

TITLE AGENCY SUPPLEMENT

| 1. | Law Firm Name: | | | | | | |
|------------------|--|--------------------------------|---------------------------|-------------|-----------------------|--|--|
| | Name of the title insurance agency: | | | | | | |
| | Address, if different from law firm address: | | | | | | |
| | Date established: | | | | | | |
| | Type of entity: | | | | | | |
| | ☐ Proprietorship ☐ Corporation | | nership er (Describe): | | | | |
| 2. | Is the title insurance agency owned 100% by the law firm or members of the law firm? Yes No | | | | | | |
| | List each owner and their percentage Owner | e of ownership in the title ag | | Owner | % Ownership | | |
| | Owner | % Ownership | % | Owner | % Ownership | | |
| | | | % | | % | | |
| | | | % | | % | | |
| | | | % | | % | | |
| 3. | List each title insurance company represented, the approximate premium volume placed with each, and the dollar limit of responsibility, if any, in the contract with the title agency. | | | | | | |
| | Insurance Company | | mium Volume | | of Responsibility* | | |
| | | \$ \$ | | \$ \$ | | | |
| | | Б | | \$ | | | |
| 4. | * Please include copies of all conf What is the estimated number of clos | | rough the title agency | | | | |
| 4 . 5. | Provide the number of non-lawyer sta | | | y ! | | | |
| 6. | Please provide a breakdown of gross revenue for the past fiscal year ending: | | | | | | |
| •. | Activity | Gross Revenue | | ear Revenue | Next 12 Months (Est.) | | |
| | | \$ | \$ | | \$ | | |
| | | \$ | \$ | | \$ | | |
| | Ü | \$ \$ | \$ \$ | | \$ \$ | | |
| | | \$ \$ | \$ | | \$ | | |
| 7. | Does any one client represent more than 10% of the applicant's annual revenue? Yes No If yes, please provide a list all such clients and the percentage of the firm's gross receipts on firm letterhead. | | | | | | |
| 8. | Do you process and issue policies? If yes, describe any restrictions placed upon you by the title company: Yes No | | | | | | |
| 9. | Does an attorney act as closing agent in all the transactions performed at the agency? Yes | | | □ No □ | | | |
| 10. | Are all policies physically reviewed b If not, who reviews the policies for ac | | your law firm? | Yes | □ No □ | | |
| | • | - | | | | | |

| 11. | Are all closing handled by the If not, explain: | title agency generated by your law firm? | Yes | No 🗌 | | | |
|-------|---|--|---------------------|--------|--|--|--|
| 12. | involving natural resources, of If yes, please complete the a. How much of the firm's re | | d in title work Yes | No 🗌 | | | |
| 13. | Is the title agency currently in If, yes, please attach a copy | | Yes | S No 🗆 | | | |
| 14. | parties at the client or ba | nstructions always verified by phone contac | Yes | No □ | | | |
| 15. | Does the title agency have a lif yes, please attach a copy | ☐ cyber policy, ☐ crime policy or ☐ bone of the policy declarations. | d? Yes | No 🗌 | | | |
| CLAII | M INFORMATION | | | | | | |
| 16. | | made during the past five years against years of your present or past agents? | ou, your Yes | □ No □ | | | |
| 17. | | tances which may result in any claim being usiness, or any of your present or past age | | □ No □ | | | |
| 18. | | or application for you, your predecessor(s) ents ever been declined or canceled? | in business, or Yes | □ No □ | | | |
| | We declare the information submitted herein is true to the best of our knowledge and that no information has been on misrepresented. This information becomes a part of our Lawyers Professional Liability Application. We understand that this application does not bind the applicant or the Company to complete the insurance. We further declare that we have disclosed the following number of claims, suits and incidents with this application: | | | | | | |
| _ | Signature of Applicant | | | | | | |
| _ | Print Name | Title | Date: | | | | |

THIS APPLICATION MUST BE SIGNED BY A FIRM PRINCIPAL