

TITLE INSURANCE AGENCY SUPPLEMENT



1. Full Name of Applicant: _____
2. Name of the Title Insurance Agency(s) for which you are applying for insurance: _____
3. Do you have sole ownership interest in the Title Insurance Agency(s) for which you are applying for insurance? _____ If not, please list the other owners and their corresponding percentage of ownership: _____

4. How many paralegals, law clerks, abstractors, and investigators are employed solely by the Title Insurance Agency? _____
5. List names of title insurance agents: _____
6. What percent of your premium volume comes from policies issued to residential risks? _____%
 Commercial risks? _____%
7. What percent of your premium volume comes from policies issued to properties on which you have done the title search? _____%
8. State the name of the Title Insurance Company or Companies whom you represent and the approximate premium volume placed with each:

9. Do you have binding authority? _____ Do you process and issue policies? _____
10. Gross Income:

| | LAST 12 MONTHS | ESTIMATE FOR NEXT 12 MONTHS |
|-----------------------------|----------------|-----------------------------|
| Title Insurance Commissions | \$ _____ | \$ _____ |
| Abstracting/Searching Fees | \$ _____ | \$ _____ |
| Escrow Fees | \$ _____ | \$ _____ |
| Closing Fees | \$ _____ | \$ _____ |
| Other (describe) | \$ _____ | \$ _____ |
11. Have any claims or suits been made against the title agency during the past five years against any applicants, their predecessors in business or any of the present agents, or to the knowledge of the agency, against any past agent? __Yes__ No. If yes, please provide details on a separate sheet.
12. Is any applicant aware of any circumstances which may result in any claim being made against the title agency, their predecessors in business or any of the present or past agents? __Yes__ No. If yes, please provide details on a separate sheet.

The undersigned being authorized by Applicant understands and agrees that the information contained herein becomes a part of Applicant's Professional Liability Application and is subject to the same representations and conditions.

Authorized Signature _____

Date _____

Title _____