



**TITLE AGENTS/ESCROW AGENTS/ABSTRACTORS
ERRORS & OMISSIONS APPLICATION**

APPLICANT'S INFORMATION:

APPLICANT NAME:			
BUSINESS NAME:			
INSPECTION CONTACT:		PHONE:	
MAILING ADDRESS:			
INSURED ADDRESS:	<input type="checkbox"/> Same as above		
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Municipality <input type="checkbox"/> For Profit <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other: _____			

A. IDENTIFICATION

1. a. Date in which current Firm was established _____
 b. Date present management assumed control _____
2. If the name of the Firm has ever changed, or if there has been a consolidation, dissolution, or change in business structure, please provide a detailed list of each firm in chronological order, indicating the date and nature of each (ie. merger, name change).

Name of Predecessor Firm(s)	Date of Change	Nature of Change

B. COVERAGE REQUEST

1. Requested Effective Date _____
2. Requested Limits:

<input type="checkbox"/> \$100,000/\$300,000	<input type="checkbox"/> \$500,000/\$500,000
<input type="checkbox"/> \$300,000/\$600,000	<input type="checkbox"/> \$1,000,000/\$1,000,000
- Requested Deductible (Per Claim):

<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$10,000
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3. Total gross annual revenues:
 a. Latest Fiscal Year: \$ _____
 b. Projected Next Fiscal Year: \$ _____

C. ELIGIBILITY

1. Please indicate, in percentage form, what source(s) title data is compiled from: **(Must total 100%)**

In House Index _____%	Courthouse Records _____%
Title Insurance Co. Plant _____%	Outside Abstractor/Searcher _____%
Other _____% (please specify): _____	
2. Please indicate in percentage form, who performs the Title Searches for the firm:

<input type="checkbox"/> Firm _____%
<input type="checkbox"/> Outside Source _____% (Please complete the next section for each outside source(s). Use Section E on page 4 if additional space is required)

Outside Source Name _____

Address _____ City _____ State _____ Zip _____

Years Experience in Abstracting/Searching Files _____ Do they carry E & O Insurance? No **Yes**
If "Yes", please complete the following:

Insuring Company _____ Limits of Liability _____

Policy Number _____ Expiration Date _____

3. Indicate the number of staff **ACTIVE** within your firm in the appropriate categories below: **(COUNT EACH PERSON ONLY ONCE)**.
- a. _____ Officers, Owners, Partners, Principals, and Shareholders.
 - b. _____ Full-time professionals including: Abstractors, Accountants, Attorneys, Closers, Directors, Examiners, Managers, Searchers, Supervisors, etc. **(exclude those listed in "a" above)**
 - c. _____ Part-time professionals including: Abstractors, Accountants, Attorneys, Closers, Directors, Examiners, Managers, Searchers, Supervisors, etc. who have worked more than 20 (8 hour) days during the last 12 months. **(exclude those listed in "a" above)**
 - d. _____ Full-time clericals including: Bookkeepers, Disbursers, Marketing Representatives, Processors, Receptionists, Secretaries, Shippers, Typists, Warehouseurs, etc.
 - e. _____ Part-time clericals including: Bookkeepers, Disbursers, Marketing Representatives, Processors, Receptionists, Secretaries, Shippers, Typists, Warehouseurs, etc. who have worked more than 20 (8 hour) days during the last 12 months.

4. For all the agents and abstractors, provide the years of experience for each.

Name	Title	Job Description	Years Experience

5. a. Gross Revenue for the past 12 months:
- | | | | |
|----------------------------|----------|--|----------|
| Title Policy Commissions | \$ _____ | b. Estimated Revenue for the next 12 months: | \$ _____ |
| Escrow/Closing Fees | \$ _____ | | \$ _____ |
| Abstracting/Searching Fees | \$ _____ | | \$ _____ |
| Other _____ | \$ _____ | | \$ _____ |
| (explain) | | | |
| TOTAL | \$ _____ | | \$ _____ |

4. What is the approximate percentage breakdown of your total gross revenues for the last 12 months for the following categories or realstate?

- | | | | |
|--------------------------|---------|---|---------|
| a. Residential | _____ % | d. Oil/Gas | _____ % |
| b. Commercial/Industrial | _____ % | e. Precious Metals/Minerals (ie., coal, gravel, etc.) | _____ % |
| c. Agricultural | _____ % | f. Other (please describe) _____ | _____ % |

5. In what City or County courthouses are you performing searches?

6. Do these courthouses have computer, hand written or both recording systems?

7. Are the courthouses you are searching current in recording liens, mortgages, judgements, etc.? No Yes
If "NO," what is the average delay in recording new items?

