



TITLE INSURANCE AGENCY SUPPLEMENT

Firm Name:	
Policy Number:	

1. Name of Title Insurance Agency: _____

2. Does the applicant have sole ownership interest: YES NO

If NO, please provide:

- The percentage of ownership interest the applicant has: _____
- Nature of interest the applicant has: _____

3. What is the month, day, and year the Title Insurance Agency was formed: _____

4. How many Title Insurance Agents work solely for the Title Insurance Agency? _____

5. How many employees other than Title Insurance Agents work solely for the Title Insurance Agency? _____

6. How many of the applicant law firm's attorneys are Title Insurance Agents for the Title Insurance Agency? _____

7. After inquiry, is anyone in the firm aware of any professional liability claim made against such Title Insurance Agency, their predecessors, or their present or former agents or employees, while affiliated with the Title Insurance Agency, in the past 5 years? YES NO

If YES, please describe:

8. After inquiry, is anyone in the firm aware of any acts or omissions that may reasonably be expected to be the basis of claims being made against such Title Insurance Agency, their predecessors, or their present or former agents or employees, while affiliated with the Title Insurance Agency? YES NO

If YES, please describe:

9. Has any similar insurance for any such Title Insurance Agency, their predecessors in business, or for their present or past agents ever been declined or cancelled? YES NO

If YES, please describe:

10. Is the Title Insurance Agency currently insured for professional liability? YES NO

If YES, please provide the prior acts exclusion date, if applicable (mm/dd/yy): _____

If YES, has the Title Insurance Agency ever purchased an Extended Reporting Period Option? YES NO

If YES, please provide insurance history below. If the Title Insurance Agency is a spin-off from another Title Insurance Agency please include the number of years that Title Insurance Agency has been continuously covered.

Year	Insurance Company	Limits (per claim/aggregate)	Retention / Deductible	# of Attorneys Covered	Annual Premium
5					
4					
3					
2					
1					



11. List the names of the Title Insurance Companies whom the applicant represents and the approximate premium volume placed with each Title Insurance Company.

	Title Insurance Company	# of Agents	# of Employees	Annual Premium Volume
1				
2				
3				
4				
5				

12. Are the majority of the clients of the Title Insurance Agency also clients of the applicant firm? YES NO

13. Are the Title Insurance Agency activities ancillary to the firm's traditional legal services? YES NO