



Great American Insurance Company SUPPLEMENTAL TITLE AGENCY APPLICATION

GENERAL INFORMATION

- Exact legal name and location of the title insurance agency: _____
Date established: _____
- Nature of title insurance agency: Integral part of the law firm Separate business entity
If a separate business entity, is the agency a:
 Proprietorship Partnership
 Corporation Other: _____
- List each owner, their affiliation with the law firm, and their percentage of ownership in the title agency.

_____	_____	_____	_____
	%		%
_____	_____	_____	_____
	%		%
- List each title insurance company you represent and the approximate premium volume placed with each.
Please provide a copy of your agency agreement with each of the companies listed below.

_____	_____	_____	_____
	\$		\$
_____	_____	_____	_____
	\$		\$

PROCEDURAL INFORMATION

- What is the estimated number of closings per month handled through the title agency? _____
- Who will be preparing the closing documents for the transactions and what is their position?

- Who will be designated within the title agency to handle the disbursement of trust account funds?
Designate each person's position within the agency.

- Who will supervise the daily title agency activities? _____
What is that person's position? _____
- Do you process and issue policies? Yes No
If yes, describe any restrictions placed upon you by the title company: _____
- Does an attorney act as closing agent in all the transactions performed at the agency? Yes No
If not, whom? _____
- Are all policies physically reviewed by the agency generated by your law firm? Yes No
If not, who reviews the policies for accuracy? _____
- Are all closing handled by the title agency generated by your law firm? Yes No
If no, from where will the closing be generated? _____
- Are all closings still handled by the law firm in the firm name? Yes No
 - If yes, will the firm charge legal fees in addition to the closing costs normally charged by the title agency? Yes No

CLAIM INFORMATION

- 1. Have any claims or suits been made during the past five years against you, your predecessor(s) in business, or any of your present or past agents? Yes No
Please provide details: _____

- 2. Are you aware of any circumstances which may result in any claim being made against you, your predecessor(s) in business, or any of your present or past agents? Yes No
Please provide details: _____

- 3. Has any title insurance policy or application for you, your predecessor(s) in business, or any of your present or past agents ever been declined or cancelled? Yes No
Please provide details: _____

We declare the information submitted herein is true to the best of our knowledge and that no information has been omitted or misrepresented. This information becomes a part of our Lawyers Professional Liability Application. We understand that an incorrect or incomplete statement could **VOID** our insurance.

Firm Name

By: _____ Date: _____

THIS AGREEMENT MUST BE SIGNED BY:
AN OFFICER, IF FIRM IS A CORPORATION
A PARTNER, IF FIRM IS A PARTNERSHIP
AN OWNER, IF FIRM IS A PROPRIETORSHIP