

1. Full Name of Applicant Firm: \_\_\_\_\_

Name of the title insurance agency: \_\_\_\_\_

Address, if different from law firm address: \_\_\_\_\_

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

Type of entity:

- Proprietorship  
 Corporation

- Partnership  
 Other (Describe):

2. Is the title insurance agency owned 100% by the law firm or members of the law firm? Yes  No

List each owner and their percentage of ownership in the title agency.

Owner	% Ownership	Owner	% Ownership
	%		%
	%		%
	%		%
	%		%

3. List each title insurance company represented, the approximate premium volume placed with each, and the dollar limit of responsibility, if any, in the contract with the title agency.

Insurance Company	Premium Volume	Limit of Responsibility*
	\$	\$
	\$	\$
	\$	\$

\* Please include copies of all contracts with dollar limits.

4. What is the estimated number of closings per month handled through the title agency? \_\_\_\_\_

5. Provide the number of non-lawyer staff employed in the title agency: \_\_\_\_\_

6. Please provide a breakdown of gross revenue for the past fiscal year ending:

Activity	Gross Revenue	Past Fiscal Year Revenue	Next 12 Months (Est.)
Title Agency	\$	\$	\$
Abstracting	\$	\$	\$
Escrow/Closing	\$	\$	\$
Other (please describe)	\$	\$	\$
TOTAL ALL SOURCES	\$	\$	\$

7. Does any one client represent more than 10% of the applicant's annual revenue? Yes  No

8. Do you process and issue policies? Yes  No   
 If yes, describe any restrictions placed upon you by the title company: \_\_\_\_\_

9. Does an attorney act as closing agent in all the transactions performed at the agency? Yes  No   
 If not, whom? \_\_\_\_\_

10. Are all policies physically reviewed by the agency generated by your law firm? Yes  No   
 If not, who reviews the policies for accuracy? \_\_\_\_\_

11. Are all closings handled by the title agency generated by your law firm? Yes  No   
 If not, explain: \_\_\_\_\_
12. Is the title agency currently insured for professional liability? Yes  No   
 If, yes, please attach a copy of the policy declarations.

**CLAIM INFORMATION**

1. Have any claims or suits been made during the past five years against you, your predecessor(s) in business, or any of your present or past agents? Yes  No   
 If yes, please provide details: \_\_\_\_\_
2. Are you aware of any circumstances which may result in any claim being made against you, your predecessor(s) in business, or any of your present or past agents? Yes  No   
 If yes, please provide details: \_\_\_\_\_
3. Has any title insurance policy or application for you, your predecessor(s) in business, or any of your present or past agents ever been declined or cancelled? Yes  No   
 If yes, please provide details: \_\_\_\_\_

We declare the information submitted herein is true to the best of our knowledge and that no information has been omitted or misrepresented. This information becomes a part of our Lawyers Professional Liability Application. We understand that signing this application does not bind the applicant or the Company to complete the insurance.

We further declare that we have disclosed the following number of claims, suits and incidents with this application: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Officer or Partner of Firm

\_\_\_\_\_  
 Print Name of Officer or Partner

\_\_\_\_\_  
 Title

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