

TITLE ABSTRACTORS AND TITLE AGENTS

Applicant:

1. Type of business:
- | | | |
|-------------------------------------|---|--|
| Abstractor <input type="checkbox"/> | Searcher <input type="checkbox"/> | Title Insurance Agent <input type="checkbox"/> |
| Escrow <input type="checkbox"/> | Closing Services <input type="checkbox"/> | Other <input style="width: 100px;" type="text"/> |

2. a. Average number of years of experience of:
- | | |
|---|---|
| Professional Employees in field of Abstracting/Search | <input style="width: 80px;" type="text"/> |
| Title Insurance Agent | <input style="width: 80px;" type="text"/> |
- b. Number of Professional Employees with less than 3 years experience:

3. Please list where Title Abstracting or Searching is undertaken:

4. a. Are you a licensed Abstractor/Searcher? YES NO
- Are you a Title Insurance Agent? YES NO
- b. Does your state have legal qualifications? YES NO
- c. Do you provide U.C.C reports? YES NO
- Do you certify accuracy? YES NO
5. Does any Title Insurance Company have ownership interest in the applicant? YES NO

If YES, explain and include percentage owned:

6. Do you compile data:
- a. From an independent set of abstract books and track indexes? YES NO
- b. From any other source? YES NO
- If YES, please attach a description.

7. Do you use computerized data processing to retrieve information? YES NO
- If YES, please describe in full:

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Questions 8 & 9 for Title Insurance Agents only

8. Does the applicant title insurance agent perform title searches or abstracts for any of the Title insurance policies the applicant issues?

YES NO

If YES, has the Title Insurance Company been informed of this?

YES NO

If an outside source performs searches, complete the following:

a. Name

b. Years in abstracting or searching field

c. Name of errors and omissions carrier?

9. Please provide a listing of Title Insurance Companies you represent:

10. Has any employee of the applicant ever been reprimanded, censured or prosecuted for title agency activities?

YES NO

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors and Omissions Insurance.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Date:

A copy of this application should be retained for your records.
