



Title Insurance Agency Supplement

Applicant: _____

APPLICANT'S INSTRUCTIONS:

This form is to be completed by the Applicant. If the space provided is insufficient to answer any question fully, please attach a separate sheet. Answer all questions completely and accurately.

1. TITLE INSURANCE AGENCY:

Name & Address:	Date of Establishment:
	Type of legal entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP

2. Is the title insurance agency wholly-owned by the Applicant or members of the Applicant? YES NO

If "No," please provide names of owners and percent of ownership on a separate sheet.

3. Does any person or entity with any ownership interest in the title insurance agency also own, control, or operate any title insurance carrier, contracting or construction business, financial institution, or real estate development company? YES NO

If "Yes," please provide complete details on a separate sheet.

4. Is the title insurance agency providing services solely to clients of the Applicant? YES NO

If "No," then what percentage of services is:

- Clients of Applicant	_____ %
- Others	_____ %
	Total 100%

5. TITLE INSURANCE AGENCY STAFFING:

a. Indicate the number of employees who are:

Title Insurance Agents	_____
Title Abstractors	_____
Clerical	_____
Other: _____	_____
Total number of employees	_____

b. Indicate the number of employees of the title insurance agency who are NOT considered to be employees of the Applicant: _____

c. TITLE INSURANCE AGENT AND TITLE ABSTRACTOR EXPERIENCE

Name of Each Individual Performing Services as a Title Insurance Agent or Title Abstractor	Indicate Title Insurance Agent, Title Abstractor or Both	License Number and State	# Years of Relevant Experience	Percentage of Time Devoted to Services
				%
				%
				%

6. TITLE INSURANCE CARRIERS REPRESENTED:

Title insurance Carrier	Date First Represented (Year)	Approximate Annual Premium Volume (\$)	Underwriting, Binding and Issuance Authority? <input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Total:\$	

7. TITLE SEARCHING/ABSTRACTING SERVICES:

- a. Approximately how many title searches are performed each year? _____
- b. What percentage is performed by employees? _____%
- c. What percentage is performed by independent contractors? _____%
- d. If independent contractors are used by Applicant, is independent contractor's E&O insurance verified? YES NO

Total 100%

If "Yes," at what minimum limits of liability? \$ _____

8. GROSS ANNUAL REVENUES:

Please indicate the approximate gross annual revenues of the title insurance agency derived from the following sources:

Source	Approximate Annual Gross Revenue, Past Fiscal Year	Projected Annual Gross Revenue, Next Fiscal Year
Title Insurance Commissions	\$	\$
Title Abstracting/Searching Fees	\$	\$
Escrow Fees	\$	\$
Other:	\$	\$
TOTAL:	\$	\$

9. INSURANCE HISTORY:

Please indicate the title insurance agency's professional liability insurance history for the past five (5) years:

Insurance Company	Limit of Liability	Deductible or Retention	Premium	Policy Period	Retro Date
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

10. CLAIMS HISTORY:

- a. Has any title insurance carrier ever made any claim or suit against the Applicant or title agency, or any of the respective predecessors, or any lawyer, partner, officer, director or employee thereof? YES NO
- b. Has any individual performing services as a title insurance agent or title abstractor for title insurance agency ever had any professional or business license of any kind suspended or revoked? YES NO
- c. After diligent inquiry, are you aware of any defect in title that was not reported in a titled insurance policy placed by the title insurance agency? YES NO
- d. Have any claims or suits been made during the past (5) years against the Applicant or title insurance agency, or any of the respective predecessors, or any lawyer, partner, officer, director or employee thereof, with respect to any title insurance policy, or title agent or title abstracting services? YES NO
- e. Is any lawyer, partner, officer, director or employee of the Applicant or title insurance agency aware of any fact, circumstance, situation, act, error or omission which may result in a claim or suit against them, with respect to any title insurance policy, or title agent or title abstracting services? YES NO

If "Yes" to any of the above, please provide complete details on a separate sheet.

WITHOUT LIMITING THE RIGHTS OF THE INSURER, ANY CLAIM, POTENTIAL CLAIM, RELATED CLAIM OR DISCIPLINARY PROCEEDING DISCLOSED OR WHICH SHOULD HAVE BEEN DISCLOSED IN RESPONSE TO QUESTIONS 10(a) – (e) IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, PARTNER, DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES. THE INSURER RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, REPRESENTS AND WARRANTS ON BEHALF OF THE APPLICANT AND ALL PERSONS OR ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF AND AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND ACCURATE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE INSURER, ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE INSURER.

NOTICE TO APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, 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 ANY MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS 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 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 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMING 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 AGENCIES.

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 AND NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO MAINE, 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 COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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 MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 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.

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 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.

NOTICE:

Applicant understands the information submitted herein becomes part of the Applicant's Lawyers Professional Liability Insurance Application or Renewal Application and is subject to the same warranties and conditions.

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

Signature of Owner, Partner or Principal

Date

Print Name

Title

Licensed Agent

License Number