



REAL ESTATE SERVICES PROFESSIONAL LIABILITY COVERAGE
TITLE AGENTS OR ABSTRACTERS RENEWAL APPLICATION

Travelers Casualty and Surety Company of America
Hartford, Connecticut

IMPORTANT NOTE: This is an application for a claims-made policy. To be covered, a claim must be first made against an insured during the policy period or any applicable extended reporting period.

NEW YORK DEFENSE EXPENSES NOTICE: If this policy contains an insuring agreement that includes defense expenses within the limits of coverage, payment of defense expenses may reduce the professional liability coverage limits up to 50%.

Throughout this application "you" and "your" means the entity or individual applying for this insurance.

- 1. Renewal of Policy Number:
2. Policy Expiration Date: (mm/dd/yyyy)

APPLICANT INFORMATION

- 3. Your Full Legal Name
4. Your "trade name" or "doing business as" name
5. Your Website Address
6. Has your primary location or mailing address changed in the past 12 months?
7. Within the past 12 months, has the name, structure, or ownership changed...
8. Within the past 12 months, have you or anyone in your agency, owned...
9. What is the total number of owners, managers, and employees?
Full Time: Part Time:

Table with 8 columns: Name, Years of Experience (if < 3 years, attach resume), Title Agent, Abstractor/ Title Searcher, Escrow/ Closing Agent, Witness Closer, Title Opinion Lawyer, Independent Contractor.

Provide additional sheet if necessary.

RISK MANAGEMENT

11. If licensing is required, are you and all appropriate individuals properly licensed? Yes No
12. Do you:
- a. Document each client file with conversations, recommendations and activities? Yes No
 - b. Have written procedures in place to notify management of problem transactions? Yes No
 - c. Require all professionals to regularly attend meetings? Yes No
 - d. Have a written internal policy or procedure manual? Yes No
13. During the most recent 12 months, what percentage of your professional staff, including your independent contractors, participated in:
- a. Continuing education courses exceeding state required minimums? %
 - b. Risk reduction seminars? %
14. Are you, any member of your firm, or any of your employees, a licensed attorney providing legal services other than the rendering opinions of title? Yes No
- a. Provide the legal name of the entity performing such services: _____
 - b. Is separate lawyer's professional liability insurance coverage in place for such services? Yes No
15. Do you carry Fidelity (Employee Dishonesty) insurance coverage? Yes No
16. Do you require independent contractors, including independent Abstracters/Title Searchers:
- a. To carry errors and omissions insurance? Yes No
 - b. To provide proof of errors and omissions insurance? Yes No
17. Please provide the annual gross income: (*If this is a newly established entity, please provide projections.)
- a. Most recent 12 calendar months (NOT fiscal year) \$ _____
 - b. Prior 12 months \$ _____
 - c. Projection for the next 12 months \$ _____

18. a. Please provide the percentage of annual gross revenue derived from the following professional services:

Professional Service	Percentage	Percentage Subcontracted
Title Agent / Title Opinion / Lawyer / Escrow Agent / Closing Agent	%	%
Abstracter/Searcher	%	%
Witness Closer	%	%
Other (explain): _____	%	%
TOTAL	100%	%

b. Please provide the percentage of annual gross revenue by transaction type:

Transaction Type	Percentage
Residential	%
Commercial	%
Construction Loans	%
UCC Reports	%
Other (explain): _____	%
TOTAL	100%

19. Indicate the percentage of total gross revenue derived from properties in which you or any member of your agency had a financial interest at the time services were performed? %
- a. If greater than 5%, please provide details: _____
 - b. Are written disclosures used and approval obtained from the title insurance underwriter for all owned property transactions? Yes No

20. Indicate which of the following sources you use for Abstracting/Title Searcher (check all that you use):
- We conduct Abstracting/Title Searches from courthouse records.
 - Abstracting is obtained from a Title Underwriter/Carrier.
 - Abstracting is obtained from an independent searcher(s) or attorney(s).
 - Other (Please provide details): _____

21. Provide the following information concerning the Title Insurance Underwriter/Carriers that you represent:

Title Insurance Underwriter/Carrier Name	Years Represented

22. Has any Title Insurance Underwriter/Carrier ever cancelled, changed or not renewed your agency contract or a contract with any entity in which you have had ownership, control, or management? Yes No

If yes, please provide details: _____

23. Does any Title Insurance Underwriter/Carrier hold a financial interest in your agency? Yes No

If yes, please provide details of such ownership interest: _____

COMPLETE ONLY IF YOU PERFORM ESCROW AGENT, CLOSING AGENT, OR WITNESS CLOSER SERVICES

24. Do you:

a. Document and obtain signatures from all parties when making changes or deviating from the original escrow contract? Yes No

b. Have written procedures for the authorization of fund transfers? Yes No

c. Reconcile escrow accounts monthly? Yes No

If no, please explain why: _____

d. Ever conduct a closing without title insurance, title insurance commitment, or a title opinion? Yes No

If yes, do you use a written disclaimer or waiver as to the condition of the title?..... Yes No

e. Require a written contract or instructions for each closing? Yes No

f. Require cashiers check or "good funds" at closing?..... Yes No

g. Require each person's work to be checked by a peer or supervisor? Yes No

h. Require signatures on all changes to standard instructions? Yes No

i. Use a standardized closing/escrow checklist? Yes No

25. What was the average amount held in escrow during the most recent 12 months? \$ _____

Check if none.

26. Is an updated search and verification of title performed within 30 days prior to closing? Yes No

If no, please provide details: _____

27. Is an internal review of escrow files performed prior to closing? Yes No

If no, please provide details: _____

28. Is a post closing title search performed within 30 days to ensure that all filings have been officially recorded and appear on public record? Yes No

If no, please provide details: _____

29. Does the Title Underwriter/Carrier perform an annual audit of your records and procedures? Yes No

If no, please provide details: _____

30. What percentage of your transactions involve 1031 exchange services as a Qualified Intermediary? _____ %

COMPENSATION NOTICE

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

FRAUD WARNINGS

Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH

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 also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.)

Attention: Insureds in FL

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 felony of the 3rd degree, and may also be subject to a civil penalty.

Attention: Insureds in ME, TN, VA, and WA

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.

Attention: Insureds in PA

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.

SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all to the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Signature* (<i>Partner, Member, Officer, Shareholder</i>)	Date
Name (print)	Title

*If you are electronically submitting this application to Travelers, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you hereby consent and agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance

Important Note: This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:

Submitting Insurance Name: _____ Direct Sub-produced

Address (City, State, Zip Code): _____

Phone: _____ Fax: _____ Email: _____

Licensed producer name: _____ License number: _____