

**TITLE AGENTS, ABTRACTOR/SEARCHERS,  
AND ESCROW/CLOSING AGENTS APPLICATION  
ERRORS AND OMISSION LIABILITY INSURANCE**

**A. BASIC INFORMATION**

1. Applicant/Company Name: \_\_\_\_\_  
\_\_\_\_\_
2. Contact Person & Title: \_\_\_\_\_
3. Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_
4. Street Address: \_\_\_\_\_
5. City, State, Zip: \_\_\_\_\_
6. Mailing Address (if different): \_\_\_\_\_
7. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
8. Year Established: \_\_\_\_\_
9. Applicant Type:      Individual      Partnership      Corporation      LLC  
 Other (Explain): \_\_\_\_\_
10. Please list addresses of all branch offices: (Use a separate sheet, if necessary)      Check if N/A
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_

**B. GENERAL INFORMATION ABOUT YOU**

11. Does any person or entity with any equity or ownership interest in the Applicant Company also own, control, manage, or operate a law firm, real estate agency, real estate development, or investment firm, construction firm, mortgage or financial institution, title insurance underwriting company, or another title insurance agency?      Yes      No  
If **YES**, please provide an explanation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. 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? If **YES**, please provide an explanation:      Yes      No  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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13. Please provide the ownership structure and the respective percentage of ownership:

	Name	Ownership Percentage	Active in this Operation?			
a.		%	<input type="radio"/>	Yes	<input type="radio"/>	No
b.		%	<input type="radio"/>	Yes	<input type="radio"/>	No
c.		%	<input type="radio"/>	Yes	<input type="radio"/>	No
d.		%	<input type="radio"/>	Yes	<input type="radio"/>	No

14. Please list the states where the Applicant performs professional services:

a. Have you ever performed any title services on properties located outside of the United States? If **YES**, please provide an explanation:  Yes  No

15. Please detail the following for all officers, directors, partners and professional employees. Check all boxes that apply for each. (Use a separate sheet if necessary.)

NAME	TITLE AGENT	ABTRACTOR /SEARCHER	LAWYER	CLOSING/ ESCROW AGENT	OTHER (SPECIFY)	YEARS OF EXPERIENCE

a. Total Number of Personnel: \_\_\_\_\_

16. Please detail your annual gross income. (If new in business, project first year gross income)

a. Revenue for LAST 12 months: \$ \_\_\_\_\_

b. Projected revenue for NEXT 12 months: \$ \_\_\_\_\_

17. Please detail the percentage of annual gross income and the average number of monthly transactions from the following professional services:

		Percentage of Annual Gross Income	Average Number of Monthly Transactions
a.	Title Agent Commissions	%	
b.	Abtractor/Searcher	%	
c.	Escrow/Closing/Settlement Fees	%	
d.	Witness Closer/Signing Agent	%	
e.	Other (specify)	%	
	Must TOTAL	100.0 %	

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18. Please detail total estimated gross income percentage by type of services performed.

a.	Residential	%	e.	Mining/Minerals	%
b.	Commercial	%	f.	Other (specify)	%
c.	Agricultural	%	g.	Other (specify)	%
d.	Oil/Gas	%	Must TOTAL		100.0 %

19. Estimate the percentage of business derived from the following types of clients:

a.	Title Companies	%	e.	Attorneys	%
b.	Real Estate Agents	%	f.	Other (specify)	%
c.	Builders/Developers	%	g.	Other (specify)	%
d.	Banks/ Mortgage Companies	%	Must TOTAL		100.0 %

20. Do your two largest clients make up more than 50% of your business?  
If **YES**, what percentage of your gross annual revenues comes from each of the following clients? In what business or industry are the clients engaged?

Yes    No

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21. Please list the premium volume percentages remitted for all title underwriting companies represented. Select **N/A** if not applicable.  N/A

Title Insurance Company	% of Prem. Volume
a. _____	_____ %
b. _____	_____ %
c. _____	_____ %

22. Has any TITLE underwriting company cancelled or non-renewed their contract with the applicant other than for low remittance? If **YES**, please list the company, reason, and year for each.

N/A    Yes    No

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23. Are you ALTA Best Practices Certified? If **YES**, please provide date of certification.

Yes    No

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24. Does your organization have a Marketing Services Agreement (MSA) or contract under which marketing services are performed, currently in place with one or more business partners? If **YES**:

a. Are the agreements in compliance with RESPA?  Yes    No

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- b. Do you provide ongoing training for current regulation compliance?  Yes  No  
If **NO**, please provide an explanation:

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**C. ABSTRACT/SEARCHING SERVICES**

25. Who performs the applicant's title searches?

a.	Applicant Firm	%
b.	Independent Contractors	%
c.	Title Underwriting Companies	%
d.	Other: (specify)	%
Must TOTAL		100.0 %

26. Please confirm the standard number of years searched on each search request: \_\_\_\_\_ years

- a. If less than 40 years, does applicant receive written confirmation from the client the number of years required for each search? If **NO**, provide explanation:  Yes  No

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- b. Does applicant perform a post-closing title search to ensure that all filings have been officially recorded and appear in the public record?  Yes  No

- c. If you use Independent contractors to perform title searching services on your behalf, do you require they carry and maintain their own Errors and Omission insurance coverage? If **NO**, please provide explanation why do you do not require?  Yes  No

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- d. Do you collect updated annual certificates of insurance or updated carrier declaration pages from all of your independent searchers?  Yes  No

**D. ESCROW/CLOSINGS/SETTLEMENTS**

We do not perform these services:

