

APPLICATION
TITLE AGENTS, ABSTRACTORS
AND ESCROW 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.

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.

Applicant Name			
Street Address		Suite	
City	County	State	Zip Code
Date established		Website Address	
Officer designated to receive correspondence and notices from the Insurer:			
Primary Contact Name		Title	
Email	Telephone Number	Fax Number	

CURRENT and PRIOR INSURANCE COVERAGE

Expiration Date	Carrier	Per Claim Limit	Aggregate Limit	Retention	Retroactive Date
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

1. Has the Applicant had any Professional Liability Insurance declined, cancelled or non-renewed within the past three years? Yes No
 If "Yes", provide details:

I. GENERAL INFORMATION

1. Form of business (check one):
 Corporation LLC Partnership Sole Proprietorship / Individual

2. Is the Applicant independently owned and operated? Yes No
 If "No", provide details:

3. Number of Employees:

	Full Time	Part Time	Independent Contractor
Title Agent			
Escrow Agent / Closer			
Abstractor / Searcher			
Notary / Witness			
Other: _____			

4. Subsidiaries for which coverage is desired:

Subsidiary Name	Percent Owned	Acquisition or Formation Date	Services Performed by the Subsidiary
	%		
	%		
	%		

5. Complete the following for each principal, partner, director or officer:

Name	Title / Position	Percent Ownership	License Active?	First Licensed (MM/YY)	Professional Designations	License ever suspended or revoked?
		_____%	<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
		_____%	<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

II. FINANCIAL INFORMATION (in US \$)

1. Annual gross revenue and number of transactions for the Applicant and subsidiaries for the most recent year and estimated for the next 12 months:

	Fiscal Year Ending Ending (mm/yy): _____		Next 12 Months Ending (mm/yy): _____	
	# Transactions	Gross Revenue	# Transactions	Gross Revenue
Title Agent		\$		\$
Escrow / Closing		\$		\$
Abstractor / Searcher		\$		\$
Notary / Witness		\$		\$
1031 exchanges		\$		\$
Flood Zone certifications		\$		\$
U.C.C. reports		\$		\$
Other _____		\$		\$

2. Gross Revenue percentage for the following categories for past 12 months (*Total must equal 100%*):

Agricultural	_____%	Mining	_____%	Other: _____	_____%
Commercial	_____%	Oil / Gas	_____%		
Construction	_____%	Residential	_____%		

3. List the top two Title Underwriters Applicant issues title policies for and the percentage of the Applicant's total revenue:

Title Underwriter	Percent of Applicant's Total Revenue
1.	_____%
2.	_____%

4. Have any contracts with any underwriters been terminated, cancelled or non-renewed in the past three (3) years? Yes No

If "Yes", provide details:

III. OPERATIONAL EXPOSURE

1. Has the Applicant changed the name of the firm, purchased, acquired, been acquired by, merged with or consolidated with any other firm or business in the last five (5) years? Yes No
If "Yes", provide details: _____
2. Are any of the principals or key employees actively involved in any other business or profession not listed on this application? Yes No
If "Yes", provide details: _____
3. a. Does the Applicant engage any independent contractors to perform professional services on behalf of your clients? Yes No
If "Yes", describe services: _____
b. Do you require them to maintain errors and omissions insurance? Yes No
4. Does the Applicant operate outside the USA? Yes No
5. Does the Applicant carry fidelity/crime bond with limits of at least \$1 million? Yes No
6. Does any single client represent 25% or more of the firm's income or listings? Yes No
If "Yes", provide details: _____
7. Does the Applicant verify the legal description on all properties? Yes No
If "No", explain why not: _____
8. If the Applicant performs a title search, do you document and verify all requirements are met prior to issuing a title policy? Yes No
9. Does the Applicant verify the identity of all parties involved in the transaction? Yes No
If "No", explain why not: _____
10. Does the Applicant require written approval or funding number on all settlement or most current HUD-1 statements prior to closing? Yes No
If "No", explain why not: _____
11. Does the Applicant obtain a "gap" or "date shown" search on the chain of title and any liens on the property 24 hours prior to closing? Yes No
If "No", explain why not: _____
12. Does the Applicant perform a "post-closing" title search and/or obtains original filed documents to assure filing was made? Yes No
13. Does the Applicant document and obtain signatures from all parties on any change/deviation to Escrow or Purchase Contracts? Yes No
14. Does the Applicant have policies/procedures to protect against fraud committed by parties involved the transaction? Yes No
15. Does the Applicant use encrypted emails with outside parties? Yes No
16. Does the Applicant confirm written wiring instructions by phone? Yes No
17. Does the Applicant only send wires to an account in the recipient's name? Yes No
18. a. What is the standard number of years searched on each abstract requested? _____
b. If less than 40 years, does the Applicant receive written confirmation from the client on the number of years required for each transaction? Yes No

LOSS INFORMATION

1. During the last five (5) years, has the Applicant, any individual, or any other entity proposed for coverage under this insurance policy had any claims or proceedings arising out of professional services against the Applicant, or any of its principals, partners, owners, officers, directors, employees, managers, managing members, its predecessors, subsidiaries, affiliates, and/or against any other person or organization proposed for this insurance? Yes No
(If "Yes", attach full details.)
2. During the last five (5) years, has the Applicant, any individual, or any other entity proposed for coverage under this insurance policy currently involved in or been a party to, or subject of, any administrative or regulatory proceedings or investigation, civil or criminal charges, hearings, demands or lawsuits? Yes No
(If "Yes", attach full details.)
3. Is the Applicant, any individual, or any other entity proposed for coverage under this insurance policy aware of any fact, circumstance, situation, event, act, error or omission, that could reasonably be expected to give rise to a claim, being made against them under the proposed liability coverage for which the Applicant is applying? Yes No
(If "Yes", attach full details.)
4. Have all claims, lawsuits and demands, or events, situations and circumstances that could reasonably be expected to give rise to a claim, been reported to the Applicant's prior or current insurers? Yes No
(If "Yes", attach full details.)

IT IS AGREED THAT ANY CLAIM BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM, OR IN ANY WAY INVOLVING ANY FACT OR CIRCUMSTANCE SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN QUESTIONS 1. THROUGH 4. ABOVE WILL BE EXCLUDED FROM THE PROPOSED COVERAGE.

READ CAREFULLY

The undersigned, acting on behalf of the Applicant and all proposed insureds, declare that the statements set forth herein are true and accurate and that thorough efforts have been made to obtain sufficient information from each proposed insured in order to facilitate proper and accurate completion of this Application.

The undersigned agree that the Application and all other materials submitted to the insurer are their statements, are incorporated in and constitute a part of the Policy, and shall be deemed attached to the Policy as if physically attached. The undersigned represent that the statements and representations in the Application and all other materials submitted to the insurer shall be deemed material to the acceptance of the risk and that the Policy is issued in reliance upon the truth and accuracy of such statements and representations. It is agreed by the undersigned, this Application, together with any other materials submitted to the insurer, have been completed as respects to the entire Applicant and all proposed insureds.

The undersigned further declare that if any significant change in the condition of the Applicant or proposed insureds is discovered, between the date this Application was signed and the effective date of the policy, which would render the information in this Application inaccurate or incomplete, any such information will immediately be reported in writing to the insurer and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The undersigned and insurer agree that the signing of this application does not bind the undersigned to purchase the insurance.

Signature of President, Chief Executive Officer, Chief Financial Officer, or Managing Partner _____
Date

Print or Type Name _____
Title

Must be signed within 30 days of the proposed effective date.

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 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.