



APPLICATION FOR TITLE AGENT PROFESSIONAL LIABILITY COVERAGE

NOTICE: THIS IS A CLAIMS-MADE AND REPORTED FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLUS LINES BASIS.

RATES SHOWN BELOW ARE FOR APPLICANTS POSSESSING THE FOLLOWING RISK CHARACTERISTICS:

- Generates less than \$350,000 in revenues annually
- Less than 50% of total income derived from commercial transactions
- Has an in-force Fidelity Bond or Crime/Employee Dishonesty policy (if escrow coverage required)
- Up to 5% income derived from oil, gas, or precious metal/mineral related transactions
- No E&O claims over past 5 years
- Not domiciled in CA, KY, NC, WA
- **For 100% Abstractors, please complete one of our Abstractor applications.**

NOTE: If you don't meet all the characteristics, please complete our standard application.

DETERMINE FULL AMOUNT DUE* BASED ON DESIRED LIABILITY LIMIT AND APPLICANT'S ANNUAL REVENUES.

Limit of Liability	Deductible **	Retro-Date Inception		Prior Acts Coverage (Proof Req'd)	
		\$200,000 or Less	\$200,001-\$350,000	\$200,000 or Less	\$200,001-\$350,000
\$500,000/\$500,000	\$5,000	<input type="checkbox"/> \$1,450.00	<input type="checkbox"/> \$1,950.00	<input type="checkbox"/> \$1,700.00	<input type="checkbox"/> \$2,300.00
\$1,000,000/\$1,000,000	\$5,000	<input type="checkbox"/> \$1,700.00	<input type="checkbox"/> \$2,300.00	<input type="checkbox"/> \$2,000.00	<input type="checkbox"/> \$2,800.00

*Total Amount Due includes premium and all applicable surplus lines taxes and fees. **Lower deductibles are available (ask for details).

***** EVERY QUESTION BELOW MUST BE ANSWERED. RESPOND "N/A" TO ANY QUESTION THAT DOES NOT APPLY. *****

A Name (as it should appear on the policy) _____

Business Address _____

City _____ State _____ Zip _____

Contact Name _____ Tel (_____) _____

Fax (_____) _____ Email _____ Years in Business _____

Title Companies Represented: _____

B Does the firm use outside sources to perform title searches?..... Yes No
If "Yes", list all outside title search firms used. Attach additional sheet if necessary:

Outside Source Name _____

Business Address _____

City _____ State _____ Zip _____

Years Experience in Abstracting/Searching Files _____

C Do any of the contractors listed in "C" above maintain their own Errors & Omissions insurance?... Yes No
If "Yes", attach proof of insurance.

D FINANCIAL AND BUSINESS INFORMATION

1 Total gross revenue, last 12 months \$ _____

2 Total gross revenue, next 12 months (estimated) \$ _____

3 Show Breakdown (By Category) of Revenue Reported in Question 2 above:

Examiner/Abstracting/Searching Fees \$ _____

Notary/Witness Closing Fees \$ _____

Title Agents or Escrow/Closing Agent Fees \$ _____

Other (describe) _____ \$ _____

D 4 Does the Applicant hold funds in escrow? Yes No

If "Yes", what is the average monthly balance of the Applicant's escrow account? ... \$ _____

5 What is the approximate percentage breakdown of total income for the following categories (Must equal 100%):

Residential _____% Commercial/Industrial _____% Oil/Gas _____% Agricultural _____%
Precious Metals/Minerals (i.e., coal, gravel, etc.) _____% Other (describe): _____%

E PRIOR INSURANCE

1 Does the Applicant currently have Fidelity Bond in place? Yes No

If "Yes", what is the face amount of the Bond? \$ _____

2 Does the Applicant maintain a Crime/Employee Dishonesty policy? Yes No

If "Yes", what is the policy limit? \$ _____ Policy deductible? \$ _____

3 Do you currently have an Errors & Omissions Insurance policy? Yes No

If "Yes", specify carrier: _____ Retroactive Date: _____

4 Has any proposed Insured ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes No

5 Does the person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her? Yes No

If "Yes", please complete a Supplemental Claims Information Form for each.

6 After inquiry have any claims been made against any proposed Insured(s) during the past five (5) years? Yes No

If "Yes", please complete a Supplemental Claims Information Form for each claim.

If the answer to questions E4, E5, or E6 above is "Yes", please explain on a separate sheet.

F Are you currently a member of any land title association? Yes No

If "Yes", please list: _____

PAYMENT A Check For Full Amount Due, Payable to **Fox Point Programs, Inc.**

OPTIONS B Attached Credit Card Authorization Form

Applicant's Authorized Signature _____ Date _____

Must be signed by an Owner, Partner, Director or Officer of the Named Insured. It is agreed the signer has authority to act on behalf of all insureds.

THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.

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 containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.