

MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE TITLE AGENTS, SEARCHERS AND ABSTRACTORS SUPPLEMENT

1. Name of the **Applicant's** firm:
2. Please indicate the percentages of the **Applicant's** total operations involving:
(Must total 100%.)
Title Agent _____%
Title Abstractor/Searcher _____%
Closing/Escrow Agent* _____%
*Separate Escrow Operations Supplement must be completed if the **Applicant** provides any of these services.
3. a. Estimate the percentage of the **Applicant's** total gross income generated in the following areas:
Residential _____%
Commercial _____%
Other – please describe: _____%
b. Estimate the percentage of the **Applicant's** total gross income generated in the following areas:
Oil & Gas _____%
Metal & Mineral _____%
Developers & Builders _____%
c. Please explain the **Applicant's** procedures for handling transactions requiring special expertise such as complex commercial, oil/gas or metals/minerals:
4. Does the **Applicant** have an ownership or equity interest in any of the properties that the **Applicant** performs title agent, search or abstract services for? Yes No (Please note: This activity is excluded.)
5. If licensing is required, are the **Applicant** and all appropriate individuals properly licensed? Yes No
6. Has a title company ever canceled or nonrenewed their agency contract with the **Applicant**? Yes No
If yes, please explain:
7. Who performs the **Applicant's** title searches?
(Must total 100%.)
Applicant firm: _____%
Independent Contractor: _____%
Independent Contract Name:
Address:
Years in Business:
Does Independent Contractor carry E&O? Yes No
8. Does the **Applicant** maintain an in-house title plant? Yes No
Grantor/Grantee Index? Yes No
Is it maintained using software the **Applicant** designed? Yes No
Using shared/purchased software? Yes No
9. Are there any other companies who own any percentage of the **Applicant's** company, does the **Applicant** own any percentage of any other company or is the **Applicant** in any other way affiliated with any other company? Yes No
 - a. If yes, advise who they are and explain the nature and extent of the relationship(s).
 - b. For which of these does the **Applicant** wish to extend coverage?
10. Does the **Applicant** have any written or oral agreements or understandings with any other company that involves the referral of business to or from the **Applicant's** company? Yes No
 - a. If yes, advise who they are and explain the nature and extent of the agreements or understandings.
 - b. If yes, advise if and how any compensation is exchanged under the agreements or understandings.
 - c. If yes, advise whether the relationships between the companies are disclosed to the individuals involved in the transactions involving these referrals.

d. Please indicate if any such written agreements and/or any such disclosures have been reviewed by an attorney.

11. Is the **Applicant** a party to an "affiliated business arrangement" as defined by the Real Estate Settlement Procedures Act?
 Yes No

THE REAL ESTATE SETTLEMENT PROCEDURES ACT DEFINES "AFFILIATED BUSINESS ARRANGEMENT" AS AN "ARRANGEMENT IN WHICH (A) A PERSON WHO IS IN A POSITION TO REFER BUSINESS INCIDENT TO OR A PART OF A REAL ESTATE SETTLEMENT SERVICE INVOLVING A FEDERALLY RELATED MORTGAGE LOAN, OR AN ASSOCIATE OF SUCH PERSON, HAS EITHER AN AFFILIATE RELATIONSHIP WITH OR A DIRECT OR BENEFICIAL OWNERSHIP INTEREST OF MORE THAN ONE PERCENT IN A PROVIDER OF SETTLEMENT SERVICES; AND (B) EITHER OF SUCH PERSONS DIRECTLY

OR INDIRECTLY REFERS SUCH BUSINESS TO THAT PROVIDER OR AFFIRMATIVELY INFLUENCES THE SELECTION OF THAT PROVIDER."

- a. If yes, advise who the parties to the arrangement are, and describe the nature of the arrangement.
b. If yes, advise whether "Affiliated Business Arrangement Disclosure Statements" are provided to the persons being referred.
 Yes No If yes, please provide a copy of such disclosure.
c. If yes, advise whether the persons being referred are required to use any particular provider of real estate settlement services.
d. If yes, advise what money or other thing of value is exchanged under the affiliated business arrangement.

12. To complete application, please submit copies of all agency contracts with title insurance underwriters.

THIS TITLE AGENTS, SEARCHERS AND ABSTRACTORS SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

Date

Signature/Title

NOTE: THE SIGNATURE MUST BE THAT OF AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER OF THE APPLICANT'S FIRM.