

## Application Supplement for Title Abstractors / Title Insurance Agents, Settlement, Escrow and Closing Agents

Please attach the following information:

1. Name of Applicant: \_\_\_\_\_
2. The Applicant is a:
  - (a) Licensed Abstractor-Searcher .....  Yes  No
  - (b) Licensed Title Insurance Agent.....  Yes  No
  - (c) Escrow Agent .....  Yes  No
3. Does the Applicant's state have legal qualifications? .....  Yes  No
4. Does the Applicant provide U.C.C. reports? .....  Yes  No
5. Does the Applicant certify accuracy?.....  Yes  No
6. Are there any lawyers (part-time or full-time) that are principals, employees or affiliates of the Applicant?  
.....  Yes  No  
If yes, give number and details: \_\_\_\_\_  
\_\_\_\_\_
7. List the states where Title Abstracting or Searching is undertaken:  
\_\_\_\_\_  
\_\_\_\_\_
8. Does the Applicant compile data:
  - (a) Direct from courthouse records?.....  Yes  No
  - (b) From an independent set of abstract books and track indexes? .....  Yes  No
  - (c) From another source? .....  Yes  No
9. Please indicate percentage of revenue derived from or associated with the following:
  - (a) Agricultural \_\_\_\_\_ %
  - (b) Commercial \_\_\_\_\_ %
  - (c) Energy/Oil and Gas \_\_\_\_\_ %
  - (d) Precious Metals/Minerals \_\_\_\_\_ %
  - (e) Residential \_\_\_\_\_ %
  - (f) Other: \_\_\_\_\_ %
10. Does the Applicant perform title searches or abstracts for any of the title insurance policies that the Applicant issues? .....  Yes  No
  - (a) If yes, has the title insurance company been informed of this? .....  Yes  No

(b) If an outside company performs searches, please complete the following:

- i. Name: \_\_\_\_\_
- ii. Years in abstracting or searching field: \_\_\_\_\_
- iii. Name of Professional Liability Insurer: \_\_\_\_\_

11. Please list all title insurers in which business is or has been placed in the past five (5) years. All information must be complete. Please include any bar-related title insurer or fund.

Name of Title Insurer	Date First Represented	Current Annual Premium Volume	Underwriting Authority
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Has the Applicant's agency appointment with any title insurance carrier been discontinued in the last five (5) years? .....  Yes  No

If yes, give provide details: \_\_\_\_\_  
\_\_\_\_\_

**Notice to Applicant**

This is a supplemental application and is subject to the same provisions concerning representation made in the general application originally submitted to obtain professional liability coverage.

I understand that the information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions. This Supplemental Application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

\_\_\_\_\_  
Name of Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Date

## Application for Professional Liability Insurance

### Claims Made Coverage

#### Applicant's Instructions

This application can be found on our website at [www.mxmsig.com](http://www.mxmsig.com).

Maxum Indemnity Company recognizes that our customers must have effective quality and risk management practices to compete in their industry. A sterling reputation is built from sound management and business practices which will consistently provide the quality service and value required by their customers.

This application will allow us to make the right decision regarding your insurance and assist you in analyzing your potential exposures to loss.

**IMPORTANT:** Please attach the following information about your services and company:

1. Complete narrative of your professional services provided. Attach literature, brochures, and other information which would best describe your work.
2. Resumes of all principals or partners.
3. Current complete financial information.
4. Your standard sales, service, or license contracts.
5. If requesting a prior retroactive date, a copy of the current policy.
6. Currently valued hard copy loss runs.

#### Applicant Information

1. Name of Applicant: \_\_\_\_\_
2. Principal Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Street) County  
(City) (State) (Zip)
3. Address(es) of Branch Office(s): \_\_\_\_\_
4. Website Address(es): \_\_\_\_\_
5. Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_
6. Date organized: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
7. Number of Employees: Full Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Seasonal: \_\_\_\_\_ Total: \_\_\_\_\_
8. Business is a:       Corporation       Partnership       Individual       Other
9. Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization? .....  Yes  No  
  
If yes, are any services provided to such organization(s)? .....  Yes  No  
If yes, to either of the above, provide details: \_\_\_\_\_  
\_\_\_\_\_

**Applicant Information continued**

10. During the past five years, has the Applicant been involved in, or presently contemplating:
- (a) Any merger, consolidation or acquisition? .....  Yes  No  
 If yes, please provide details: \_\_\_\_\_
- (b) A change in the nature of business operations? .....  Yes  No  
 If yes, please provide details: \_\_\_\_\_
11. During the past five years, has the name of the Applicant been changed? .....  Yes  No  
 If yes, please provide details: \_\_\_\_\_
12. Coverage Requested: Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_

**Applicant's Operations**

1. Describe in detail the professional activities for which coverage is desired: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Is the Applicant engaged in any professional activity other than as described above? .....  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
3. Are any of the Applicant's services provided by an affiliated or associated entity? .....  Yes  No
4. Applicant's total gross revenues projected for:
- |               |      |    |       |
|---------------|------|----|-------|
| Coming Year   | 20__ | \$ | _____ |
| Past Year     | 20__ | \$ | _____ |
| Previous Year | 20__ | \$ | _____ |
| Previous Year | 20__ | \$ | _____ |
| Previous Year | 20__ | \$ | _____ |

5. For the revenues listed above, please provide the activity from which the revenues were derived and the approximate percentage from each.

