



REGULATORY OFFICE

505 Eagleview Blvd., Ste. 100
Dept: Regulatory
Exton, PA 19341-1120
Telephone: 800-688-1840

COMPANY PROVIDING COVERAGE: Greenwich Insurance Company
 Indian Harbor Insurance Company

TITLE AGENT PROFESSIONAL LIABILITY - ERRORS AND OMISSIONS INSURANCE APPLICATION

THIS IS A CLAIMS MADE AND REPORTED POLICY. THIS POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. THE CLAIM MUST BE REPORTED IMMEDIATELY IN WRITING TO THE COMPANY DURING THE POLICY PERIOD UNLESS AN EXTENDED CLAIM REPORTING PERIOD APPLIES. DEFENSE EXPENSES ARE WITHIN AND REDUCE THE LIMITS OF LIABILITY. PLEASE REVIEW THIS POLICY CAREFULLY.

1. Applicant's Name: _____
Principal Contact: _____

2. Address: _____
City: _____ State: _____ Zip: _____
County: _____
E-mail Address: _____ Web Site: _____
Phone Number: _____ Fax Number: _____

3. Are there other office locations? Yes No

If yes, please list (include county):

4. Applicant is: Sole Proprietor Partnership Corporation

5. Date Established: _____ / _____ / _____ (Month/Day/Year)

6. Has the Applicant changed the name of the firm, purchased, acquired, been acquired by, merged with, or consolidated with any other firm or business in the last five (5) years? Yes No

If yes, please explain in detail:

7. Is the Applicant, its predecessor firm or any of the officers, owned by or have any ownership interest in a financial institution, mortgage company, real estate development or investment firm, builder, title agency or a title insurance carrier? Yes No

If yes, does the title Applicant provide any services to or for these affiliated entities:

8. Are any of the principals or key employees actively involved in any business or profession other than title agent, escrow agent, abstractor, etc. or is any other type of business or profession conducted? Yes No

If yes, please explain:

9. Has the Applicant ever performed any title services on properties located outside of the United States? Yes No

10. Is the Applicant licensed as required by the state(s) they do business in? Yes No

11. Current staff (including owners). Please list the names of staff, other than clerical, and assign activity codes and years of experience:

Activity Codes:

Owner/Partner/Officer: O Title Agent: T Closing Agent: C
 Abstractor/Searcher: A Escrow Agent: E

Name of Staff	Activity Code	Licensed (Yes or No)	Years of Experience

12. Do your two largest clients make up more than fifty percent (50%) of your business? Yes No

If yes, what percentage of your gross annual revenues comes from each of these clients and in what business or industry are these clients engaged?

13. Title Activities

Gross Revenue

Last twelve (12 Months)

- a. Escrow Services / Closing Services: \$ _____
- b. Title Agent Commissions: \$ _____
- c. Abstracting: \$ _____
- d. Search Fees: \$ _____
- e. Other (Describe): _____ \$ _____
- Total Gross Revenue: \$ _____

14. Real Property Categories:

a. What is the approximate breakdown of your gross revenue for the last twelve (12) months for the following categories or real estate?

- (1) Residential _____ %
- (2) Commercial / Industrial _____ %
- (3) Agricultural _____ %
- (4) Oil / Gas _____ %
- (5) Precious Metals / Minerals / Timber (i.e. coal, gravel, etc.) _____ %
- (6) Other (please describe): _____ %

_____ Total _____ % (Must equal 100 %)

- b. Does the Applicant perform 1031 tax deferred exchange services? Yes No
- (1) As Escrow / Closing Agent only? _____ % Yes No
 - (2) As Intermediary / Accommodator? _____ % Yes No

15. During the past two (2) years, have you handled disbursement of funds as construction progressed, or have you handled any periodic disbursement type escrows? Yes No

If yes, please provide explanation including percentage of gross revenue emanating from these clients:

16. Has the firm, any subsidiary, or any employee or any other person or entity who provide professional services on behalf of the Applicant had any state, federal or other regulatory agency file an action of any type (including but not limited to sanctions, fines, reprimands, suspensions or license revocation) brought against them at any time? Yes No

If yes, please provide in detail:

17. Have any claims or suits been made during the past five (5) years against the Applicant, its predecessor firm or any of the officers or employees of the firm? Yes No

If yes, please complete the claims supplement and provide prior insurance company five (5) year loss runs.

