

**ADMIRAL INSURANCE COMPANY**

6455 East Johns Crossing, Suite 240

Duluth, GA 30097

Phone: 770-476-1561 — Fax: 770-418-9597

Internet: <http://www.admiralins.com>**APPLICATION FOR TITLE ABTRACTOR'S  
AND/OR TITLE INSURANCE AGENTS  
PROFESSIONAL LIABILITY INSURANCE  
(CLAIMS-MADE FORM)**

1. NAME OF APPLICANT: \_\_\_\_\_  
(If other than parent firm, supply full details of ownership entity)

2. MAILING ADDRESS: \_\_\_\_\_ Phone \_\_\_\_\_  
(If multiple name and locations, please attach list)

LOCATIONS: \_\_\_\_\_

3. DATE ESTABLISHED: \_\_\_\_/\_\_\_\_/\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

4. 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, please provide details on separate attachment.

5. Give E & O coverage for last three years for the firm:

Carrier	Limit	Deductible	Expiration (MM/DD/YY)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Has any application for similar insurance on behalf of the firm, any of its partner, executive officers or director or to the knowledge of the named firm, on behalf of its predecessors in business ever been declined, cancelled or renewal refused? \_\_\_\_\_. If yes, explain in detail: \_\_\_\_\_

7. Have any claims been made during the past five years against the firm, their predecessors in business or any of the present partners or to the knowledge of the firm, against any past partner? \_\_\_\_ YES \_\_\_\_ NO. If yes, please give the following information on each claim (by separate attachment if necessary).

Date of Loss: _____	Name of claimant: _____
Amount of claim: _____	Brief narrative of circumstance: _____

Present status or amount paid and by whom: \_\_\_\_\_

8. Is the firm aware of any circumstances which may result in any claim being made against the firm, their predecessors in business or any of the present or past partners? \_\_\_\_ YES \_\_\_\_ NO. If yes, please give full particulars.

Date of Loss: _____	Name of possible claimant: _____
Possible amount: _____	Brief narrative of circumstance: _____

9. To what professional associations does the firm or its partners or officers belong? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. 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 on a separate sheet.

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

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

12. DECLARATION OF STAFF

	Number	Years of Experience
(a) Owners, Officers or Partners	_____	_____
(b) Title Agents	_____	_____
(c) Abstractors/Searchers	_____	_____
(d) Escrow Agents	_____	_____
(e) Closing Agents	_____	_____
(f) Clerical Employees	_____	_____
Total Staff (Count Each Staff Member Once): _____		

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.

ABTRACTOR'S & TITLE SEARCHERS

13. List the states (including the counties thereof) in which you prepare abstracts or make title searches:

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14. Does your state(s) have legal qualifications for abstractors and/or title searchers? \_\_\_\_ YES \_\_\_\_ NO. How many of your staff meet these qualifications? \_\_\_\_\_.

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

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

16. Do you use data processing to retrieve information? \_\_\_\_ YES \_\_\_\_ NO. If yes, describe fully. \_\_\_\_\_

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17. Give names of owners, officers, directors or partners, and key employees actually engaged in business, their respective titles and their years of experience in the abstracting field.

<u>NAME</u>	<u>TITLE</u>	<u>YRS. AS ASBTRACTOR OR SEARCHER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Give total number of staff PRINCIPALLY ENGAGED in indexing, compiling, preparation, typing or checking of ABSTRACTS: \_\_\_\_\_.
19. Are you required to "hold harmless" any individual or firm for whom you provide abstract or title search services?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO.  
 Is coverage desired for claims arising out of these contractual agreements? \_\_\_\_\_ YES \_\_\_\_\_ NO.  
 If yes, supply a complete copy of each such contract, enumerate them on a separate sheet and indicate the percentage of your gross receipts applicable to each contract.

#### RENDERING TITLE OPINIONS

20. 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

21. Is coverage desired for claims based upon or arising out of any opinion of title on real estate rendered by the applicant?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO. If yes, give the names of those staff members who render such opinions and indicate whether or not they are licensed attorneys. If not a  
 — 5 years minimum experience required for non-a

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NOTE: The policy does not insure the performance or professional services as an attorney at law.

#### TITLE INSURANCE AGENTS

22. Who performs the title search for title insurance policies issued by the applicant? (If you are a Title Agent only but you do your own searching, answer questions 13 through 19 on preceding page).
- (a) Applicant agency [ \_\_\_\_\_ ]  
 (b) Outside source [ \_\_\_\_\_ ] Name: \_\_\_\_\_  
 Years in abstracting or searching field: \_\_\_\_\_  
 Does he/she carry E & O? \_\_\_\_\_ YES \_\_\_\_\_ NO Limits: \$ \_\_\_\_\_

23. What Title Insurance Company or Companies do you represent? (No abbreviations)

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24. Are you required to "hold harmless" any title insurance company or other firm or individual for whom you provide title insurance services? \_\_\_\_\_ YES \_\_\_\_\_ NO. Is coverage desired for claims arising out of these contractual agreements? \_\_\_\_\_ YES \_\_\_\_\_ NO. If yes, supply a complete copy of each such contract, enumerate them on a separate sheet and indicate the percentage of your gross receipts applicable to each contract.

25. Give names of owners, officers, directors or partners and key employees actually engaged in business, their respective titles and their years of experience in the title insurance field.

<u>NAME</u>	<u>TITLE</u>	<u>YRS. I INSURANCE</u>

26. Give total number of staff engaged in the title checks or policy issuance for TITLE INSURANCE AGENCY operations EXCLUDING those included under question 18 \_\_\_\_\_.

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

CLIENT NAME	% OF GROSS REVENUE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

28. Services breakdown and gross revenue:

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

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

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

30. 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 \_\_\_\_\_

31. 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.

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

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

Escrows Opened	_____	Escrows Cancelled	_____
Escrows Closed	_____	Escrows Active	_____
Total Amount	_____	Average Amount	_____

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

CARRIER	LIMITS	EFF. DATE	EXP. DATE
_____	_____	_____	_____

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

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

PLEASE NOTE: COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTION AND PREMIUM PAYMENT. A

PART OF THE POLICY. ICATION AND THIS APPLICATION WILL BE MADE A

Coverage is requested effective as of \_\_\_\_\_ 20 \_\_\_\_ for a limit of \$ \_\_\_\_\_ with a deductible of \$ \_\_\_\_\_.

I/WE HEREBY DECLARE that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/

determine the minimum acceptable limit of liability. lete the insurance and the Company retains the right to

_____	_____	_____
Date	Signature of Applicant	Title