

APPLICATION FOR TITLE AGENTS, ABSTRACTORS AND ESCROW AGENTS – ERRORS AND OMISSIONS COVERAGE

Notice: This is an application for a claims-made policy. If a policy is issued, please review the policy carefully and discuss the coverage with your agent or broker.

1. Name _____
Include all firm names, trade names or DBAs under which you operate.

2. Address _____
Street Suite No.

City County State ZIP

Telephone Facsimile

3. Branch Locations (if any) _____

4. Year Agency Established _____ Year Present Management Assumed Control _____

5. Type of Business: Corporation (List officers and ownership percentage) _____

 Partnership (List partners and ownership percentage) _____

 Sole Proprietorship – Owner _____
 Other (explain) _____

6. Has the name or structure of your firm ever changed, or has there been an acquisition, consolidation, merger, dissolution, reconstitution or any other change? Yes No *If yes, provide details.*

7. a. Are you controlled, owned or managed by any other entity or operation? Yes No

b. Do you, or any partner, officer, director or employee control, own or manage any of the following types of operations?

	Yes	No		Yes	No	
Title Insurance Underwriter	<input type="checkbox"/>	<input type="checkbox"/>	If yes to any of these, are they:			
Real Estate Agency	<input type="checkbox"/>	<input type="checkbox"/>		1) Involved in the management of your firm?	<input type="checkbox"/>	<input type="checkbox"/>
Law Firm	<input type="checkbox"/>	<input type="checkbox"/>		2) Sharing office space with your firm?	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe below)	<input type="checkbox"/>	<input type="checkbox"/>		3) Interchanging staff with your firm?	<input type="checkbox"/>	<input type="checkbox"/>

If yes to 7a. or 7b., provide explanation, including names and ownership percentage. _____

c. Are you involved in providing any other professional services that are not already described above?
 Yes No *If yes, provide details.* _____

8. Estimate the percentage of your business as:

	Title Agent _____ %
*Closing and Escrow Agent Supplement	*Closing/Escrow Agent _____ %
Application must be completed if you provide any of these services.	Title Abstractor/Searcher _____ %
	THE ABOVE MUST TOTAL 100%

9. Provide the TOTAL GROSS INCOME from the title-related operations listed above for the time periods specified. Include all closing/escrow fees applicable. Financial statements may be requested.

Actual gross income from prior year: _____
 Estimated gross income for current year: _____

10. a. Estimate the percentage of total gross income generated in the following areas:

Residential _____ %
 Commercial _____ %
 Other (describe) _____ % TOTAL 100%

b. Estimate the percentage of total gross income generated in the following areas:

Oil & Gas _____ % Metal & Mineral _____ % Developers & Builders _____ %

c. In areas requiring special expertise such as complex commercial, oil/gas or metals/minerals, do you have qualified staff and/or do you consult with your title underwriter(s)? Explain procedures.

11. a. Complete the following with a list of officers, directors, partners, and professional employees, indicating job description and the number of years of experience in the title industry. If less than 3 years, please send resumes.

Name	CHECK ALL THAT APPLY					# Years Exp.
	Title Agent	Abstractor	Lawyer	Closing/ Escrow Agent*	Other	

*Complete the closing and escrow agent supplement if any closing and/or escrow services are provided.

b. Total number of other employees (clerical, accounting etc.) _____

c. Of the above, who performs title opinions for closings when title insurance is not the end product?

d. Who determines "insurability of title"? _____

e. Does any owner, officer or employee of yours have a financial interest in any of the properties that you perform title agent services for? Yes No **NOTE: This activity is excluded.**

12. If licensing is required, are you and all appropriate individuals properly licensed? Yes No

13. a. Do you have standard, written procedures for all professional staff to follow? Yes No

b. Do these written procedures include a checklist? Yes No

If not, describe on a separate sheet of paper what procedures you have in place to determine liens, confirm pay off amounts, confirm payment and release of liens and mortgages, etc. *Please attach copies of all written procedures and checklists.*

