



TITLE INDUSTRY
ASSURANCE COMPANY
A Risk Retention Group

7501 Wisconsin Avenue, Suite 1500E • Bethesda, MD 20814-6522 • 800-628-5136 / FAX: 800-TIAC-FAX

Title Agents and Abstracters Professional Liability Insurance
Expedited Premium Estimate Form

Just give us a few facts about your firm and see how competitive TIAC's premiums really are!

1. Name of Person to Contact, Firm Name and Address:

Email: _____

Phone: _____ **Fax:** _____

2. Total Staff Size. _____
(All owners, officers & employees engaged in abstracting, searching, title underwriting, title opinions, escrow/closing, recording, commitment and policy preparation.)

3. Annual Gross Income for past 12 months (if a **new** entity, next 12 months estimate):

a. Title Agency Commissions (*excluding payments to underwriters*) \$ _____

List Title Underwriter(s): _____

b. Abstracting/Searching Fees \$ _____

c. Escrow/Closing Fees \$ _____

d. Other (*describe*) \$ _____

Total: \$ _____

4. Current E & O Coverage

Insurer: _____ Expiration Date: _____ Deductible \$ _____

Limits of Limits \$ _____ per claim/\$ _____ aggregate Premium \$ _____

Retroactive or Prior Acts Date ____/____/____

5. E & O Claims Experience

a. Have any E & O claims been made during the past six (6) years against the applicant? YES NO

b. **If YES**, did any of the claims, *whether insured or not*, (1) result in payment and/or defense costs totaling \$2,500 or more, or (2) is it anticipated that payments and/or expenses will total \$2,500 or more? YES NO

c. **If Yes to 5b above, provide details including loss runs on a separate sheet of paper.**

If you will fax this form back to us at (800) TIAC-FAX (800-842-2329) or email to info@tiacrrg.com we will have a response back to you, usually *within 48 hours!*

The bottom line: Take a moment. Fill out the form and discover what many successful firms, like yours, have already learned:

TIAC is the best value for you!