

## Title Agency or Company Supplement

Complete one form for each title agency/company. Use letterhead if space is insufficient to answer any question.

Firm: \_\_\_\_\_ Policy No.: \_\_\_\_\_

1. Is the Firm applying for a new policy with ISBA Mutual?  Yes  No

If **yes**, then respond to all of the questions below for the period of the past **3 years**.

If **no**, then respond to all of the questions below for the period of the past **12 months**.

2. Title Agency/Company Name: \_\_\_\_\_

3. Title Agency/Company Principal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

4. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

5. Are there other office locations?  Yes  No

If **yes**, provide a list of all locations and a breakdown of staff and revenue derived from each location.

6. Date title agency/company established: \_\_\_\_\_

7. Total number of staff: \_\_\_\_\_

8. Does the Firm and/or lawyers of the Firm own 100% of the title agency/company for which coverage is desired?  Yes  No

If **no**, do not proceed. Instead, call ISBA Mutual at 1-800-473-4722 or email [underwriting@isbamutual.com](mailto:underwriting@isbamutual.com).

9. Total title agency/company annual gross revenue for the past **12 months**: \$ \_\_\_\_\_

10. Anticipated title agency/company annual gross revenue for the **current year**: \$ \_\_\_\_\_

11. Does the title agency/company work in oil/gas or mineral interest?  Yes  No

If **yes**, provide percentage of annual gross revenues for the past **12 months**.

a. \_\_\_\_\_% Oil/Gas

\_\_\_\_\_% Mineral Interest

b. Provide details on experience in these areas.

12. Is the title agency/company currently insured by ISBA Mutual?  Yes  No

If **no**, then answer the following questions.

- a. Has the title agency/company name changed?  Yes  No

If **yes**, provide prior names and dates. \_\_\_\_\_

- b. Has the title agency/company acquired, been acquired by, consolidated with, merged with or purchased any other title agency/company?  Yes  No

If **yes**, provide details and dates.

# Title Agency or Company Supplement

- c. Does any person or entity with an equity interest in this title agency/company also control, manage, operate or own any construction firm, financial institution, real estate development company, or real estate investment company?  Yes  No

If **yes**, provide details and dates. \_\_\_\_\_

- d. Does a single client or related group of clients represent **50%** or more of the title agency/company's revenue?  Yes  No

If **yes**, identify the client and provide details. \_\_\_\_\_

- e. Has anyone at the title agency/company had their license suspended or revoked?  Yes  No

If **yes**, identify the person and provide details. \_\_\_\_\_

- f. Has any carrier cancelled, refused to renew or decline the title agency/company's errors and omissions insurance coverage?  Yes  No

If **yes**, identify the carrier and provide details. \_\_\_\_\_

13. a. Identify the companies represented. Indicate the dates represented for each.

- b. Has the title agency/company appointment ever been discontinued?  Yes  No

If **yes**, provide details. \_\_\_\_\_

14. Identify the title agency/company's professional liability coverage for the past **5 years**, including dates of coverage and the identity of the insurance carrier.

15. a. Have any claims or suits been made against the title agency/company, a prior name of the title agency/company or anyone employed by, affiliated or with a financial or ownership interest in, or an owner, officer partner or director of the title agency/company or a former name of the title agency/company? (Do not confine your response to professional liability claims and suits, but exclude vehicle/personal injury.)  Yes  No

If **yes**, on letterhead provide the claimant's name, date claim made, nature of claim, amount sought, amount paid, reserve amounts and present status of the claim.

- b. Is the title agency/company, or anyone employed by, affiliated with or with a financial or ownership interest in the title agency/company aware of any circumstance, act, error or omission which may result in a claim made against them? (Do not confine your response to professional liability claims and suits, but exclude vehicle/personal injury.)  Yes  No

If **yes**, on letterhead provide the name of the potential claimant, date first aware of the potential claim, date(s) of the potential wrongful act, description of the circumstance that may result in a claim, and the potential injury and damage.

I/We affirm that after an inquiry of all owners, officers, partners, directors, members, employees, contractors, independent contractors of the title agency/company, the information contained herein is true and complete to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein.

Signature of Owner, Partner, or Officer (Lawyer Only) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_