

**Application for
TITLE AGENT PROFESSIONAL
LIABILITY COVERAGE**



Return Applications to:
Fox Point Programs, Inc.
250 Philadelphia Pike, 2nd Fl, Wilmington, DE 19809
800-499-7242 • Fax: 302-472-8529
www.foxpointprg.com

NOTICE: THIS IS A CLAIMS-MADE FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLUS LINES BASIS.

RATES BELOW ARE FOR APPLICANTS POSSESSING THE FOLLOWING RISK CHARACTERISTICS:

- Generates less than \$200,000 in revenues annually • No E&O claims over the past 3 years
- Does not derive any commission revenue from transactions requiring maintenance of escrow funds
- Not Domiciled in NC or WA

Select	Limit of Liability	Deductible	Premium	Taxes & Fees (Required)	Total Due (Premiums+Fee)
<input type="checkbox"/>	\$ 500,000/\$ 500,000	\$ 5,000	\$1,000	+\$100	\$1,100
<input type="checkbox"/>	\$1,000,000/\$1,000,000	\$ 5,000	\$1,250	+\$100	\$1,350

1. APPLICANT Name _____

Business Address _____

City _____ State _____ Zip _____

Tel (_____) _____ Fax (_____) _____

Email _____ Years in Business _____

Title Companies Represented: _____

Indicate, by percent, what sources are used to compile title data (Must equal 100%):

In-House Index _____% Courthouse Records _____% Title Insurance Company Resources _____%

Outside Abstractor/Searcher _____% Other (please specify): _____%

Does the firm use outside sources to perform title searches? Yes No

If an outside source used, complete the Outsourced Supplemental Form for each outside entity used.

2. FINANCIAL AND BUSINESS INFORMATION a. Total commission income, last 12 months: \$ _____

Show revenue breakdown by the following categories:

Title/Policy Commissions \$ _____ Escrow/Closing Fees \$ _____ Abstracting/Searching Fees \$ _____

Other (describe) _____ \$ _____

b. What is the approximate percentage breakdown of total income for the following categories (Must equal 100%):

Residential _____% Commercial/Industrial _____% Oil/Gas _____% Agricultural _____%

Precious Metals/Minerals (i.e., coal, gravel, etc.) _____% Other (describe): _____%

3. PRIOR INSURANCE a. Do you currently have an Errors & Omissions Insurance policy? Yes No

If "Yes", specify carrier: _____ Retroactive Date: _____

b. Has any Errors & Omissions or Professional Liability Insurance issued to the Applicant ever been declined, cancelled, or non-renewed? Yes No

c. Has any Professional Liability claim(s), complaint or proceeding been made against the Applicant or any person or organization proposed for this insurance or any predecessor organization? Yes No

If the answer to questions 3b or 3c above is "Yes", please explain on a separate sheet.

Notice to New York applicants: 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, which is a crime.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Signature of person authorized to execute on behalf of the applicant: _____ Date: _____