18. Is the Applicant, its predecessor firms or any officer or employee of the firm aware of any circumstance, act, error or omission which may result in a claim against them? Yes No

If yes, please attach a statement with specific details:

19. **Risk Management**

- a. If contracts are used, are they reviewed by legal counsel? Yes No
- b. Does the Applicant have written procedures to ensure compliance? Yes No
- c. Does the Applicant have formalized in-house training procedures? Yes No
- d. Does the Applicant have a business process audit policy and procedures? Yes No
- e. Does the Applicant have a formal Disaster Recovery Plan? Yes No
- f. Is Continuing Education required for all licensed employees? Yes No

20. Does the Applicant engage any independent contractors (IC) or outside entities to perform professional services on behalf of your clients? Yes No
 _____% of work done by IC's

If yes,

- a. Please list each individual/entity and describe the services performed:

- b. Do you require them to maintain their own errors and omissions insurance? Yes No
- c. Are you required to include them as Insureds under your policy? Yes No

If yes, please explain:

21. Does the Applicant ever accept email instructions concerning distribution of funds? Yes No

If yes, please advise if any follow up is done to confirm the authenticity of the email.

22. a. Prior coverage – list all title agents professional liability insurance carried during the past five (5) years. If none, state "None".

Insurance Company	Policy Period	Liability Limit	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

- b. Have you been continuously insured for ten years or more? Yes No

If no, please indicate the date on which you first purchased continuous Errors and Omissions Coverage:
 ____ / ____ / ____ (Month/Day/Year)

23. Has any application for title agents errors and omissions insurance on behalf of the Applicant or any predecessor firm been declined, or has any policy been cancelled or nonrenewed? **(NOT APPLICABLE IN MISSOURI)** Yes No

If yes, explain, including specific reason for cancellation or nonrenewal:

24. Coverage Desired:

- | | | | | | | |
|-----------|--------------------------|---------------------------|----------------|--------------------------|----------|--|
| a. Limit: | <input type="checkbox"/> | \$250,000 / \$250,000 | b. Deductible: | <input type="checkbox"/> | \$2,500 | Which will apply each
and every claim
during the Policy
Period. |
| | <input type="checkbox"/> | \$500,000 / \$500,000 | | <input type="checkbox"/> | \$5,000 | |
| | <input type="checkbox"/> | \$500,000 / \$1,000,000 | | <input type="checkbox"/> | \$10,000 | |
| | <input type="checkbox"/> | \$1,000,000 / \$1,000,000 | | <input type="checkbox"/> | \$15,000 | |
| | <input type="checkbox"/> | \$1,000,000 / \$2,000,000 | | <input type="checkbox"/> | \$25,000 | |

25. Would you like a quotation so that your deductible does not apply to defense costs (First Dollar Defense)? Yes No

APPLICANT FRAUD WARNINGS

NOTICE TO ARKANSAS 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 COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

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 MAINE 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 may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with 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 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 may 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 RHODE ISLAND 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 TENNESSEE 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 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 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 WEST VIRGINIA 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 ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

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 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 such violation.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant: _____ Title: _____
Applicant's Signature: _____ Date: _____
Agent/Broker Name: _____

This application must be signed and dated by an owner, partner or officer of the Applicant Company within sixty (60) days prior to the inception date.

Send Your Completed Application to:



**45 Knollwood Road • Suite 202
Elmsford, NY 10523
914.592.6505 Fax: 914.592.6508
newbusiness@plcsi.com**