



**INSTRUCTIONS FOR COMPLETING APPLICATION:**

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
2. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach exhibit with the question number.
3. Application must be signed and dated by authorized person.

**Note:** "Gross Income" means all income derived from fees and commissions before split with brokers or sales people and deductions for expenses.

APPLICANT: \_\_\_\_\_

1. In addition to providing professional services as a title insurance agent, does the applicant perform any of the following services?

- Title Abstractor
- Title Searcher
- Escrow Agent

2. List the states where the applicant provides title agent services.

\_\_\_\_\_  
\_\_\_\_\_

3. Are all professional employees and independent contractors providing title agent services legally qualified?

Yes  No

4. Does your state or any state in which title insurance agent services are provided by or on behalf of the applicant have legal qualification requirements?

Yes  No

5. a. Do you provide U.C.C. reports?

Yes  No

b. If yes, do you certify these reports?

Yes  No

6. a. Who performs the title search for title insurance policies issued by the applicant?

- Applicant
- Outside Source

b. If work is performed by Outside Source, please provide the following:

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

Years in abstracting or searching field: \_\_\_\_\_

Does Outside Source carry Errors & Omissions insurance?  Yes  No

Current liability limits carried: \_\_\_\_\_

7. List the title insurance companies the applicant represents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Indicate the gross income from the following services:

<b>Services</b>	<b>Gross Income</b>
Title Agent Services	
Title Abstracting Services	
Escrow Activities	

9. Have any of the applicant's principals, partners, officers, or directors been in the escrow business for at least ten (10) years? If no, please attach a resume for any of the above that provide escrow services.

Yes  No

10. Please indicate:

	<b><u>Prior Year</u></b>	<b><u>Current Year</u></b>	<b><u>Estimated Next Year</u></b>
Volume of Funds Handled			
Number of Accounts			

11. a. Are the applicant's escrow agents required to have a license in any states in which they provide escrow services? If yes, indicate the states in which such licenses are required:

Yes  No

\_\_\_\_\_

b. Has every escrow agent employed by the applicant or performing services on behalf of the applicant as an independent contractor satisfied all licensing requirements?

Yes  No

12. Does the applicant have a cross-checking system to guard against:

a. Incorrectly maintained records of closing transactions?

Yes  No

b. Failure to make proper filings of documents for public record?

Yes  No

c. Improper calculation of tax, insurance or other finance figures?

Yes  No

If additional space is needed, please provide details on a separate attachment.

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

\_\_\_\_\_  
Signature of Owner, Officer or Partner

\_\_\_\_\_  
Print or Type Name and Title

\_\_\_\_\_  
Date (month-day-year)