

**APPLICATION FOR
TITLE ABTRACTOR'S AND/OR TITLE
INSURANCE AGENT'S
PROFESSIONAL LIABILITY
INSURANCE
(CLAIMS-MADE FORM)**

CA

1. NAME OF APPLICANT: _____
(If other than parent firm, supply full details of ownership entity)

2. MAILING ADDRESS: _____ Phone No. _____
(If multiple name and locations, please attach list)

3. DATE ESTABLISHED _____ Corporation _____ Partnership _____ Individual _____

4. Is the firm owned or controlled by any title insurance company, or engaged in, owned by, associated with or controlled by any other business? _____ If yes, give details _____

5. Give E & O coverage for last three years for the firm:

Carrier	Limit	Deductible	Expiration: Month/Day/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Has any application for similar insurance on behalf of the firm, or any of its partners, executive officers or directors, or to the knowledge of the named firm, on behalf of its predecessors in business ever been declined, cancelled or renewal refused? _____ If yes, explain in detail _____

7. Have any claims been made during the past five years against the firm, their predecessors in business or any of the present partners or to the knowledge of the firm against any past partner? Yes _____ No _____ If yes, please give the following information on each claim (by separate attachment if necessary).

Date of Loss _____ Name of claimant _____
Amount of claim _____ Brief narrative of circumstance _____

Present status or amount paid and by whom _____

8. Is the firm aware of any circumstances which may result in any claim being made against the firm, their predecessors in business or any of the present or past partners? Yes _____ No _____ . If yes, please give full particulars.

Date of Loss _____ Name of possible claimant _____
Possible amount _____ Brief narrative of circumstance _____

9. To what professional associations does the firm or its partners or officers belong?

10. Please show the total gross receipts for the last fiscal year:

(a) From Title Insurance \$ _____ ; (b) From Abstract or Title Searches .. \$ _____ .

11. For the last fiscal year, please show the total number of:

(a) Abstracts or title searches performed ; (b) Title opinions rendered ;

(c) Title insurance policies issued _____ .

12. DECLARATION OF STAFF

(a) Total number of Owners, Officers or Partners:

(b) Total number of Clerical Employees:

(c) Total number of employees, other than those included in (a) who perform professional duties:

The annual premium is based on total staff. Please distribute your staff to the department in which they are primarily involved. COUNT EACH PERSON ONLY ONCE! Include all part-time staff members TOTAL STAFF _____

ABTRACTOR'S & TITLE SEARCHERS:

13. List the states (including the counties thereof) in which you prepare abstracts or make title searches: _____

14. Does your state(s) have legal qualifications for abstractors and/or title searchers? Yes _____ No _____ How many of your staff meet these qualifications? _____ .

15. Do you compile data: Yes No

(a) Direct from courthouse records _____

(b) From an independent set of abstract books and tract indexes _____

16. Do you use data processing to retrieve information? Yes _____ No _____ . If yes, describe fully.

17. Give names of owners, officers, directors or partners, and key employees **actually engaged** in business, their respective titles and their years of experience in the abstracting field:

<u>NAME</u>	<u>TITLE</u>	<u>YRS. AS ABTRACTOR OR SEARCHER</u>

18. Give total number of staff **PRINCIPALLY ENGAGED** in indexing, compiling, preparation, typing, or checking of **ABSTRACTS**: _____.

19. Are you required to hold harmless any individual or firm for whom you provide abstract or title search services?
Yes _____ No _____. Is coverage desired for claims arising out of these contractual agreements?
Yes _____ No _____. If yes, supply a complete copy of each such contract, enumerate them below and indicate the percentage of your gross receipts applicable to each contract.

RENDERING TITLE OPINIONS

20. Do you, or your employees, in the course of your business, render opinions as to validity of titles based on your own Abstracts or Title Searches? Yes _____ No _____. On Abstracts or Title Searches of others? Yes _____ No _____.

21. Is coverage desired for claims based upon or arising out of any opinion of title on real estate rendered by the applicant? Yes _____ No _____. If yes, give the names of those staff members who render such opinions and indicate whether or not they are licensed attorneys. If **not** attorneys, indicate years of experience: [Title opinions coverage limited to abstracts and searches by applicant — 5 years minimum experience required for non-attorneys.]

NOTE: The policy does not insure the performance of professional services as an attorney at law.

