



8. Is Applicant engaged in any business/profession other than as stated in question 6.? Yes [ ] No [ ]  
If Yes, please explain.

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9. Does Applicant contemplate any change in services or emphasis planned for the next 12 months?  
Yes [ ] No [ ] If Yes, please explain.

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10. Please explain what type of claim or allegations could the Applicant be involved in?

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11. **PROFESSIONAL LIABILITY COVERAGE FOR LAST 5 YEARS ( if NONE check here [ ] )**

CARRIER	LIMIT (per claim/agg)	DEDUCTIBLE	PREMIUM	EXPIRATION (mm/dd/yy)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. What is the **retroactive date** of expiring Professional Liability policy? \_\_\_\_\_(mm/dd/yy).

13. Has any insurer cancelled/refused to renew any similar coverage during the last 5 years? Yes [ ] No [ ]  
**If Yes, please provide details on separate attachment.**

14. Has any professional liability claim or suit been made against Applicant, any predecessor in business or against any past or present partner/officer(s)? Yes [ ] No [ ] **If Yes, please provide on separate attachment these details – allegations, amount of damages/demand, date of loss/date claim made/reserve amounts for indemnity and expenses as well as paid amounts for indemnity and expenses.**

15. Is the Applicant aware of any circumstance or incident which may result in any claim against them or any predecessor in business or any past or present partner/officer? Yes [ ] No [ ]  
**If Yes, please provide details on separate attachment.**

The Applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell no the Applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made part of the policy.

The Applicant understands that any subsequent contract issued by the Company will be issued on a **CLAIMS MADE FORM**.

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Signature of Applicant

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Date

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Title (Officer/Principal/Partner)

Melanie Stevenson  
520 Pike Tower  
520 Pike St., Suite 2929  
Seattle, WA 98101  
**(206) 467-6511**  
**FAX (206) 467-6557**

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1255 Caldwell Road  
P.O. Box 5725  
Cherry Hill, NJ 08034-3220  
**(856) 429-9200**  
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Austin, TX 78759  
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William Watts  
6455 East Johns Crossing  
Suite 240  
Duluth, GA 30097  
**(770) 476-1561**  
**FAX (770) 418-9597**

**ADMIRAL INSURANCE COMPANY**

1255 Caldwell Road  
Cherry Hill, NJ 08034  
Phone: 856-429-9200 Fax: 856-429-8611  
Internet: <http://www.admiralins.com>

**Title Insurance Agents/  
Abstractors/Escrow Agents/Closings Agents  
Supplement**

1. NAME OF APPLICANT: \_\_\_\_\_

2. Does any person or entity with any equity ownership interest in the title agency also own, control, manage or operate any construction business, real estate investment or development company, financial institution or title insurance carrier?  Yes  No If Yes, provide details on separate attachment.

3. Are any of the principals/key employees actively involved in any business or profession other than title agent, escrow agent, abstractor or is any other type of business or profession conducted?  Yes  No  
If Yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. <u>Professional staff</u>	<u>No. of</u>	<u>Yrs. Experience</u>
Title Agents	_____	_____
Abstractors/Searchers	_____	_____
Escrow Agents	_____	_____
Closings	_____	_____

Has any person listed above ever had a professional or business licensed suspended or revoked?  
 Yes  No If Yes, please provide details on a separate attachment.

Do the abstractors and searchers listed above meet all state or local qualifications?  Yes  No

5. Carrier Represented:

List all the title insurance companies with whom business is or has been placed for the last 5 years.

Name of Company	Date first represented	Current year premium volume	Underwriting Authority
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

6. List your five largest clients and % of gross revenue for each:

Client Name	%
_____	_____%
_____	_____%
_____	_____%
_____	_____%
_____	_____%

7. Services breakdown and gross revenue:

<u>Services</u>	Current Fiscal Yr. _____	Estimate Next Fiscal Yr. _____
Title Agent commissions/Abstracting/Search fees	\$ _____	\$ _____
Escrow Services	\$ _____	\$ _____
Closings Services	\$ _____	\$ _____
Other (describe): _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>Total Gross Revenue:</b>	<b>\$ _____</b>	<b>\$ _____</b>

8. Please advise breakdown by %, the types of Real Estate Properties you provide services for:

Residential	_____%
Commercial/Industrial	_____%
Agricultural	_____%
Oil/Gas	_____%
Precious Metals/Minerals	_____%
Other – _____	_____%

9. For the last fiscal year please show the total number of:

- (a) Abstracts or title searched performed: \_\_\_\_\_
- (b) Title opinions rendered: \_\_\_\_\_
- (c) Title insurance policies issued \_\_\_\_\_

10. List percentages of data compiled from the following sources (must equal 100%):

Courthouse Records _____	Computers/Database (using in-house programs) _____
Independent Abstracters/Searchers _____	Non-Owned or Shared Computers/Databases _____
Title Insurance Company Plant _____ (specify): _____	

11. Do you render title opinions?  Yes  No

- (a) based on your own Abstracts or Title searches?  Yes  No
- (b) on Abstracts or Title Searches of others?  Yes  No
- (c) do licensed attorneys provide these title opinions?  Yes  No

\*\*The policy will exclude professional services as an attorney

12. Are you required to hold harmless any individual or entity for whom you provide abstract or title search services?  Yes  No If Yes, please attach copy.

13. Have you handled disbursement of funds as construction progressed or period disbursement type escrows?  Yes  No If Yes, please provide details and include % of any gross revenue generated from these type escrows.

14. Describe procedures for ensuring that commingling of escrow funds does not occur: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15. Please show the total for the last fiscal year:

Escrows Opened \_\_\_\_\_ Escrows Cancelled \_\_\_\_\_  
Escrows Closed \_\_\_\_\_ Escrows Active \_\_\_\_\_  
Total Amount of Escrows \_\_\_\_\_ Average Amount \_\_\_\_\_

16. Does the applicant maintain a fidelity bond?  Yes  No If YES, specify name of carrier, limits and effective/expiration dates:

<u>Carrier</u>	<u>Limits</u>	<u>Eff. Date</u>	<u>Exp. Date</u>
_____	_____	_____	_____

17. Have you ever performed any services on properties located outside of the United States?  Yes  No  
If Yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

18. List states where you provide services: \_\_\_\_\_

I/WE HEREBY DECLARE that the above statements and representations are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be basis of any subsequent contract of insurance with the Company. Signature of the application does not bind the Applicant or the Company to complete the insurance and the Company retains the right to determine the minimum acceptable Limit of Liability.

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_