

A. BASIC INFORMATION

1. Applicant/Company Name: _____
2. Contact Person & Title: _____
3. Email Address: _____ Website Address: _____
4. Street Address: _____
5. City, State, Zip: _____
6. Mailing Address (if different): _____
7. Telephone Number: _____ Fax Number: _____
8. Year Established: _____
9. Applicant Type: Individual Partnership Corporation LLC
10. Please provide the ownership structure and the respective percentage of ownership:

	Name	Ownership Percentage	Active in this Operation?			
a.		%	<input type="radio"/>	Yes	<input type="radio"/>	No
b.		%	<input type="radio"/>	Yes	<input type="radio"/>	No
c.		%	<input type="radio"/>	Yes	<input type="radio"/>	No

11. Please list the states where the Applicant performs professional services:

12. Please complete the chart below. Check all boxes that apply for each. (Use a separate sheet if necessary.)

Name	Abstractor/ Searcher	Witness Closer/Notary Public	Other (Specify)	Years of Experience

Total Number of Personnel: _____

13. Please detail your annual gross income. (If new business, project first year gross income)
 - a. Revenue for LAST 12 months: \$ _____
 - b. Projected Revenue for NEXT 12 months: \$ _____
14. Please detail the percentage of annual gross income and the average number of monthly transactions from the following professional services:

		Percentage of Annual Gross Income	Average Number of Monthly Transactions
a.	Abstractor/Searcher	%	
b.	Witness Closer/ Notary Public	%	
c.	Other (Specify)	%	

15. Please detail total estimated gross income percentage by services performed.

a.	Residential	%	d.	Oil/Gas	%
b.	Commercial	%	e.	Other (Specify)	%
c.	Agricultural	%	Must TOTAL		100%

16. a. Do you hire others to perform title searches? Yes No If Yes, what % of your work? _____
 b. Do you hire others to perform notary services? Yes No If Yes, what % of your work? _____

17. Do you currently have Errors and Omissions Insurance? Yes No If YES, please provide coverage for the last year:

Insurance Company	Limits of Liability	Deductible	Premium	Policy Period

What is the **RETROACTIVE/PRIOR ACTS COVERAGE DATE** of expiring policy? _____

PLEASE ATTACH A COPY of the expiring **DECLARATIONS PAGE** showing the retroactive date.

B. LOSS/CLAIM INFORMATION

18. In the past five (5) years, has any application for this type of insurance completed by the Applicant or any other predecessor in business been cancelled or non-renewed? If **YES**, please explain (use a separate sheet if necessary): Yes No
**Not applicable in Missouri*

19. In the past five (5) years, has the applicant or any of their past or present owners, officers, or partners, given notice of any claim, suit, circumstance, or potential claim to any professional liability insurer? If **YES, please complete the attached Claim/Incident/Circumstance Information Sheet for EACH claim.** Yes No
20. Is the Applicant or any other person proposed for insurance aware of any incident or circumstance, which MAY RESULT in a CLAIM being made against the Applicant or any past or present owners, partners, officers, directors, employees, or predecessors in business that have not been reported to your professional liability insurance carrier? If **YES, please complete the attached Claim/Incident/Circumstance Information Sheet for EACH incident or circumstance.** Yes No

PLEASE BE ADVISED THAT ANY PROCEEDINGS, CLAIMS, INCIDENTS AND/OR CIRCUMSTANCES IDENTIFIED IN RESPONSES TO QUESTION NUMBER(S) 19, AND/OR 20 WILL BE EXCLUDED FROM ANY COVERAGE RESULTING FROM THIS APPLICATION



ABSTRACTORS/SEARCHERS
ERRORS & OMISSIONS
INSURANCE APPLICATION



Coverage options available below. Please check limits to be quoted.

Limit of Liability

\$500,000/\$500,000

\$1,000,000/\$1,000,000

C. ACKNOWLEDGEMENTS, AUTHORIZATION, AND SIGNATURE

FRAUD WARNING

Notice to Applicants of all states except Kentucky, Louisiana, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Puerto Rico, Virginia and Washington D.C.:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material 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 the person to criminal and civil penalties and denial of insurance benefits.

Notice to Kentucky Applicants:

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.

Notice to Louisiana Applicants:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Jersey Applicants:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New Mexico Applicants:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Notice to New York Applicants:

Any person who knowingly and with the 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each provision.

Notice to Oregon Applicants:

Any person who knowingly and with intent to defraud or deceive any insurance company or other person who files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto upon which the insurance company or any other person relies may be a crime and may provide grounds for criminal or civil penalties.



**ABSTRACTORS/SEARCHERS
ERRORS & OMISSIONS
INSURANCE APPLICATION**



Notice to Pennsylvania Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person who, files an application for insurance or a 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.

Notice to Puerto Rico Applicants:

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 by 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.

Notice to Virginia Applicants:

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.

Notice to Washington D.C. Applicants:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

IMPORTANT NOTICE: Failure to report any claim made against you during your current policy term, or facts, circumstances, or events, which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT’S ACCEPTANCE OF COMPANY’S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

This applicant declares that the information contained in this application is true and that no material facts have been suppressed or misstated. The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant’s representations. This applicant understands that incorrect information could void coverage.

Signer’s
Name:
(printed) _____

Title: _____

Signed: _____

Date: _____

(Must be signed by Owner, Partner, or Senior Officer)