

TITLE AGENCY SUPPLEMENT

1. Name of Applicant:

2. The Applicant is:

- a. Licensed Abstractor/Searcher? Yes No
- b. Licensed Title Insurance Agent Yes No
- c. Escrow Agent Yes No
- d. Does your state have legal qualifications? Yes No
- e. Does the Applicant provide U.C.C reports? Yes No
- f. Does the Applicant certify accuracy? Yes No

3. List the states where Title Abstracting or Searching is undertaken.

4. Does the Applicant compile data?

- a. Direct from court house record? Yes No
- b. From an independent set of abstract books and tract indexes? Yes No
- c. From another source? Yes No

5. Please indicate by percentage of revenue derived from or associated with the following:

- Commercial _____%
- Residential _____%
- Agricultural _____%
- Energy/Oil & Gas _____%
- Precious Metals/Minerals _____%
- Other (Please Describe) _____%

QUESTIONS 6 & 7 FOR TITLE INSURANCE AGENTS ONLY !

6. Does the Applicant perform title searches or abstracts for any of the title insurance policies that the Applicant issues? Yes No

a. If "yes", has the Title Insurance Company been informed of this? Yes No

b. If an outside source performs searches, please complete the following:

- I. Name: _____
- II. Years in abstracting or searching field: _____
- III. Name of Professional Liability Insurer ? _____

7. Carriers Represented - List all title insurers in which business is or has been placed in the past five years. All information must be complete. Please include any bar-related title insurer or fund.

Name of Title Insurer	Date First Represented	Current Annual Premium Volume	Underwriting Authority (Yes or No)

b. Has the Applicant's agency appointment with any title insurance carrier ever been discontinued in the last five years? (If "yes", please provide full details) Yes No

NOTICE

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions.

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Owner, Partner or Principal	Title	Date	Signature of
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