Activity	Percent of Revenue
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

6. Please provide a list of the Applicant's five largest jobs, projects or clients during the past three (3) years.

Project/Client	Services Performed	Revenue	Date of Service
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Applicant's Operations continued**

7. Does the Applicant utilize the services of independent contractors or sub-consultants? .....  Yes  No

If yes, indicate percentage of billings and whether a certificate of professional liability insurance is required of each.

\_\_\_\_\_

8. Does the Applicant, any of its subsidiaries and/or affiliates build, service, repair, install, manufacture or fabricate anything? .....  Yes  No

If yes, please describe.

\_\_\_\_\_

9. Does the Applicant, any of its subsidiaries and/or affiliates sell any product other than computer software? .....  Yes  No

If yes, please describe.

\_\_\_\_\_

10. Is any partner, owner, officer, director or employee of the Applicant a certified public accountant, an attorney or lawyer, an architect or engineer, a provider of any form of healthcare services or responsible for supervision or management of others who are providers of healthcare services? .....  Yes  No

If yes, advise of the name of the individual(s), their position(s) with the Applicant and the nature of services they perform for clients of the Applicant.

\_\_\_\_\_

**Applicant's Staff**

1. Total Personnel:

(a) Number of Principals \_\_\_\_\_

(b) Number of Technical / Professional employees: \_\_\_\_\_

(c) Number of clerical and administrative employees: \_\_\_\_\_

2. Does the Applicant have three years experience in the type of work for which coverage is sought? .....  Yes  No

If no, please explain: \_\_\_\_\_

**Applicant's Insurance History**

1. Please detail the Applicant's Professional Liability Insurance during past three (3) years. Show current and prior two years policy information.

Insurance Company	Policy Number	Limits	Deductible	Policy Period
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Does the current policy have a prior acts or retroactive date? (The date in which the Applicant first purchased claims made coverage that has been continuously renewed.) .....  Yes  No

**Applicant's Insurance History continued**

3. Is the Applicant currently insured under a General Liability Policy including Products Completed Ops?  
.....  Yes  No

If yes, please give details:

Insurance Company	Limits	Policy Period	Material Exclusions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Has any claim ever been made against the Applicant or any of its principals in the last five (5) years?  
.....  Yes  No

If yes, please attach details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.

5. Is the Applicant, principal, owner, partner or employee aware of any circumstances which may result in any claim against him, the firm, his predecessors in business or any of the present or past partners or officers?  
.....  Yes  No

If yes, please attach details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.

6. In the past five (5) years, has any application for Professional Liability Insurance or similar insurance made by the Applicant ever been declined or has the insurance ever cancelled or renewal refused? .....  Yes  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

**Supplement Applications Required:**

- Answering Service / Alarm Monitoring
- Appraisers
- Claim Adjusters
- Collection Agency Credit Bureau
- Computer Consultants
- Employment Agency / Executive Recruiters
- Home Inspectors
- Insurance Agents and Brokers
- Interior Design Decorating
- Land Surveyors
- Management Consultant
- Marketing Research
- Mortgage Brokers
- Real Estate Appraisers
- Real Estate Firm / Brokers
- Real Estate Property Management
- Title Abstractors / Title Insurance Agents, Settlement, Escrow and Closing Agents

**Notice to Applicant**

The undersigned is an authorized employee of the prospective Named Insured and certifies that reasonable inquiry has been made to obtain answers to these questions. The answers are true, correct, and complete to his/her best knowledge and belief.

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 civil penalties or criminal punishment.

Any changes in your operation must be reported to your agent.

**Claims Made Coverage - Notice to Applicant**

The coverage applied for is solely as stated in the policy. The policy provides coverage on a claims made basis for those claims that are first made against the insured during the policy period and after the retroactive date, unless the extended reporting period option is purchased in accordance with the terms of the policy.

WARRANTY: I warrant to the insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein.

Signing this application shall not obligate the insurer to bind coverage. It is agreed this application shall be the basis upon which a policy may be issued if the insurer accepts and provides evidence of coverage.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date