



Administered by:
Lockton Risk Services, Inc.
1-866-871-4996

**TITLE AGENCY
SUPPLEMENTAL APPLICATION**

DIRECTIONS: Complete this supplemental application if the Applicant firm has any operations related to title work and Title Agency coverage is being sought.

APPLICANT FIRM:

1. Title Agency Name:

Street Address:

City, State, Zip:

2. If there are other locations, please provide the above information for each location on an attachment.

3. a. Applicant firm is: Individual Corporation

b. Title Agency is: Individual Corporation

c. Is the Title Agency wholly owned by the Named Insured? Yes No

4. Date Title Agency began operations:

5. Total number of Title Agency staff:

TITLE AGENCY OPERATIONS

1. Total Title Agency annual gross revenue for the past twelve (12) months: \$

2. What is the approximate percentage breakdown of total gross revenue for the past twelve months for the following categories of real estate?

Existing Residences %

Existing Commercial Properties %

Construction / development Properties %

Agricultural or Raw Land %

Oil / Gas or Other Deposits on Property %

Other (describe) %

TOTAL 100%

3. Carriers represented – list all title insurers in which business is or has been placed in the last five (5) years. Include any bar-related title insurer or fund:

NAME OF TITLE INSURER	DATE FIRST REPRESENTED	CURRENT ANNUAL PREMIUM VOLUME	UNDERWRITING AUTHORITY (Yes or No)

4. Please answer each of the following questions "Yes" or "No". Attach a detailed explanation of any Yes answers.

a. Has the name of the Title Agency changed in the past three (3) years? Yes No

b.	Does any person or entity with any ownership interest in the Title Agency also own, control, or operate any title insurer, contracting or construction business, financial institution, or real estate development company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.	Has any title insurer ever made a claim against the Agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	Has any person at the Title Agency ever had any professional or business license of any kind suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.	Have any claims or suits been made during the past five (5) years against the Applicant Title Agency, its predecessor firm or any of the officers or employees of the firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f.	Is the Applicant Title Agency, its predecessor firm, or any officer or employee of the firm aware of any situation, circumstances, act, error, omission or personal injury that might reasonably be expected to result in a claim made against them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

INSURANCE COVERAGE

1. Prior Coverage – list all Title Agents Professional Liability Insurance carried during the past two (2) years. If none, state "None".

INSURANCE COMPANY	LIMIT OF LIABILITY	DEDUCTIBLE	PREMIUM	POLICY PERIOD

The undersigned understands the information submitted herein becomes a part of the Applicant firm's Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (month-day-year)