

PROFESSIONAL LIABILITY APPLICATION

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. NAME OF APPLICANT: _____

ADDRESS: _____

ADDRESS OF BRANCHES: _____

TELEPHONE NO.: (): _____

2. LIMIT OF LIABILITY DESIRED:

\$100,000 ____ \$300,000 ____ \$500,000 ____ \$1,000,000 ____ Other ____

3. DEDUCTIBLE:

\$5,000 ____ \$10,000 ____ \$25,000 ____ Other ____

4. Please describe in detail the professional activities for which coverage is desired:

5. Is the applicant engaged in any business or profession other than as described in Item 4? ____
If yes, please attach an explanation and estimated receipts.

6. List the total gross receipts for the past three years derived from those activities in Question 4. In addition, please list projected receipts for the current policy year.

Fees & Receipts estimated for new policy year: _____

Actual Fees & receipts for past three years: 2002 _____

2001 _____ 2000 _____

7. For the receipts listed in question 6), please give the approximate percentage derived from each of the activities listed in Question 4:

ACTIVITY	% OF 6) RECEIPTS
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

8. Applicant is: Corporation _____ Partnership _____ Individual _____

9. Year Established: _____

During the past five 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, give particulars: _____

10. Is the Applicant Firm controlled, owned or associated with any other firm, corporation or company? _____ Yes _____ No. If yes, attach an explanation. Are any activities listed in Question 4 provided to such business enterprise? _____ Yes _____ No

11. a) Number of principals, partners, officers and professional employees directly engaged in providing services to clients: _____

b) Number of non-professional employees (clerks, secretaries, etc.): _____

12. Please provide the following:

Name in full of ALL Partners/ Principals/Key Employees.	PROFESSIONAL QUALIFICATIONS	DATE QUALIFIED	HOW LONG IN PRACTICE	HOW LONG AS PARTNER/PRINCIPAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. To what professional association(s) does the applicant firm belong?

14. Please include a list of Applicant Firm's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) project/name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

15. Does the Applicant Firm use a written contract with clients?

_____ In all cases _____ Sometimes _____ Never

Please attach a copy of your standard contract.

16. What percentage of the Applicant Firm's business involves subcontracting of work to others? _____%
Does the Applicant Firm provide professional services to business entities in which it retains an owner-ship interest? Yes _____ No _____. If Yes, please explain.

17. Has any similar insurance ever been declined or canceled? Yes _____ (if Yes, attach explanation.)
No _____.

18. List errors and omissions insurance carried for each of the past THREE years. If none, state NONE.

Inception	Expiration	Insurance Company	Premium	Limits of liability	Deductible
From ___/___ 19__ to ___/___ 19__		_____	_____	_____	_____
From ___/___ 19__ to ___/___ 19__		_____	_____	_____	_____
From ___/___ 19__ to ___/___ 19__		_____	_____	_____	_____

If "Retroactive Date" prior to policy inception is requested, please advise date: _____.

19. ATTACH COPIES OF:

- (i) advertisements, brochures, descriptive literature
- (ii) sample contract between you and your clients outlining services to be rendered
- (iii) latest financial data (Annual Report or balance sheet)

20. Have any of the individuals listed in Question No. 12 ever been the subject of disciplinary action by authorities or professional organizations as a result of their professional activities? If Yes, please explain.

21. Does any 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?
Yes _____ No _____ (If Yes, attach full particulars).

22. Attach a list and status of all errors and omissions claims made against any proposed Insured(s) during the past three years. If None, please check here: NONE _____

23. It is agreed with respect to questions #20, 21 and 22 above, that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT TO THE BEST OF HIS KNOWLEDGE THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGE.

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.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, NEW YORK INSURANCE DEPARTMENT REGULATIONS REQUIRE THAT THIS SIGNED STATEMENT BE ATTACHED TO THE POLICY.

The Insured hereby acknowledges that he/she/it is aware that the limit of liability contained in this policy 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 judgment or settlement to the extent that such exceeds the limits of liability of this policy.

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

PRODUCER: _____

INSURED: _____

ADDRESS: _____

BY: _____

TITLE: _____

DATE: _____

INDIVIDUAL CLAIM DATA REPORT

APPLICANT’S INSTRUCTIONS:

- This form is to be completed by Applicant regarding any claim or suit during the past five (5) years or any facts, circumstances, acts, errors, or omissions of which applicant is aware which may give rise to a claim. COMPLETE ONE FORM FOR EACH SUCH CLAIM OR CIRCUMSTANCE.
- If additional “Individual Claim Data Reports” are required, please photocopy blank report.
- If space is insufficient to answer any question fully, attach a separate sheet.
- Answer all questions completely.