27. Who performs Applicant's escrow/closings/settlements?

Category	Percentage of Total Business
Applicant Firm	%
Managed Disbursement Systems	%
Title Underwriting Company	%
Other	%
Must TOTAL	
	100.0 %

28. Do you require written closing instructions for every closing/settlement?  Yes  No

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29. Do you require signatures on any changes to a closing/settlement?  Yes  No
30. Do you use software for all escrow, closing or settlement activities?  Yes  No
31. Do you permit independently contacted witness closers, signing agents, mobile closers, or notary closers to disburse funds. If **YES**, please provide the details:  Yes  No

- a. Do you require they carry their own errors and omission coverage?  Yes  No
32. Do you obtain a "gap" or "date shown" search on the chain of title and any liens prior to closing?  Yes  No
33. Do you ever close without title insurance or title opinion? If **YES**, please provide explanation:  Yes  No

34. Do you perform 1031 tax deferred real estate exchanges? If **YES**:  Yes  No
- a. As Escrow/Closing/Settlement agent?  Yes  No
- b. As Intermediary/Accommodator?  Yes  No  
If **YES**, what percentage of total escrow fees? \_\_\_\_\_ %
35. During the past two years, what percentage of your gross revenues are derived from disbursement of funds for construction escrow: \_\_\_\_\_ %  N/A

**E. CURRENT INSURANCE INFORMATION**

36. Do you currently have Errors and Omissions Insurance?  Yes  No  
If **YES**, please provide current and prior coverage information for the last three (3) years:

Insurance Company	Limits of Liability	Deductible	Premium	Policy Period

- a. What is the **RETROACTIVE/PRIOR ACTS COVERAGE DATE** of expiring policy? \_\_\_\_\_
- b. **PLEASE ATTACH A COPY** of the expiring **DECLARATIONS PAGE** showing the retroactive date.

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**F. LOSS/CLAIM INFORMATION**

37. In the past five (5) years, has any application for this type of insurance completed by the Applicant or any other predecessor in business been cancelled or non-renewed?  Yes  No  
If **YES**, please explain (use a separate sheet if necessary):  
*\*Not applicable in Missouri*

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38. Has the Applicant or any other proposed Insured been involved in or have any knowledge of any disciplinary or investigative proceedings as a result of professional services? If **YES**, please provide explanation (use a separate sheet if necessary):  Yes  No

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39. Has any person at the Applicant company ever had any professional or business license of any kind suspended or revoked? If **YES**, please provide explanation:  Yes  No

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40. In the past five (5) years, has the applicant or any of their past or present owners, officers, or partners, given notice of any claim, suit, circumstance, or potential claim to any professional liability insurer? **If YES, please complete the attached Claim/Incident/Circumstance Information Sheet for EACH claim.**  Yes  No

41. Is the Applicant or any other person proposed for insurance aware of any incident or circumstance, which **MAY RESULT** in a CLAIM being made against the Applicant or any past or present owners, partners, officers, directors, employees, or predecessors in business that have not been reported to your professional liability insurance carrier? **If YES, please complete the attached Claim/Incident/Circumstance Information Sheet for EACH incident or circumstance.**  Yes  No

**PLEASE BE ADVISED THAT ANY PROCEEDINGS, CLAIMS, INCIDENTS AND/OR CIRCUMSTANCES**

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**IDENTIFIED IN RESPONSES TO QUESTION NUMBER(S) 37, AND/OR 38 WILL BE EXCLUDED  
FROM ANY COVERAGE RESULTING FROM THIS APPLICATION.**

Limit of Liability requested: *check all that apply*

Deductible requested: *check all that apply*

\$250,000/\$500,000	<input type="checkbox"/>	\$2,500	<input type="checkbox"/>
\$500,000/\$500,000	<input type="checkbox"/>	\$5,000	<input type="checkbox"/>
\$500,000/\$1M	<input type="checkbox"/>	\$10,000	<input type="checkbox"/>
\$1M/\$1M	<input type="checkbox"/>	\$15,000	<input type="checkbox"/>
\$1M/\$2M	<input type="checkbox"/>	\$25,000	<input type="checkbox"/>
\$2M/2M	<input type="checkbox"/>	\$50,000	<input type="checkbox"/>

**G. ACKNOWLEDGEMENTS, AUTHORIZATION, AND SIGNATURE**

**FRAUD WARNING**

**Notice to Applicants of all states except Kentucky, Louisiana, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Puerto Rico, Virginia and Washington D.C.:**

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

**Notice to Kentucky Applicants:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Notice to Louisiana Applicants:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to New Jersey Applicants:**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to New Mexico Applicants:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Notice to New York Applicants:**

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each provision.

**Notice to Oregon Applicants:**

Any person who knowingly and with intent to defraud or deceive any insurance company or other person who files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto upon which the insurance company or any other person relies may be a crime and may provide grounds for criminal or civil penalties.

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**Notice to Pennsylvania Applicants:**

Any person who knowingly and with intent to defraud any insurance company or other person who, files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Notice to Puerto Rico Applicants:**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established by be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Notice to Virginia Applicants:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Notice to Washington D.C. Applicants:**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**IMPORTANT NOTICE:** Failure to report any claim made against you during your current policy term, or facts, circumstances, or events, which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

This applicant declares that the information contained in this application is true and that no material facts have been suppressed or misstated. The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations. This applicant understands that incorrect information could void coverage.

Signer's  
Name:  
(printed) \_\_\_\_\_

Title: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

(Must be signed by Owner, Partner, or Senior Officer)