



Title Agent, Title Abstractor  
and Escrow Agent Liability  
Application

**APPLICATION FOR TITLE AGENT, TITLE ABSTRACTOR AND ESCROW AGENT  
PROFESSIONAL LIABILITY INSURANCE**

NOTICE: THE COVERAGE APPLIED FOR PROVIDES CLAIMS-MADE COVERAGE WHICH PROVIDES LIABILITY COVERAGE ONLY IF A CLAIM IS MADE DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

**SECTION 1. Applicant Information**

1. Name: \_\_\_\_\_
2. Principal Business Premise Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Address(es) of Branch Office(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Website: \_\_\_\_\_
6. Proposed Effective Date: \_\_\_\_\_
7. Phone Number: \_\_\_\_\_
8. Date the firm was established: \_\_\_\_\_
9. Applicant is:
 

Sole Practitioner	Partnership
Limited Liability Corporation	Professional Association or Corporation
Limited Liability Partnership	Other: _____

**SECTION 2. Prior Insurance Information (If None, check here \_\_\_\_\_)**

<u>Insurance Company Name</u>	<u>Policy Period</u>	<u>Limits of Liability</u>	<u>Premium</u>	<u>Retro Date</u>
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

1. Does the applicant carry General Liability coverage?      Yes    No  
If yes, provide the Insurer: \_\_\_\_\_
2. Requested Limits:      \$500,000/\$500,000      \$1,000,000/\$1,000,000      \$1,000,000/\$2,000,000  
Other: \$ \_\_\_\_\_ / \$ \_\_\_\_\_



2. List total number of employees performing the Job Description noted along with experience. Please include active owners or officers who may also perform these jobs:

<u>Job Description</u>	<u># of Employees</u>
Title Agent	_____
Escrow Agent	_____
Abstractor	_____
Lawyer	_____
Clerical /Support	_____
Total number of employees:	_____

3. Does Applicant have bond coverage currently in force:

Fidelity (Crime, Employee Dishonesty)

Surety (Performance Bond)

**SECTION 5. Operations**

1. Provide annual gross income:

LAST 12 months: \$ \_\_\_\_\_

Projected for NEXT 12 months: \$ \_\_\_\_\_

2. Provide the percentage of annual income derived from the following services:

Title Agent \_\_\_\_\_%

Escrowing/Closing \_\_\_\_\_%

Abstractor \_\_\_\_\_%

Other (specify) \_\_\_\_\_ %

3. Provide total estimated gross income by type of services:

Residential \_\_\_\_\_%

Oil/Gas \_\_\_\_\_%

Commercial \_\_\_\_\_%

Mining/Minerals \_\_\_\_\_%

Agricultural \_\_\_\_\_%

Other (specify) \_\_\_\_\_ %

4. Estimate the percentage of business derived from the following types of client:

Title Companies \_\_\_\_\_%

Banks/Mortgage Co's \_\_\_\_\_%

Real Estate Agents \_\_\_\_\_%

Other (specify) \_\_\_\_\_ %

Builders/Developers \_\_\_\_\_%

5. What is the average and maximum values of the properties in your transactions: Average \_\_\_\_\_ Max \_\_\_\_\_

6. Does any one client make up more than 33% of your business? Yes \_\_\_ No \_\_\_

If yes, provide details: \_\_\_\_\_

7. Please list the title insurance companies you represent and the percentage of title premium volume from each:

Name	% of Premium Volume	Year Represented
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Has any Title Insurance Company cancelled or non-renewed their contract with the Applicant in the last 5 years? Yes      No

If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Please list percentage of data and how it is compiled for Abstracting:

- In house title plant \_\_\_\_\_%
- Title plant maintained by others \_\_\_\_\_%
- Courthouse record \_\_\_\_\_%
- Title company or underwriter \_\_\_\_\_%

10. Do you hire subcontractors? Yes      No

If yes, what services do subcontractors provide \_\_\_\_\_

11. Do you require subcontractors to maintain their own E&O insurance? Yes      No

12. Provide the standard number of years searched on each abstract request: \_\_\_\_\_ Years

If less than 30 years, explain why?

**SECTION 6. Escrow and Closing Services – Complete only if services are preformed**

- 1. Use software for all escrow, closing or settlement activities? Yes      No
- 2. Do you require written instructions for every escrow/closing? Yes      No
- 3. Do you require a cashier's check or wire of funds for each escrow/closing? Yes      No
- 4. Do you follow lenders instructions or if not provided, have standard written procedures for closing and escrow? Yes      No
- 5. Do you require initials or signatures on any changes to an escrow/closing? Yes      No
- 6. Do you obtain a "gap" or "date shown" search on the chain of title and any liens on the property 24 hours prior to closing? Yes      No

- 7. Do you perform a "post-closing" title search and/or obtain original filed documents to assure filing was made? Yes      No
- 8. Do you conduct all closings with title insurance, title commitment, and title opinion in hand – OR – use a written disclaimer or hold harmless as to the condition of the title? Yes      No
- 9. Do you have audits performed by an independent accounting firm or your title underwriting company? Yes      No
- 10. How often are audits conducted?

If no was answered to any of the above questions please provide details on each. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 7. Loss History**

- 1. During the past five (5) years, have any claims been presented to your current or prior insurance carrier? Give full details; include description of claim, amount paid and reserves. (Add page if needed) Yes      No
- 2. Is applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? If yes, provide full details. (Add page if needed) Yes      No
- 3. Has applicant, or any other person for whom insurance is being requested, had a liability application denied, policy cancelled or policy not renewed in the past five (5) years? Yes      No

If yes, provide full details below. (Add page if needed)

4. Please detail your Loss History here:

Date	Description of Incident	Amount Paid/Reserved
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

- 5. Do you have knowledge of any incident which may lead to a claim? Yes      No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FRAUD WARNINGS

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) **(Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, NY, OK, OR, PA, PR, RI, TN, VA, WA, WV)**

**Applicable in Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, and West Virginia:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in Colorado:** 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in Florida and Oklahoma:** 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. (In FL, a person is guilty of a felony of the third degree.)

**Applicable in Kansas:** 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 commits a fraudulent insurance act.

**Applicable in Kentucky:** 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.

**Applicable in Maine, Tennessee, Virginia and Washington:** 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 a denial of insurance benefits.

**Applicable in Puerto Rico:** 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.

## REPRESENTATIONS

Verus Specialty Insurance, a Berkley Company, is authorized to make any inquiry in connection with this application. Signing this application does not bind Verus Specialty Insurance or the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application, and all previous applications and material changes thereto of which Verus Specialty Insurance or the Company receives notice is on file with Verus Specialty Insurance and is considered physically attached to and part of the policy if issued. Verus Specialty Insurance and the Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Verus Specialty Insurance, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**WARRANTY**

I/We warrant to Verus Specialty Insurance and the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should Verus Specialty Insurance and the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Verus Specialty Insurance or the Company.

It is understood and agreed that prior to the inception date of the policy no applicant knew, nor could have reasonably foreseen, any negligent act, error or omission or breach of professional duty, or personal injury or other circumstances that reasonably might result in a Claim covered by this policy.

<b>Name of Applicant:</b>		
<b>Signature of person authorized to execute on behalf of the applicant:</b>		<b>Date:</b>
<b>Print Name and Title of person authorized to execute on behalf of the applicant:</b>		
<b>Name and Address of Broker:</b>		

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

California residents: Please see our **CCPA Notice of Collection of Personal Information** available at <https://www.berkley.com/privacy#californiaConsumerPrivacyPolicy>