

Title Agents, Abstractors, and Escrow/Closing Agents Application

1. Contact Information

Name of Applicant: _____
 Street Address: _____
 City, State, ZIP: _____
 Telephone Number: _____ Fax Number: _____
 Web Site Address: _____

2. Applicant is (please check one):

Individual Partnership Corporation LLC

3. Year Established: _____

4. Please list addresses of all branch offices (attach a separate sheet if necessary):

5. Is the applicant controlled by, owned by, or associated with any other organization, or does the applicant own or control any other corporation or company? Yes No
 If yes, please provide details: _____

6. In the past five (5) years has the name of the applicant been changed, or has any other business been purchased, merged, or consolidated with the applicant? Yes No
 If yes, please provide details: _____

7. Please provide the following for all officers, directors, partners, and professional employees:

Name	Title Agent	Abstractor/Searcher	Lawyer	Escrow/Closing Agent	Years of Experience

8. Please provide the total number of employees: _____

9. List the total gross receipts for the past two years. In addition, please list projected receipts for the current year: _____
 Receipts estimated for the upcoming year: _____
 Past Year: _____
 Past Two Years: _____

10. Indicate the percent of total annual receipts derived from the following services:

% Gross Receipts

Title Agent Commissions: _____ %
 Abstractor/Searcher: _____ %
 Escrow/Closing Agent: _____ %
 Fees for Title Opinions: _____ %
 Other; Describe: _____ %
 Total: 100%

11. Please provide total percentage of gross income generated in the following areas:

Type of Client	% of Income	Type of Client	% of Income
Residential:	%	Mining/Minerals:	%
Commercial:	%	Developers & Builders:	%
Agricultural:	%	Other:	%
Oil/Gas:	%	Total:	100%

12. Please list insurance companies you represent and percentages of total premium written (no abbreviations):
 Insurance Company _____ % of Premium Volume

13. Has any Title company cancelled or non-renewed their contract with the applicant? Yes No
 If yes, please provide details: _____

14. Please list the percentage of data compiled for Abstracting/Search:

In House Title Plant:	%	Title Company or Underwriter:	%
Title Plant Maintained by Others:	%	Other:	%
Courthouse Records:	%	Total:	100%

Complete this section only if escrow or closing services are provided.

1. For the past year, indicate the following:

Number of closings/escrows performed: _____

Average value of closing/escrow properties: \$ _____

2. Provide the percent of closing/escrow income derived from the following:

Commercial Loans: _____%

Residential Loans: _____%

Land Loans: _____%

Construction Loans: _____%

Other; Describe: _____%

Total: _____%

3. When providing closing/escrow services, do you:

a. Require a written agreement for every escrow/closing? Yes No

b. Require signatures on any changes to instruction? Yes No

c. Have regular audits conducted by an independent accounting firm? Yes No

d. Have procedures and records audited by a title underwriter? Yes No

e. Require cashiers checks or "good funds" for each escrow/closing? Yes No

f. Do you ever close without title insurance or a title opinion? Yes No

g. Are escrow accounts reconciled monthly? Yes No

h. Hold escrow funds for more than one year? Yes No

4. Do you perform or handle any tax-deferred real estate exchanges? Yes No
5. Do you hire subcontractors? Yes No
- a. What is the percentage of business derived by these subcontractors for each service?
- Witness closers/signers: _____ %
- Escrow/Closing services: _____ %
- Title abstractor/search services: _____ %
- Other; Describe: _____ %
- b. Do you require these subcontractors to maintain their own E&O insurance? Yes No
- c. Do you review the work performed by these subcontractors? Yes No
- d. Do you verify the qualifications of all subcontractors? Yes No
6. Do you currently have Errors & Omissions Insurance? Yes No
- If yes, please provide information for the last three years:

Policy Period	Insurance Company	Limits of Liability	Deductible	Premium

If "Retroactive Date" prior to policy inception is requested, please advise date: _____
Please attach a copy of the expiring Declaration Page showing the retroactive date.

7. Limits of Professional Liability Desired:
 \$100,000 \$300,000 \$500,000 \$500,000/\$1M \$1,000,000
- Deductible Desired:
 \$2,500 \$5,000 \$7,500 \$10,000 Other: _____
8. Has any similar insurance ever been declined or canceled? Yes No
If yes, provide details: _____
9. Have any of the individuals represented ever been the subject of disciplinary action by authorities or professional organization as a result of their professional activities? Yes No
If yes, please explain: _____
10. In the past five (5) years, has any claim been made against the insured or any of their past or present owners, officers, partners, directors, or employees? Yes No
11. Is any person to be insured aware of any incident or circumstance which may result in a claim being made against the insured or any past or present owners, partners, officers, directors, employees, or predecessors in business? Yes No
- If yes, please complete the attached Claim Supplement information sheet for each incident or circumstance.

It is agreed, with respect to questions 23, 24, and 25 above, that if such knowledge or information exists, any claim or action arising there from is excluded from the proposed coverage.

I understand and agree this Application and any and all supplements attached hereto may be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this Application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation, and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to the company providing insurance coverage and ProAssurance Mid-Continent Underwriters, Inc., any documents, records, or other information bearing upon the foregoing.

I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided. Applicant warrants the truth of all answers to the above questions, and that applicant has not withheld any information which is calculated to influence the judgment of the insurance company in considering this application.

Important: This application must be signed by the applicant. Signing this form does NOT bind the Company to complete the insurance.

Producer: _____ Insured: _____
Address: _____ By: _____
Title: _____
Date: _____