(PLEASE TYPE OR PRINT)

1. Full name of Applicant: _____

2. Full name of individual(s) involved or named in the claim: _____

3. Full name of Claimant: _____

4. Indicate whether: Claim/suit: _____ Incident: _____

5. Date of alleged error: _____ Date of claim: _____

6. Additional defendant (if any): _____

7. IF CLOSED:
Total Loss Paid including Deductible: \$ _____
Legal Expenses Paid: \$ _____

8. IF PENDING:
Claimant’s settlement demand \$ _____ Loss reserves \$ _____
Defendant’s offer of settlement \$ _____ Loss paid to date \$ _____
Expense reserves \$ _____ Expenses paid to date \$ _____
Deductible \$ _____ Is claim in suit: Yes _____ No _____
If Yes, Amount asked in summons? \$ _____

9. Name of Insurer (if any) : _____

10. Description of claim: (Provide enough information to allow evaluation and use back of this page or separate exhibit if additional space is required.)

A. Alleged act, error or omission upon which claimant bases claim: _____

B. Description of the type and extent or injury or damage allegedly sustained: _____

I understand information submitted herein becomes a part of the proposal and is subject to the same warranty and conditions.

Signature of Applicant _____ Date _____

SUPPLEMENTAL APPLICATION

TITLE AGENTS, ABSTRACTERS/SEARCHERS, AND ESCROW AGENTS

1. Does any title insurance underwriter, realtor, or law firm, have an ownership interest or is involved in the management of the Applicant or vice versa?
() No
() Yes; if yes, please provide an explanation:

2. Estimate the percentage of your business as:

- a. Title Agent _____ %
b. Title Abstracter/Searcher _____ %
c. Closing/Escrow Agent _____ %
Total Must Equal 100%

3. a. Estimate the percentage of the Applicant's total gross income generated in the following categories of real estate:

- ____ Residential
____ Commercial/Industrial
____ Oil & Gas
____ Metal & Mineral
____ Developers & Builders
____ Other (Please describe)

- b. Please explain any procedures for handling transactions requiring special expertise such as complex commercial transactions?

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

- Title companies _____ %
Private Owners _____ %
Builders and Developers _____ %
Banks, Savings and Loans, Mortgage Companies _____ %
Other (Describe) _____ %

5. What is the average value of the properties in your transactions? _____

6. Do any searches include certifications for FEMA, wetlands or high-tide lines?
Yes() No()

7. List title insurance underwriters Applicant represents and percentage of total premium written:

Company	%
_____	_____
_____	_____
_____	_____

8. Complete the following with a list of officers, directors, partners, and professional employees, indicating job description and the number of years of experience in the industry. If less than 3 years, please send resumes.

CHECK ALL THAT APPLY

Name	Title Agent	Abstractor	Lawyer	Closing/ Escrow Agent	Other	# Years Exp.

9. If the Applicant provides title searching/abstracting services:

- a. Approximately how many searches are performed per year? _____;
 b. Who performs the Applicant's title searches?

i. Applicant _____%.

ii. Independent Contractor _____%
 Total Must Equal 100%

If any percentage is by an independent contractor, does the applicant require the independent contractor to carry E&O insurance? Yes() ; No() ; If Yes, what minimum limit? _____

10. Do you retrieve data? No() ; Yes()

a. If yes, is it direct from the courthouse records? No() ; Yes()

b. From an independent set of abstract books and tract indexes? No() ; Yes()

c. From another source? No() ; Yes()
 If yes, please provide an explanation:

d. Do you use computerized data processing to retrieve information?
 No() ; Yes() If Yes describe fully:

COMPLETE THE FOLLOWING ONLY IF ESCROWS/CLOSINGS/SETTLEMENTS ARE CONDUCTED

11. For the past fiscal year, indicate the following:

- a. Gross fees received for escrows/closings/settlements \$ _____
- b. Number of escrows/closings/settlements conducted per year. _____
- c. Total volume of escrows/closings (Total consideration). _____
- d. Do you charge on a flat fee or percentage basis? _____

12. Does your firm:

- a. Require written contract/instructions for each escrow or closing? Yes () No ()
- b. Use a standardized set of instructions to closers? Yes () No ()

- c. Require signatures on any changes to standard instructions? Yes () No ()
 - d. Require each person's work to be checked by another? Yes () No ()
 - e. Require "Good Funds" for closing? Yes () No ()
 - f. Have records audited by outside auditors? Yes () No ()
 - g. Have records audited by title underwriter? Yes () No ()
13. Does applicant wish to apply for coverage limited to escrow/closing operations only
without coverage for any other title-related activity Yes () No ()

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Name and Title: _____
(Please Print)

Applicant Signature: _____ Date (Mo-Day-Yr): _____