8. What are your procedures if a courthouse is not current in recording new items?

9. List the Title Underwriters the firm represents:

10. List the States and Counties where the firm conducts business:

11. Does any Title Insurance Company, or any other entity, have ownership interest in the firm or vice versa? No Yes
If "YES," please explain relationship between entities and include percentage owned:

12. Is the entity in #13 above active in management of the firm? **If "YES," please explain:** No Yes

13. Does any one client represent 50% or more of the firm's gross income? **If "YES," please provide name of client, percentage of income, and relationship between entities:** No Yes

14. Has the firm or any owner, partner, shareholder, principal, officer or employee ever had an agency appointment denied, cancelled or non-renewed? **If "YES", please explain:** No Yes

17. Is any owner, partner, shareholder, principal, officer or employee involved in any other business or Entity on either a part-time or full-time basis? **If "YES," explain activity and include hours per week and income in area provided in section E.** No Yes

D. PRIOR EXPERIENCE

1. Has the firm or any member of the firm ever had an insurance company decline, cancel, refuse to renew or accept only on special terms, any professional liability or errors and omissions insurance? No Yes
If "YES," please explain: _____

2. Has the firm or any member of the firm ever been subject to disciplinary action by a state licensing Agency or other regulatory body, or has any member of the firm ever been charged with any felony or misdemeanor? **If "YES," please explain:** No Yes

3. Have any claims or suits involving services rendered as a Title Agent, Escrow Agent and/or Abstractor No Yes or other professional services been made during the past ten (10) years against(a) the firm or a predecessor in business, (b) any owner, partner, shareholder, principal, officer or employee, or (c) any independent contractor or outside source? **If "YES," number of claims _____, please complete a separate "Supplemental Claim Information Form" for each claim.**
4. Having inquired of all owners, partners, shareholders, principals, officers, employees, independent contractors and outside sources, are there facts or circumstances of which the firm is aware may result in a claim being made against the firm, its predecessors, or past or present owners, partners, shareholders, principals, officers, employees, independent contractors or outside sources? No Yes

If "YES" to question 3 or 4 above, please complete the attached supplementary claim form for each claim.

E. SUPPLEMENTAL INFORMATION (use this area to provide additional information; attach a separate sheet if necessary)

Question #	Additional Information

F. SIGNATURES - THIS APPLICATION MUST BE SIGNED BELOW BY ALL OWNERS, PARTNERS AND PRINCIPALS

The firm hereby authorizes the insurance company, its agents and representatives to secure information from its current and previous insurance carriers.

NO INSURANCE SHALL BE GRANTED UNLESS ALL QUESTIONS ARE ANSWERED.

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____



**SUPPLEMENTAL CLAIM INFORMATION
ERRORS & OMISSIONS APPLICATION**

INSTRUCTIONS:

- 1. This form is to be completed when the Applicant has been involved in any claim or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.
- 2. If space is insufficient to answer any questions fully, attach a separate sheet.
- 3. Answer all questions completely. (PLEASE TYPE OR PRINT)

1. Legal name of firm: _____

2. Full name of Individual(s) or firm involved in the claim: _____

3. Full name of Claimant: _____

4. Indicate whether: CLAIM SUIT ACT, ERROR OR OMISSION ONLY (No Claim or Suit)

5. Date and location of alleged act, error or omission: _____

6. Date of claim: _____ Date reported to Insurance Company: _____

7. Additional defendants: _____

8. CLAIM STATUS (check and complete one)

Pending:

Claimant's settlement demand?	\$	_____
Defendant's offer for settlement?	\$	_____
Insurer's loss reserve?	\$	_____

Closed with a payment made by or on behalf of the firm and/or individual(s) listed in questions #2 above:
Total loss paid including deductible(s)? \$ _____ Paid by: _____

Indicate whether: COURT JUDGEMENT (or) OUT OF COURT SETTLEMENT

Date closed: _____

(Please attach a copy of the final order and/or the settlement agreement.)

Closed without payment:
Indicate whether: COURT JUDGEMENT (or) CLAIM DROPPED
(Please attach a copy of the final order if applicable)

9. Name(s) of Insurer(s) responding to this claim or incident. _____

Policy Number: _____

Limits of Liability: _____ Deductible: _____

10. DESCRIPTION OF CLAIM, SUIT OR INCIDENT: _____

A. Description of alleged act, error or omission upon which claim is based: _____

B. Description of the type and extent of injury or damage allegedly sustained: _____

C. Explain what action(s) have been taken to prevent reoccurrence of a similar claim: _____

D. Was Engagement Letter used? No Yes

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.

Signature
(Must be signed by a Principal, Partner
or Officer of the Firm.)

Title

Date