

**TITLE ABSTRACTORS  
SUPPLEMENTAL APPLICATION**

1. Please provide an approximate percentage breakdown (based on revenues) of the following service areas:

Abstractor \_\_\_\_\_ Searcher \_\_\_\_\_ Title Insurance Agent \_\_\_\_\_  
Other (please describe) \_\_\_\_\_

2. a) Average number of years of experience of Professional Employees in field of

Abstracting/Search \_\_\_\_\_ Title Insurance Agent \_\_\_\_\_

b) Number of Professional Employees with less than 3 years experience \_\_\_\_\_

3. List states where Title Abstracting or Searching is undertaken.

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4. a) Are you a licensed Abstractor/Searcher? ( ) YES ( ) NO

Title Insurance Agent? ( ) YES ( ) NO

b) Does your state have legal qualifications? ( ) YES ( ) NO

c) Do you provide U.C.C. reports? ( ) YES ( ) NO

Do you certify accuracy? ( ) YES ( ) NO

5. Does any Title Insurance Company have ownership interest in the applicant? ( ) YES ( ) NO

If YES, explain and include percentage owned. \_\_\_\_\_

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6. Do you compile data:

Direct from court house records? ( ) YES ( ) NO

From an independent set of abstract books and tract indexes? ( ) YES ( ) NO

From another source? ( ) YES ( ) NO If YES, please attach a description.

7. Do you use computerized data processing to retrieve information?

YES ( ) NO ( ) If YES, describe fully. \_\_\_\_\_

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**(Questions 8 & 9 For Title Insurance Agents Only)**

8. Does the applicant title insurance agent perform title searches or abstracts for any of the Title insurance policies the applicant issues? YES ( ) NO ( )

If YES, has the Title Insurance Company been informed of this? YES ( ) NO ( )

If an outside source performs searches, complete the following:

- a) Name \_\_\_\_\_
- b) Years in abstracting or searching field \_\_\_\_\_
- c) Name of errors and omissions carrier? \_\_\_\_\_

9. Provide a listing of Title Insurance Companies you represent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Has any employee of the applicant ever been reprimanded, censured or prosecuted for title agent activities? YES ( ) NO ( )

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of person authorized  
to execute on behalf of the Applicant