



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

|               |  |
|---------------|--|
| Policy Number |  |
| Named Insured |  |
| Address       |  |

**Services Provided (Check all that apply):**

|                                       |                |                       |        |
|---------------------------------------|----------------|-----------------------|--------|
| Title                                 | Escrow/Closing | Abstracting/Searching | Other: |
| Actual Revenue for latest year        | \$             |                       |        |
| Projected gross revenue for next year | \$             |                       |        |

**Indicate the percentage breakdown of your total gross revenue for the last 12 months for the following categories of real estate:**

|              |   |                          |   |         |   |
|--------------|---|--------------------------|---|---------|---|
| Residential  | % | Commercial/Industrial    | % | Oil/Gas | % |
| Agricultural | % | Precious Metals/Minerals | % | Other:  | % |

**Indicate the number of staff active within your firm in the appropriate categories below:**

|   |   |                                |  |                |  |
|---|---|--------------------------------|--|----------------|--|
| # | a) officers, owners, partners, principals, and shareholders   |                                |  |                |  |
| # | b) full time professionals: abstractors, accountants, attorneys, closers, directors, searchers, examiners |                                |  |                |  |
| # | c) part-time professionals: abstractors, accounts, attorneys, closers, directors, searchers, examiners    |                                |  |                |  |
| # | d) full time clerical staff   |                                |  |                |  |
| # | e) part time clerical staff   |                                |  |                |  |
| # | f) full time independent contractors  | Estimated weekly hours worked: |  | Own Insurance? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| # | g) part time independent contractors  | Estimated weekly hours worked: |  | Own Insurance? | <input type="checkbox"/> yes <input type="checkbox"/> no |

**Percentage of what source(s) title data is compiled from:**

|                             |   |                    |   |
|-----------------------------|---|--------------------|---|
| Courthouse Records          | % | Title Ins Co Plant | % |
| Outside abstractor/searcher | % | Other              | % |

Has there been any incident in the last 12 months that may give rise to a claim in the future?  No  Yes

**If 'YES', complete below:**

|      |                          |
|------|--------------------------|
| Date | Details of the incident: |
|      |                          |
|      |                          |
|      |                          |

*Please provide details on any claims, or changes in claims, reported to prior insurers. If necessary, use additional pages to complete claims information.*

**NOTICE TO THE APPLICANT**

A 25% Minimum Earned Premium will be charged on cancellations made at the insured's request, including non-payment cancellations (except in Florida) 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.

REPRESENTATION: The Firm represents that the information contained herein is true and that it shall be the basis of the policy of Insurance and deemed incorporated therein, should the company/underwriter evidence its acceptance of this application by issuance of a policy. The Firm further represents that it has not withheld any information, which is reasonably likely to influence the judgement of the company/underwriter considering this application. If the Firm further understands that its failure to disclose any information in its possession regarding possible acts, errors or omissions which may lead to a claim will relieve the insurance company of any obligation under the policy. The Firm further understands that if the initial premium payment to the company is returned for insufficient or nonsufficient funds, coverage will be voided from the inception of the policy.

Applicant's Name & Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_