

Outside Source Name _____

Address _____ City _____ State _____ Zip _____

Years Experience in Abstracting/Searching Files _____ Do they carry E & O Insurance? No Yes

If "Yes", please complete the following:

Insuring Company _____ Limits of Liability _____

Policy Number _____ Expiration Date _____

3. Indicate the number of staff **ACTIVE** within your firm in the appropriate categories below: **(COUNT EACH PERSON ONLY ONCE)**.
- a. _____ Officers, Owners, Partners, Principals, and Shareholders.
 - b. _____ Full-time professionals including: Abstractors, Accountants, Attorneys, Closers, Directors, Examiners, Managers, Searchers, Supervisors, etc. **(exclude those listed in "a" above)**
 - c. _____ Part-time professionals including: Abstractors, Accountants, Attorneys, Closers, Directors, Examiners, Managers, Searchers, Supervisors, etc. who have worked more than 20 (8 hour) days during the last 12 months. **(exclude those listed in "a" above)**
 - d. _____ Full-time clericals including: Bookkeepers, Disbursers, Marketing Representatives, Processors, Receptionists, Secretaries, Shippers, Typists, Warehousemen, etc.
 - e. _____ Part-time clericals including: Bookkeepers, Disbursers, Marketing Representatives, Processors, Receptionists, Secretaries, Shippers, Typists, Warehousemen, etc. who have worked more than 20 (8 hour) days during the last 12 months.

4. For all the agents and abstractors, provide the years of experience for each.

Name	Title	Job Description	Years Experience

5. a. Gross Revenue for the past 12 months:
- | | | | |
|----------------------------|----------|--|----------|
| Title Policy Commissions | \$ _____ | b. Estimated Revenue for the next 12 months: | \$ _____ |
| Escrow/Closing Fees | \$ _____ | | \$ _____ |
| Abstracting/Searching Fees | \$ _____ | | \$ _____ |
| Other _____ | \$ _____ | | \$ _____ |
| (explain) | | | |
| TOTAL | \$ _____ | | \$ _____ |

4. What is the approximate percentage breakdown of your total gross revenues for the last 12 months for the following categories or real estate?

- | | | | |
|--------------------------|---------|---|---------|
| a. Residential | _____ % | d. Oil/Gas | _____ % |
| b. Commercial/Industrial | _____ % | e. Precious Metals/Minerals (ie., coal, gravel, etc.) | _____ % |
| c. Agricultural | _____ % | f. Other (please describe) _____ | _____ % |

5. In what City or County courthouses are you performing searches?

6. Do these courthouses have computer, hand written or both recording systems?

7. Are the courthouses you are searching current in recording liens, mortgages, judgements, etc.? No Yes
If "NO," what is the average delay in recording new items?

8. What are your procedures if a courthouse is not current in recording new items?

9. List the Title Underwriters the firm represents:

10. List the States and Counties where the firm conducts business:

11. Does any Title Insurance Company, or any other entity, have ownership interest in the firm or vice versa? No Yes
If "YES," please explain relationship between entities and include percentage owned:

12. Is the entity in #13 above active in management of the firm? **If "YES," please explain:** No Yes

13. Does any one client represent 50% or more of the firm's gross income? **If "YES," please provide name of client, percentage of income, and relationship between entities:** No Yes

14. Has the firm or any owner, partner, shareholder, principal, officer or employee ever had an agency appointment denied, cancelled or non-renewed? **If "YES," please explain:** No Yes

17. Is any owner, partner, shareholder, principal, officer or employee involved in any other business or Entity on either a part-time or full-time basis? **If "YES," explain activity and include hours per week and income in area provided in section E.** No Yes

D. PRIOR EXPERIENCE

1. Has the firm or any member of the firm ever had an insurance company decline, cancel, refuse to renew or accept only on special terms, any professional liability or errors and omissions insurance? No Yes
If "YES," please explain: _____

2. Has the firm or any member of the firm ever been subject to disciplinary action by a state licensing Agency or other regulatory body, or has any member of the firm ever been charged with any felony or misdemeanor? **If "YES," please explain:** No Yes

3. Have any claims or suits involving services rendered as a Title Agent, Escrow Agent and/or Abstractor No Yes or other professional services been made during the past ten (10) years against(a) the firm or a predecessor in business, (b) any owner, partner, shareholder, principal, officer or employee, or (c) any independent contractor or outside source? **If "YES," number of claims _____, please complete a separate "Supplemental Claim Information Form" for each claim.**
4. Having inquired of all owners, partners, shareholders, principals, officers, employees, independent contractors and outside sources, are there facts or circumstances of which the firm is aware may result in a claim being made against the firm, its predecessors, or past or present owners, partners, shareholders, principals, officers, employees, independent contractors or outside sources? No Yes

If "YES" to question 3 or 4 above, please complete the attached supplementary claim form for each claim.

E. SUPPLEMENTAL INFORMATION (use this area to provide additional information; attach a separate sheet if necessary)

Question #	Additional Information

F. SIGNATURES - THIS APPLICATION MUST BE SIGNED BELOW BY ALL OWNERS, PARTNERS AND PRINCIPALS

The firm hereby authorizes the insurance company, its agents and representatives to secure information from its current and previous insurance carriers.

NO INSURANCE SHALL BE GRANTED UNLESS ALL QUESTIONS ARE ANSWERED.

Signature _____ Title _____ Date _____
 Signature _____ Title _____ Date _____