

Application for Professional Liability, Escrow Security Bond and Cyber Insurance

1. Name of Applicant _____ DBA _____
 Contact _____ Title _____ Phone _____ Fax _____ Email _____
 Street Address _____ City _____ State _____ ZIP _____
 Website _____ Year Established _____ Staff Size _____ (Include all owners and part time employees)
 Number of Locations _____ Number of Entities or DBAs _____ (If more than 1 location or entity name, provide details on a separate sheet of paper)

2. a) Is the Applicant controlled, owned, affiliated or associated with any other organization? Yes No
 b) Does any Person/Entity with ownership interest in the Applicant also own, control or manage another entity? Yes No
 c) If Yes: Name of Organization _____ Type of Business _____ Relationship _____
 Are services provided to the Organization? Yes, _____ % of applicant's business No
 d) Does the Applicant own a mortgage banker or mortgage broker? Yes No

3. Has the name or ownership of the Applicant changed in the past 5 years or has any other entity been acquired, merged, consolidated or liquidated with or by the Applicant in the past five years? Yes No (If Yes, provide details on a separate sheet, listing each entity name.)

4. Are owners active in daily operations of the business? Yes No 5. Are background checks performed on new hires? Yes No

6. Title Underwriters represented – list any title insurers with whom business is or has been placed in the last three years. All information must be complete. Include any bar-related title insurer or fund. (Use additional page if necessary)

| Name of Company | Date First Represented | Current Annual Premium Remittance | Is this agreement still active? |
|-----------------|------------------------|-----------------------------------|--|
| _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |

7. a) Actual gross revenue for the prior fiscal year (annualized): \$ _____

b) Second prior fiscal year: \$ _____

c) Estimate of current fiscal year gross revenues: \$ _____

d) Current fiscal year ends on: _____

8. Check applicable revenue source(s) and indicate the revenue breakdown from each service:

| | |
|-----------------------------|----------|
| Title Insurance Commissions | \$ _____ |
| Abstract/Search Fees | \$ _____ |
| Escrow/Closing | \$ _____ |
| Other (Describe) | \$ _____ |
| Total | \$ _____ |

9. Provide percentage of annual gross revenue by category:

| | |
|-------------------------|---------|
| Residential | _____ % |
| Commercial | _____ % |
| Agricultural | _____ % |
| Oil/Gas | _____ % |
| Other (Describe _____) | _____ % |
| Total (Must Equal 100%) | _____ % |

10. What percentage of Applicant's closings/signings is performed by an independent contractor? _____ %

11. What percentage of title searches are performed by a title insurer _____ % independent contractor _____ % applicant _____ %

12. Do you require independent contractors who perform services for you to maintain E&O coverage? Yes No

13. Please confirm a "bring down" or update search is performed within 7 days of the recording of all deeds or mortgages Yes No

If No, please explain: _____

14. Are 1031 tax deferred exchange services provided? Yes No

15. Does applicant have an Escrow Security Bond in force? Yes No

16. Applicant is utilizing Rynolive, Softpro or similar reconciliation software allowing title insurers to perform reconciliations? Yes No

Yes No

17. Minimum of one week vacation required for staff? Yes No

Yes No

18. Is there segregation of duties so that no single transaction can be fully controlled from initiation to recording by one person? Yes No

Yes No

19. Are voice or facsimile-initiated wire transfers performed? Yes No If Yes, are independent-call-back procedures in place? Yes No

Yes No

20. Are dual signatures required for checks written from the operating account or is an owner/manager required to sign checks? Yes No

Yes No

21. a) Are bank accounts, including escrow and trust accounts, reconciled by someone not authorized to deposit or withdrawal? Yes No

Yes No

b) If No, is the person above who reconciles and signs a majority owner? Yes No

22. Do you have a signed banking agreement on international wire transfers, such as obtaining a written, signed agreement from your bank requiring dual approval, including one approval from a majority owner prior to initiating any international wire transfers from your escrow accounts? Yes No

23. Is a three-way reconciliation of bank account to the control account and to the trial balance prepared monthly and any unusual reconciliation issue investigated properly? Yes No

24. Current E&O Coverage: (If first time coverage, fill in desired limits/deductible) Expiration Date _____ Carrier _____
 Limits _____ Deductible _____ Premium _____ Retroactive or Prior Acts Date _____

25. Has the Applicant experienced any employee dishonesty or computer crime losses in the past five years, or is the Applicant aware of any situations that may result in a loss due to employee dishonesty? Yes No

26. Have any E&O claims/suits been reported and/or claims/suits been made in the past five years against the applicant, any officers or employees, or its predecessor firm? Yes No If Yes, complete a claims supplement for each (available upon request).
27. Is the Applicant, its predecessor firm, or any of the officers or employees of the Applicant aware of any circumstance, act, error or omission which may result in a claim or suit against the Applicant, including a title policy claim reported to the Applicant or the title underwriter? Yes No

If "Yes" was answered to any of the questions 25 to 27, then please provide the specific details on the Applicant's letterhead.

It is agreed that with respect to Question 27, that if such knowledge or information exists, any claim or action arising therefrom is excluded from this proposed coverage.

28. Has any application to act as an agent for any Title Insurer been declined in the past three years? Yes No
If "yes" please explain date(s), reason(s) and provide the names of the Title Insurer(s)
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29. Has a Title Insurer canceled or non-renewed an agency contract or have you terminated an agency contract with a Title Insurer in the last three years? Yes No
If "yes" please explain date(s), reason(s) and Provide the name(s) of the Title Insurer(s).
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30. Confirm action that you undertake at least weekly off-site backups of data: Yes No

31. Confirm action that you have automatic updating virus software in force across the network: Yes No

32. Confirm action that you have at least basic password and protection in force to mitigate data exposure within your network: Yes No

In order to be eligible for Cyber Liability Coverage to be included in the package policy quoted or to be quoted, questions 31-33 must be answered affirmatively "YES". If "NO" is the response to any of these questions, please respond below how the Applicant handles the issues addressed in the specific questions

The Applicant confirms by signing this application that the Applicant is not aware of any known or actual Cyber Liability Losses. If such loss(es) exist, please provide details here:

The Applicant understands that the supplemental questions 30 - 32 are for Cyber Liability Coverage. If other Cyber Liability Coverage is in place, this policy if issued will be excess of any other valid cyber liability insurance or indemnification.

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS FOR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

Applicant hereby authorizes its title insurer to release to the professional liability carrier, or its agent, any and all information it may have concerning the Applicant, including, but not limited to, remittance histories, claims histories/losses, and any other information the carrier/agent might request. Applicant understands this information may be used to determine insurability by the professional liability carrier(s) and also may affect the professional liability insurance rates.

FOR RISKS LOCATED IN ALL STATES EXCEPT KENTUCKY:

The undersigned represents and warrants on behalf of the Named Insured and all persons/entities for whom this insurance is being purchased, that to the best of your knowledge and belief, the statements set forth herein and attached hereto are true and accurate and that there has been no attempt at suppression or misstatement of any material facts known or that should be known. We will rely upon this application and all such attachments in issuing the policy (ies).

Date: _____ Signature: _____ Title: _____

Print Name: _____ (President, CEO or Majority Shareholder)