

Professional Liability: Title Agent, Abstractors & Escrow/Closing Agents Supplement

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The Applicant is applying for CLAIMS-MADE Professional Liability POLICY which, if issued, applies only to CLAIMS FIRST MADE AND REPORTED DURING THE POLICY PERIOD. The LIMIT OF LIABILITY available to pay DAMAGES will reduce and may be exhausted by the payment of CLAIM EXPENSES.

Applicant means all disclosed corporations, organizations or other entities, including subsidiaries, proposed for this coverage. Please complete all questions with an answer, if a question is not applicable then answer with N/A.

1. Applicant Information:

Name of Applicant: _____

2. Please provide revenue values for the following areas:

Professional Services Offered	Revenues
Title Agent	
Title Abstracting/ Searcher	
Escrow Services	
Closing Services	
Other: please specify	
TOTAL	

3. Please provide the percentage of total income derived from the following :

Area of Practice	Percentage of income
Residential	
Commercial	
Agricultural	
Oil/Gas	
Mining/Mineral	
Other: please specify	
TOTAL	100%

4. Is the Applicant a law firm? No Yes

5. Is the Applicant owned by any title insurance company or affiliated with any title insurance company through common ownership? No Yes If "Yes" please explain

6. Title Agents & Abstractors N/A

a. Please complete for the title insurance companies you represent:

Title Insurance Company	Premium Volume	# of Years Represented	Binding Authority Y/N

b. **Has the Applicant had an agency appointment with any title insurance company discontinued in the past 5 years?** No Yes If "Yes", please explain

c. **Does the Applicant perform or handle any tax-deferred real estate exchanges?** No Yes
 If yes, how many have you performed in the past 12 months? _____

d. **Does the Applicant have any procedures/policies in place designed to protect against fraud committed by parties involved in the Applicant's transactions?** No Yes

e. **Does the Applicant verify the legal description on all properties?** No Yes

f. **Does the Applicant have a policy regarding transactions that involve properties that have been conveyed more than once within a certain period of time?** No Yes If "Yes", please explain

g. **Does the Applicant perform a post closing title search to ensure that all filings made by the Applicant have been officially recorded and appear on public record?** No If "No", please explain Yes

h. **Is the applicant in good standing with the American Land Title Association, or any state title association?** No, If "No", please explain below Yes N/A (not part of any Title Associations)

7. Escrow/Closing/Settlements N/A

- a. **Number of escrow/closings/settlements conducted per year?** _____
- b. **Does the Applicant require written contract/instructions for each escrow closing?** No Yes
- c. **Does the Applicant have an escrow file audit procedure?** No Yes
- d. **Does the Applicant require initials or signatures from all parties when a change has been made from the original escrow contract?** No Yes
- e. **Does the Applicant use encrypted emails with outside parties?** No Yes
- f. **Does the Applicant confirm written wiring instructions by phone?** No Yes

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|----|---|----|-----|
| g. | Does the Applicant only send wires to an account in the recipient's name? | No | Yes |
| h. | Does the Applicant ever close without title insurance, a title insurance commitment or title opinion? | No | Yes |
| i. | Are the Applicant's escrow agents required to have a license in any of the states in which they provide escrow services? | No | Yes |

FALSE INFORMATION

THIS SUPPLEMENT WILL BE ATTACHED TO AND BECOMES A PART OF THE MISCELLANEOUS PROFESSIONAL LIABILITY POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

Signature: _____

Print Name/Title: _____

Date: _____

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by an authorized representative.

Signing of this form does not bind the applicant or the Underwriters to complete this insurance.