



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

SUPPLEMENTAL APPLICATION

APPLICATION - TITLE INSURANCE AGENCY'S PROFESSIONAL LIABILITY ENDORSEMENT

Name of Applicant (The Firm): _____

1. Complete the following for each Title Insurance Agency for which the applicant is applying for insurance:

(Insurance, if made available, is limited to the agencies listed on the Title Insurance Agency's Professional Liability Endorsement):

Table with 5 columns: Name of Title Insurance Agency, Does the applicant have sole ownership interest?, How many Title Insurance Agents work solely for the Agency?, How many employees, other than Title Insurance Agents, work solely for the Agency?, How many of the applicant law firm's attorneys are Title Insurance Agents for the Agency? Each row contains checkboxes for YES/NO.

If the applicant does not have sole ownership interest in any of the Title Insurance Agencies listed above, please describe the nature of the ownership interest:

Blank lines for describing ownership interest.

2. After inquiry, is anyone in the firm aware:

A. Of any professional liability claims made against any such Title Insurance agencies, their predecessors, or their present or former agents or employees, while affiliated with the Agency, in the past ten years? [] YES [] NO

B. Of any acts or omissions that may reasonably be expected to be the basis of a claim being made against such Title Insurance Agencies, their predecessors, or their present or former agents or employees, while affiliated with the Agency? [] YES [] NO

(If "Yes" to either 2.A. or 2.B., please describe on a separate sheet of paper and attach to this supplemental application).

3. Has any similar insurance for any such Title Insurance Agency, their predecessors in business, or their present or past agents ever been declined or cancelled? [] YES [] NO

(If "Yes," please describe on a separate sheet of paper and attach to this supplemental application).

4. List the names of the title insurance companies whom the applicant represents and the approximate premium volume placed with each:

Table with 2 columns: Name of Title Insurance Company, Approximate Premium Volume. Multiple empty rows for data entry.

Applicant By _____ DATE _____ SIGNATURE OF OFFICER OR PARTNER OF FIRM PRINT NAME OF OFFICER OR PARTNER

Application must be signed by duly authorized proprietor, partner, member or officer of the firm.