underwriting company, or another title insurance agency? If YES, please provide an explanation:
12. In the past FIVE (5) years, has the name of the Applicant been changed, or has any other business been purchased, merged, or consolidated with the Applicant? If YES, please provide an explanation:



TITLE AGENTS PROFESSIONAL LIABILITY INSURANCE

13. Please provide the ownership structure and the respective percentage of ownership:

	Name	Ownership Percentage	Active in this Operation?			
a.		%	<input type="radio"/>	Yes	<input type="radio"/>	No
b.		%	<input type="radio"/>	Yes	<input type="radio"/>	No
c.		%	<input type="radio"/>	Yes	<input type="radio"/>	No
d.		%	<input type="radio"/>	Yes	<input type="radio"/>	No

14. Please list the states where the Applicant performs professional services:

a. Have you ever performed any title services on properties located outside of the United States? If **YES**, please provide an explanation: Yes No

15. Please detail the following for all officers, directors, partners and professional employees. Check all boxes that apply for each. (Use a separate sheet if necessary.)

NAME	TITLE AGENT	ABSTRACTOR /SEARCHER	LAWYER	CLOSING/ ESCROW AGENT	OTHER (SPECIFY)	YEARS OF EXPERIENCE

a. Total Number of Personnel: _____

16. Please detail your annual gross income. (If new in business, project first year gross income)

a. Revenue for LAST 12 months: \$ _____

b. Projected revenue for NEXT 12 months: \$ _____

17. Please detail the percentage of annual gross income and the average number of monthly transactions from the following professional services:

		Percentage of Annual Gross Income	Average Number of Monthly Transactions
a.	Title Agent Commissions	%	
b.	Abstractor/Searcher	%	
c.	Escrow/Closing/Settlement Fees	%	
d.	Witness Closer/Signing Agent	%	
e.	Other (specify)	%	
	Must TOTAL	100.0 %	



TITLE AGENTS PROFESSIONAL LIABILITY INSURANCE

18. Please detail total estimated gross income percentage by type of services performed.

a.	Residential	%	e.	Mining/Minerals	%
b.	Commercial	%	f.	Other (specify)	%
c.	Agricultural	%	g.	Other (specify)	%
d.	Oil/Gas	%	Must TOTAL		100.0 %

19. Estimate the percentage of business derived from the following types of clients:

a.	Title Companies	%	e.	Attorneys	%
b.	Real Estate Agents	%	f.	Other (specify)	%
c.	Builders/Developers	%	g.	Other (specify)	%
d.	Banks/ Mortgage Companies	%	Must TOTAL		100.0 %

20. Do your two largest clients make up more than 50% of your business?
If **YES**, what percentage of your gross annual revenues comes from each of the following clients? In what business or industry are the clients engaged?

Yes No

21. Please list the premium volume percentages remitted for all title underwriting companies represented. Select **N/A** if not applicable. N/A

Title Insurance Company	% of Prem. Volume
a. _____	_____ %
b. _____	_____ %
c. _____	_____ %

22. Has any TITLE underwriting company cancelled or non-renewed their contract with the applicant other than for low remittance? If **YES**, please list the company, reason, and year for each.

N/A Yes No

23. Are you ALTA Best Practices Certified? If **YES**, please provide date of certification.

Yes No

24. Does your organization have a Marketing Services Agreement (MSA) or contract under which marketing services are performed, currently in place with one or more business partners? If **YES**:

a. Are the agreements in compliance with RESPA? Yes No

TITLE AGENTS PROFESSIONAL LIABILITY INSURANCE

- b. Do you provide ongoing training for current regulation compliance?
If **NO**, please provide an explanation: Yes No

C. ABSTRACT/SEARCHING SERVICES

25. Who performs the applicant's title searches?

a.	Applicant Firm	%
b.	Independent Contractors	%
c.	Title Underwriting Companies	%
d.	Other: (specify)	%
Must TOTAL		100.0 %

26. Please confirm the standard number of years searched on each search request: _____ years

- a. If less than 40 years, does applicant receive written confirmation from the client the number of years required for each search? If **NO**, provide explanation: Yes No

- b. Does applicant perform a post-closing title search to ensure that all filings have been officially recorded and appear in the public record? Yes No

- c. If you use Independent contractors to perform title searching services on your behalf, do you require they carry and maintain their own Errors and Omission insurance coverage? If **NO**, please provide explanation why do you do not require? Yes No

- d. Do you collect updated annual certificates of insurance or updated carrier declaration pages from all of your independent searchers? Yes No

