



Title Industry Assurance Company
 Risk Retention Group
 7501 Wisconsin Avenue, Suite 1500E
 Bethesda, MD 20814
 800-628-5136 • FAX: 800-TIAC-FAX

Abstracters, Title Insurance
 Agents & Escrow Agents
 Professional Liability (E&O)
 Insurance
RENEWAL APPLICATION

ENDORSED BY THE AMERICAN LAND TITLE ASSOCIATION

NOTICE: A policy may be issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your state. State guaranty funds are not available for your risk retention group.

The insurance coverage for which you are applying is written on a **CLAIMS MADE AND REPORTED** policy. Therefore, only claims which are first made against the Insured and reported during the policy period are covered, subject to policy terms, exclusions and conditions including the notice of claim conditions of the policy. "Claim" means a demand for money or services, alleging a wrongful act by the Insured, including the service of suit or institution of arbitration proceedings.

INSTRUCTIONS: Please **TYPE** or **PRINT clearly**. Please answer **ALL questions completely**. If there is insufficient space to complete an answer, please continue on a **separate sheet** of your firm's letterhead, indicating the number of the question(s). This form must be **completed, signed** and **currently dated** by a **principal** or **owner** of the firm applying for coverage.

IMPORTANT: This application is only for renewing a "prior acts only" policy for an Insured that is **no longer active**.

1. Name of Applicant/Firm (**include ALL firm names, trading names or DBA=s under which applicant operates**):

Street Address (and **mailing address**, if different than street address) for **ALL locations**.*

City: _____ County: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

e-mail address: **(REQUIRED):** _____

2. Have there been any changes in the firm's **organization, ownership** or **operations** since last year? **YES** **NO**
 If **YES**, please provide a detailed explanation on a separate sheet.

3. Date applicant's business activities ceased.....(mm/dd/yyyy)_____

4. During the past year, has any claim been made or are there any circumstances which may result in a claim that have **NOT BEEN REPORTED** to TIAC? If **YES**, please explain on a separate sheet..... **YES** **NO**

5. During the past year, has any person who is an owner, member or officer of the applicant had an agency agreement terminated, a license revoked or suspended, or been formally reprimanded or subject to disciplinary action?
 If **YES**, please explain on a separate sheet..... **YES** **NO**

I/we hereby warrant, after inquiry of all persons identified in response to question 5.a., that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the Company and that coverage, if written, may be affected by any suppression or misstatement. It is understood and agreed that this application forms a part of any policy issued by the Company to the applicant and shall be deemed to be attached to and form a part of the policy. It is understood and agreed that completion of this application does not bind the Company to issue nor the applicant to purchase the insurance.

Name and Title of Applicant (**please PRINT**) _____

Signature of Applicant: _____ Date: _____

(Application must be signed by a principal or owner of the firm)

Please **FAX** or mail your completed & signed renewal application and any other required material to:

Title Industry Assurance Company
 7501 Wisconsin Avenue, Suite 1500E, Bethesda, MD 20814
 FAX: 800-TIAC-FAX (800-842-2329)