

ISBA MUTUAL INSURANCE COMPANY

SEPARATELY OWNED/OPERATED TITLE AGENCY OR COMPANY SUPPLEMENT

PLEASE TYPE OR PRINT IN INK. COMPLETE ONE FORM FOR EACH TITLE AGENCY/COMPANY, AS APPROPRIATE. If space is insufficient to answer any question, please use Applicant letterhead. Please answer all questions completely.

Applicant Name: _____ Policy No.: _____

1. Title Agency/Company Name: _____

2. Title Agency/Company Principal Address:

Street Address

City

State

Zip Code

County

3. Telephone: (____) _____ Fax: (____) _____ Email: _____

4. Are there other office locations? Yes No

If YES, please provide on separate sheet of the agency / company letterhead a list of all locations and a breakdown of staff and revenue derived from each location.

5. a. Date title agency/company established: _____ b. Total Number of Staff: _____

6. Does Applicant own 100% of the title agency/company for which coverage is desired? Yes No

If no, please provide explanation.

7. Total agency/company annual gross revenue for the past 12 months: \$ _____

8. Anticipated agency/company annual gross revenue for the current year: \$ _____

9. Please provide a breakdown of the agency/company revenue:

a. ____ % Commercial Property c. ____ % Oil/Gas e. ____ % Other

b. ____ % Mineral Interest d. ____ % Residential

10. Please answer each of the following questions. **Attach a detailed explanation for each YES answer on Applicant letterhead.**

a. Has the agency/company name changed in the past 5 years? Yes No

b. Has the agency/company acquired, been acquired, consolidated with, merged with or purchased any other agency/company in the past 5 years? Yes No

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

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

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

f. During the past 5 years, has any carrier cancelled, refused to renew or decline the agency/company's errors and omissions insurance coverage? Yes No

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Applicant Name: _____ Policy No.: _____

11. a. Name(s) of carrier(s) represented. Please also indicate the length of time each has been represented:

- b. Has your agency appointment with any carrier been discontinued? Yes No
c. Has any carrier ever made a claim or filed a lawsuit against you? Yes No

12. List the agency's and any of its predecessor firm's professional liability coverage for the past 5 years:

13. a. Have any claims or suits been made during the past 5 years against the Applicant, its predecessor firm, or any of the officers or employees of the firm? Yes No

If YES, please attach a statement of details on Applicant's letterhead. Information should include name of claimant, date claim made, nature of claim, amounts sought, amounts paid, any reserve amounts and present status of claim.

- b. Is the Applicant, its predecessor firms, or any officer or employee of the firm aware of any circumstances, act, error or omission which may result in a claim made against them? Yes No

If YES, please attach a statement with specific details on Applicant's letterhead.

I/We affirm that 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, should the Company evidence its acceptance of this application by issuance of a policy.

Signature of Owner, Partner, or Officer _____ Date _____

Print Name _____ Title _____