

# TITLE INSURANCE AGENTS / SEARCHERS / ABSTRACTORS / ESCROW AGENTS PROFESSIONAL LIABILITY INSURANCE APPLICATION



THE POLICY APPLIED FOR IS A CLAIMS-MADE POLICY AND WILL PROVIDE COVERAGE ONLY FOR CLAIMS FIRST MADE AGAINST THE APPLICANT AND REPORTED TO US IN WRITING DURING THE POLICY PERIOD, ANY SUBSEQUENT RENEWAL OF THE POLICY OR ANY APPLICABLE EXTENDED REPORTING PERIOD. NO COVERAGE EXISTS FOR CLAIMS ARISING OUT OF WRONGFUL ACTS THAT OCCURRED PRIOR TO THE RETROACTIVE DATE, IF ANY, STATED IN THE DECLARATIONS.

**PLEASE USE A SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED TO RESPOND TO ANY QUESTION.**

1. Full Name of Applicant and Address of Principal Office:  
(Include all Firm names, trading names, franchise affiliations or DBA's under which you operate.)

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2. Year Firm Established: \_\_\_\_\_ 3. Does your Firm practice from any other office location(s)?  Yes  No *If "Yes", please list.*

4. Please list the states where you are performing title abstracts or searches: \_\_\_\_\_

5. Have you performed any services concerning properties located outside the United States?  Yes  No

6. Has your Firm ever operated under a different name or has it been part of any acquisition, consolidation, dissolution, merger or other change in its organization?  Yes  No *If "Yes", please provide full name(s), dates and details of entities involved.*

7. Structure of Firm:  Individual  Partnership  Corporation  Franchise  Independent Contractor  Other: \_\_\_\_\_

8. Limits of Liability Requested: (Per Claim/Aggregate)  
 \$100,000  \$250,000  \$500,000  \$1,000,000  
 \$2,000,000  \$3,000,000  \$5,000,000

9. Deductible requested:  
 \$1,000  \$2,500  \$5,000  \$10,000  \$15,000  
 \$20,000  \$25,000  \$50,000  Other: \$ \_\_\_\_\_

10. Services provided (please check all that apply):  
 Abstractor  Searcher  Title Insurance Agent  Escrow Agent  Other (Describe) \_\_\_\_\_

11. Provide the following information below for all principals, owners, employed professionals and key employees:

Name	Position	Professional Designation(s) / Association Memberships	Years with Applicant Firm	Years of Experience in this Profession	If Part-Time, Average Hrs Worked Per Week

12. Indicate total number of staff at all locations including clerical staff: \_\_\_\_\_

<p>13. Is any member of your Firm a licensed abstractor or searcher? <input type="radio"/> Yes <input type="radio"/> No                  Is any member of your Firm a licensed title insurance agent? <input type="radio"/> Yes <input type="radio"/> No                  Do the states you operate in have legal qualifications? <input type="radio"/> Yes <input type="radio"/> No                  Do you provide U.C.C. reports? <input type="radio"/> Yes <input type="radio"/> No                  Do you certify accuracy or offer title opinions? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>14. Have you established quality control safeguards, new employee training programs and/or continuing education program participation requirements for members of your firm to reduce your professional liability exposure? <input type="radio"/> Yes <input type="radio"/> No</p>
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15. Gross Revenue for applicable fiscal year. If Firm is newly established, please advise best estimate for current fiscal year only.  
 Current Fiscal Year (Estimate): \$ \_\_\_\_\_ Immediate Past Fiscal Year: \$ \_\_\_\_\_ Second Past Fiscal Year: \$ \_\_\_\_\_

16. Does any Title Insurer have any ownership interest in your firm?  Yes  No *If "Yes", please provide details.*

17. Does the Firm have or expect to have any single client(s) representing 25% or more of your gross revenue?  Yes  No *If "Yes", please list.*

18. Does the Firm or any of its members wholly or partly own, operate, manage, control or associate with any other business organization(s) or is the Firm wholly or partly owned, operated, managed or controlled by any other business organization(s)?  Yes  No *If "Yes", please list.*

19. Is any of the Firm's business subcontracted out to others?  Yes  No *If "Yes", provide details including percentage and type of work.*

20. Does your Firm do any work that has been subcontracted out by other Firms?  Yes  No *If "Yes", please provide details.*

