

**TITLE AGENCY  
SUPPLEMENTAL APPLICATION**

**DIRECTIONS:** Complete this supplemental application if your firm has any operations related to title work.

APPLICANT FIRM: \_\_\_\_\_

1. Title Agency Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, ST, Zip \_\_\_\_\_

2. If there are other locations, please provide the above information for each location on an attachment.

3. Applicant is:  Individual     Corporation

4. Date Title Agency began operations: \_\_\_\_\_

5. Total number of title agency staff: \_\_\_\_\_

**TITLE AGENCY OPERATIONS**

1. Total annual gross revenue for the past twelve (12) months: \$ \_\_\_\_\_

2. What is the approximate percentage breakdown of your total gross revenue for the past twelve months for the following categories of real estate?

Existing Residences	_____	%
Existing Commercial Properties	_____	%
Construction / development Properties	_____	%
Agricultural or Raw Land	_____	%
Oil / Gas or Other Deposits on Property	_____	%
Other (describe) _____	_____	%
<b>TOTAL</b>	<b>100</b>	<b>%</b>

3. Carriers represented – list all title insurers in which business is or has been placed in the last five (5) years. Include any bar-related title insurer or fund:

NAME OF TITLE INSURER	DATE FIRST REPRESENTED	CURRENT ANNUAL PREMIUM VOLUME	UNDERWRITING AUTHORITY (Yes or No)

4. Please answer each of the following questions "Yes" or "No". Attach a detailed explanation of any "Yes" answers.

- a. Has the name of the agency changed in the past three (3) years?  Yes  No  
Does any person or entity with any ownership interest in the title agency also own, control, or operate any title insurer, contracting or construction business, financial institution, or real estate development company?  Yes  No
- b.  Yes  No
- c. Has any title insurer ever made a claim against your agency?  Yes  No
- d. Has any person at your title agency ever had any professional or business license of any kind suspended or revoked?  Yes  No
- e. Have any claims or suits been made during the past five (5) years against the applicant, its predecessor firm or any of the officers or employees of the firm?  Yes  No
- f. Is the applicant, its predecessor firm, or any officer or employee of the firm aware of any situation, circumstances, act, error or omission which may result in a claim made against them?  Yes  No

**INSURANCE COVERAGE**

1. Prior Coverage – list all title agents professional liability insurance carried during the past two (2) years. If none, state "None".

INSURANCE COMPANY	LIMIT OF LIABILITY	DEDUCTIBLE	PREMIUM	POLICY PERIOD

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

\_\_\_\_\_  
Signature of Owner, Officer or Partner

\_\_\_\_\_  
Print or Type Name and Title

\_\_\_\_\_  
Date (month-day-year)