D. ESCROW/CLOSINGS/SETTLEMENTS

We do not perform these services:

27. Who performs Applicant's escrow/closings/settlements?

Category	Percentage of Total Business
Applicant Firm	%
Managed Disbursement Systems	%
Title Underwriting Company	%
Other	%
Must TOTAL 100.0 %	

28. Do you require written closing instructions for every closing/settlement? Yes No



TITLE AGENTS PROFESSIONAL LIABILITY INSURANCE

29. Do you require signatures on any changes to a closing/settlement? Yes No
30. Do you use software for all escrow, closing or settlement activities? Yes No
31. Do you permit independently contacted witness closers, signing agents, mobile closers, or notary closers to disburse funds. If **YES**, please provide the details:

- a. Do you require they carry their own errors and omission coverage? Yes No
32. Do you obtain a "gap" or "date shown" search on the chain of title and any liens prior to closing? Yes No
33. Do you ever close without title insurance or title opinion? If **YES**, please provide explanation: Yes No

34. Do you perform 1031 tax deferred real estate exchanges? If **YES**: Yes No
- a. As Escrow/Closing/Settlement agent? Yes No
- b. As Intermediary/Accommodator? Yes No
If **YES**, what percentage of total escrow fees? _____ %

35. During the past two years, what percentage of your gross revenues are derived from disbursement of funds for construction escrow: _____ % N/A

E. CURRENT INSURANCE INFORMATION

36. Do you currently have Errors and Omissions Insurance? Yes No
If **YES**, please provide current and prior coverage information for the last three (3) years:

Insurance Company	Limits of Liability	Deductible	Premium	Policy Period

- a. What is the **RETROACTIVE/PRIOR ACTS COVERAGE DATE** of expiring policy? _____
- b. **PLEASE ATTACH A COPY** of the expiring **DECLARATIONS PAGE** showing the retroactive date.



TITLE AGENTS PROFESSIONAL LIABILITY INSURANCE

F. LOSS/CLAIM INFORMATION

37. In the past five (5) years, has any application for this type of insurance completed by the Applicant or any other predecessor in business been cancelled or non-renewed? Yes No
If **YES**, please explain (use a separate sheet if necessary):
**Not applicable in Missouri*

38. Has the Applicant or any other proposed Insured been involved in or have any knowledge of any disciplinary or investigative proceedings as a result of professional services? If **YES**, please provide explanation (use a separate sheet if necessary): Yes No

39. Has any person at the Applicant company ever had any professional or business license of any kind suspended or revoked? If **YES**, please provide explanation: Yes No

40. In the past five (5) years, has the applicant or any of their past or present owners, officers, or partners, given notice of any claim, suit, circumstance, or potential claim to any professional liability insurer? **If YES, please complete the attached Claim/Incident/Circumstance Information Sheet for EACH claim.** Yes No

41. Is the Applicant or any other person proposed for insurance aware of any incident or circumstance, which MAY RESULT in a CLAIM being made against the Applicant or any past or present owners, partners, officers, directors, employees, or predecessors in business that have not been reported to your professional liability insurance carrier? **If YES, please complete the attached Claim/Incident/Circumstance Information Sheet for EACH incident or circumstance.** Yes No

PLEASE BE ADVISED THAT ANY PROCEEDINGS, CLAIMS, INCIDENTS AND/OR CIRCUMSTANCES IDENTIFIED IN RESPONSES TO QUESTION NUMBER(S) 37, AND/OR 38 WILL BE EXCLUDED FROM ANY COVERAGE RESULTING FROM THIS APPLICATION.



TITLE AGENTS PROFESSIONAL LIABILITY INSURANCE

Limit of Liability requested: check all that apply

Deductible requested: check all that apply

\$250,000/\$500,000

\$2,500

\$500,000/\$500,000

\$5,000

\$500,000/\$1M

\$10,000

\$1M/\$1M

\$15,000

\$1M/\$2M

\$25,000

\$2M/2M

\$50,000

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

This applicant declares that the information contained in this application is true and that no material facts have been suppressed or misstated. The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations. This applicant understands that incorrect information could void coverage.

Name:
(printed) _____

Title: _____

Signed: _____
(Must be signed by Owner, Partner, or Senior Officer)

Date: _____

TITLE AGENTS PROFESSIONAL LIABILITY INSURANCE

ALL STATES (UNLESS A STATE-SPECIFIC FRAUD WARNING APPLIES)

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

STATE-SPECIFIC

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO CALIFORNIA APPLICANTS: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE INSURANCE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.