

**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.

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. _____

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. _____

(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