14. List states and counties where you conduct title business. _____

15. List title insurance companies you represent and percentages of total premium written (**No abbreviations**):

Company	%

Attach copies of all agency contracts

THE ABOVE MUST TOTAL 100%

16. Has a title company ever canceled or nonrenewed their agency contract with you? Yes No
 If yes, explain. _____

17. Who performs your title searches? Applicant Firm _____ %
 Independent Contractor _____ %
 THE ABOVE MUST TOTAL 100%.

Independent Contractor Name _____
 Address _____
 Years in Business _____ Do they carry E&O? Yes No
 Name of Carrier _____

	Yes	No	
18. a. Do you maintain an in-house title plant?	<input type="checkbox"/>	<input type="checkbox"/>	
Grantor/Grantee Index?	<input type="checkbox"/>	<input type="checkbox"/>	
Is it maintained using software you designed?	<input type="checkbox"/>	<input type="checkbox"/>	
Using shared/purchased software?	<input type="checkbox"/>	<input type="checkbox"/>	
b. If an in-house plant is not maintained, from what source is data compiled?	Yes	No	
Courthouse records	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Title Company Plant	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Independent Searcher	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
	THE ABOVE MUST TOTAL 100%.		

19. Indicate all sources of training for your employees:
 a. ALTA or LTI Courses "On the Job" CLS Course
 Title Industry Schools Seminars Other _____
 b. Is all professional staff aware of the codes and standards of the industry? Yes No

20. Are you a member of ALTA (state or national)? Yes No

21. Have you ever carried Errors and Omissions insurance in the past? Yes No
 If yes, provide the following information:

Coverage Dates	Carrier	Limits	Deductible	Premium

What is the retroactive/prior acts date of your expiring policy? _____
 Since what date have you carried continuous coverage? _____

22. **(Missouri applicants are not required to answer this question.)**
 Has any application for insurance by you or any of your predecessors in business been declined or canceled, or renewal of such insurance refused? Yes No
 If yes, explain. _____

23. Do you carry any of the following types of insurance:

Coverage	Circle YES or NO		Carrier	Limits	Effective
Employee Dishonesty/Fidelity Bond	Yes	No			
General Liability	Yes	No			
E&O for services listed in Question 7c.	Yes	No			

24. Have any claims been made in the past 5 years against you, your predecessors in business, or any of the past or present partners, officers, directors, or employees? Yes No

If yes, the Supplemental Claim form must be completed.

25. Do you or any of the partners, officers, directors, or employees know of any circumstances, acts, errors or omissions, that could result in a claim against you, your predecessors in business, or any of the past or present partners, officers, directors, or employees? Yes No

If yes, the Supplemental Claim form must be completed.

Have these circumstances, acts, errors or omissions been reported to your current or past professional liability carrier? Yes No

26. Have you, any of your employees or any other person proposed for insurance, ever been subject to disciplinary action by a state licensing agency or other regulatory body? Yes No

If yes, provide explanation on a separate sheet.

DESIRED TERMS AND CONDITIONS

Limit of liability desired: \$100,000/\$200,000 \$500,000/\$1,000,000 Other _____
 \$250,000/\$500,000 \$1,000,000/\$2,000,000 *Higher limits available on request.*

Deductible desired: \$2,500 \$7,500 \$15,000 Other _____
 \$5,000 \$10,000 \$25,000
*Aggregate deductible of three times the per claim deductible.
Higher deductibles available on request.*

Proposed effective date: _____ Proposed retroactive date: _____
(The policy term will be one year unless otherwise specified.)

FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Completion and submission of this application does not bind the company to complete the insurance. No coverage will be effected until receipt of written instructions and premium payment.

Signature of Applicant Title Date

Signature of Broker Date

Broker Name and Address

Signature of Company Appointed Agent Date

9. How often are escrow accounts balanced? _____
How do you reconcile shortages? _____

10. Do you perform or handle any tax-deferred real estate exchanges? Yes No
If yes:

- a. How many tax-deferred real estate exchanges are performed per year? _____
- b. Are tax-deferred real estate exchange services limited to the duties of an escrow/closing agent, or are you acting as a tax-deferred real estate exchange specialist independent of escrow/closing services?

State of Washington Escrow Agents only.

List the Limited Practice Officers below (attach resumes)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____

It is understood that this supplement becomes a part of the general application for Errors and Omissions Coverage.

Date Signature

Title

Attach a copy of any preprinted escrow agreements and instruction forms and a copy of your escrow license.

State of _____