<p>21. Do you compile data:                  Direct from the court house record? <input type="radio"/> Yes <input type="radio"/> No                  From an independent set of abstract books and tract indexes? <input type="radio"/> Yes <input type="radio"/> No                  From another source? <input type="radio"/> Yes <input type="radio"/> No  <i>If "Yes" to any of the above, please describe.</i></p>	<p>22. Are searches performed by any persons outside your Firm? <input type="radio"/> Yes <input type="radio"/> No  <i>If "Yes", identify the firm/individual performing the searches, years of experience conducting searches, percentage of volume involved and whether you obtain evidence of professional liability coverage from these entities.</i></p>
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23. Based on gross revenue for the past twelve (12) months, indicate type of work performed. If newly established, provide best estimate. Percentages must total 100%.

Commercial _____%	Agricultural _____%	Precious Metals / Minerals _____%
Residential _____%	Energy / Oil & Gas _____%	Other - Describe: _____%

24. Title Companies represented:

NAME	YEAR FIRST REPRESENTED	CURRENT ANNUAL PREMIUM VOLUME	DO YOU HAVE UNDERWRITING AUTHORITY?
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

25. Has any title insurance carrier ever terminated your appointment within the past five (5) years?  Yes  No *If "Yes", please provide details.*

26. Within the past five (5) years, has any title insurance carrier made a claim or filed a lawsuit against you?  Yes  No  
*If "Yes", indicate how many times \_\_\_\_\_ and complete a separate **Claim Supplement** for each claim or lawsuit.*

27. (A) In the past five (5) years, has any professional liability claim been made or suit been brought against the Firm or any current or former member of the Firm?  Yes  No  
(B) Does any current or former member of the Firm know of any incident, act, error or omission that could result in a claim or suit against the Firm or any current or former members of the Firm?  Yes  No  
*If "Yes" to (A) or (B) above, indicate how many \_\_\_\_\_ and complete a separate **Claim Supplement** for each claim or incident.*

28. Has any current or former members of the Firm ever been the subject of a disciplinary complaint or action by any regulatory authority as a result of their professional activities or had any kind of business or professional license suspended or revoked?  Yes  No *If "Yes", provide details.*

29. In the past five (5) years, has any insurer cancelled or refused to renew any professional liability or similar insurance in effect for the Firm or any current or former member of the Firm?  Yes  No *If "Yes", please provide details.*

30. List the previous professional liability insurance coverage carried by the Firm or any predecessors for the past three (3) years. Note any periods without coverage. If currently uninsured, please check here:

					Retroactive Date:	
	Name of Insurer	Policy Period	Limits of Liability	Deductible	Premium	
Current Year						
Prior Year 1						
Prior Year 2						

31. Does the Firm currently carry general liability insurance coverage?  Yes  No *If "Yes" please indicate carrier and limits.*

32. Please attach the following to your application:

(B) Your Firm's letterhead.	(C) Copy of your standard contract for professional services.	(A) If currently insured, copy of your expiring declarations page.	(D) Resumes or brief biographies of principals, partners, owners, employed professionals and other key employees.
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THE COMPLETION OF THIS APPLICATION AND ANY SUPPLEMENTS DOES NOT BIND THE COMPANY TO ISSUE, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IF A POLICY IS ISSUED, THIS APPLICATION AND ANY SUPPLEMENTS WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.	THE UNDERSIGNED PRINCIPAL, PARTNER OR OWNER ACTING ON BEHALF OF THE APPLICANT DECLARES, AFTER DILIGENT INQUIRY, THAT THE STATEMENTS AND PARTICULARS MADE IN THIS APPLICATION INCLUDING ALL SUPPLEMENTS, ARE TRUE, ACCURATE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.
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NOTICE TO FLORIDA, KENTUCKY, NEW YORK, OHIO AND 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 MAY BE PUNISHABLE BY A FINE.

Signature of Principal, Partner or Owner of Applicant Firm:	Name:
	Title:
	Signature Date:

Return this application to your insurance agent. Agents should forward this submission to Guilford Specialty Group, Inc., 100 Pearl Street, Hartford, CT, 06103, Telephone (800) 328-8719, Facsimile: (860) 723-4151.

Submitting Agency:	Agency Code:
	<input type="radio"/> Direct <input type="radio"/> Sub-Produced