



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 an **owner, member, principal** or **officer** of the firm applying for coverage.

IMPORTANT: Active membership in the American Land Title Association (ALTA) is required to renew this coverage

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: _____ Web Address: _____

E-Mail Address: _____

2. Please list complete addresses of **any ADDITIONAL OFFICES** on a separate sheet. If **NONE**, check here: **NONE**

3. Please list all states in which the Applicant provides professional services:

4. 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.

5. Applicant's business activities: **Title Agent** **Abstracter/Searcher** **Escrow/Closing** **Other** _____

6. If the Applicant's activities include acting as a **title agent**, please list the title insurer(s) with whom the firm has agency contracts and the approximate percent of title insurance premium written with each:

<u>TITLE INSURER</u>	<u>PERCENT OF PREMIUM</u>
_____	_____ %
_____	_____ %
_____	_____ %

7. **OWNERS AND STAFF:** (indicate numbers; count each person only once):

a. All **owners, officers** and **employees** engaged on a **full** or **part-time** basis in one or more of the following activities: **abstracting, searching, title underwriting, title opinion, escrow/closing services, commitment or policy preparation/production:** _____

b. On a **separate sheet**, state the **name, activities** and **years of experience** for each owner/staff member.

c. Of the number in 7.a., how many are **part-time** (i.e., less than 20 hours per week)?..... _____

d. Are **independent contractors** hired to search titles or to perform closings or other services?..... **YES** **NO**

e. If **YES** to 7.d., do **independent contractors** maintain their own E&O insurance?..... **YES** **NO**

f. What percent of Applicant's business is performed by **independent contractors**?..... _____ %

Describe such services: _____

8.	GROSS REVENUE: show all revenue, fees and commissions before deduction of expenses.	Past fiscal year ending: _____	Next 12 months (Estimated)
a.	Title Agency Commissions (NOT Premiums)	\$	\$
b.	Abstracting/Searching Fees	\$	\$
c.	Escrow/Closing/Witness Closing Fees	\$	\$
d.	Other Services (please describe services and revenue from each service on a separate sheet)	\$	\$
e.	Total gross revenue from all sources	\$	\$

9. Is the Applicant controlled by or owned by or associated with, or does the Applicant control or own, **any other firm or business?**
If YES, please explain on a separate sheet......YES NO

10. Is the Applicant (including any owner, partner, member, director, officer, or employee), any subsidiary, parent or other related or affiliated organization engaged in: title underwriting as an insurer; real estate brokerage or sales; real estate development or construction; real estate lending; the formation, management or organization of group investments/syndications (including limited partnerships, general partnerships, real estate investment trusts or corporations); the practice of law or any business enterprise or professional practice **OTHER THAN** title agency, abstracting/searching or escrow/closing?YES NO
If YES, please explain on separate sheet.

11. **Limits of liability** (each claim/annual aggregate) requested:
 \$250,000/\$250,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000
 \$250,000/\$500,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

Deductible (each claim) requested:
 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

12. After inquiry of all persons identified in response to question 7.a., 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?YES NO
If YES, please explain on a separate sheet. NOTE: Any claim arising from any wrongful act, error, omission, circumstance, fact or situation required to be disclosed in response to Question 12 is EXCLUDED from coverage under the proposed insurance.

13. During the past year, has the Applicant or any person identified in response to question 7.a. had an agency agreement terminated, a license revoked or suspended, or been formally reprimanded or subject to disciplinary action?YES NO
If YES, please explain on a separate sheet.

I/we hereby warrant, after inquiry of all persons identified in response to question 4, that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts. I/we agree that this Application, including any attachments, shall be deemed to be material to the risk assumed by TIAC; shall be the basis of the contract with TIAC; and that any policy issued may be affected by any suppression or misstatement. It is understood and agreed that this Application forms a part of any policy issued by TIAC 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 TIAC to issue nor the Applicant to purchase any policy.

If there is any significant change in the operations of the Applicant, or if any information supplied in this Application or any attachment to this Application changes between the date of this Application and the policy inception date, which would render this Application or any attachment to this Application inaccurate or incomplete, the Applicant agrees to provide immediate notice in writing to TIAC of any such change.

Any material misrepresentation or concealment in apply for this policy or in pursuing a claim under this policy shall be deemed ground for denial of coverage and/or cancellation or rescission of this policy.

Name and Title of Applicant
(please print): _____

Signature of Applicant: _____ Date: _____
(Application must be signed by an owner, member, principal, or officer of the firm)

Please email, fax, or mail your completed and signed renewal application and any other required material to:

Title Industry Assurance Company RRG
7501 Wisconsin Avenue, Suite 1500E
Bethesda, MD 20814-6522
Phone: 800-628-5136 ~ Fax: 800-842-2329
Email: info@tiacrrg.com



Title Industry Assurance Company

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

Abstracters, Title Insurance Agents & Escrow
Agents Professional Liability Insurance

PRIVACY BREACH AND CLIENT FUNDS PROTECTION COVERAGE SUPPLEMENTAL APPLICATION
Applicant's Instructions – Please Read Carefully

- (a) This form is to be completed by all Applicants.
- (b) Answer all questions and please neatly print or type all answers.
- (c) An owner, member, principal, or officer of the Applicant firm must sign this page in addition to the last page of the TIAC Professional Liability (E&O) Application.

1. Name of Applicant: _____
2. Does the Applicant have written computer and information system policies and procedures in place? YES NO Do you require all employees to take training and follow procedures? YES NO If NO, please explain in writing on a separate sheet..
3. Approximately how many customer, client and employee personal or confidential records did you store, hold or possess in the last 12 months? _____
4. Does the Applicant have anti-virus, anti-spyware and firewall software installed and enabled on all desktops, laptops, portable electronic devices and servers and is it updated on a regular basis? YES NO If NO, please explain in writing on a separate sheet.
5. Does the Applicant have and enforce policies concerning the encryption of internal and external communications and records? YES NO If NO, please explain in writing on a separate sheet.
6. Does the Applicant wire funds? YES NO If YES, are staff responsible for wire transfers provided with anti-fraud training including the detection of social engineering, phishing, spear phishing or other confidence tricks? YES NO
7. Do you utilize dual authorization protocols on all external payments whereby a 2nd individual has to authorize a payment or wire/funds transfer? YES NO If NO, please explain in writing on a separate sheet.
8. Does the Applicant ever accept email instructions concerning distribution of funds? YES NO. If YES, please explain procedures for verifying identity and preventing fraudulent requests in writing on a separate sheet.
9. Does the Applicant verify with the issuing financial institution the authenticity of cashier's checks purportedly issued by that institution? YES NO If NO, please explain the Applicant's procedures for verifying authenticity and preventing acceptance of fraudulent cashier's checks in writing on a separate sheet.
10. After inquiry of all owners, partners, members and employees, is the Applicant aware of any breach, hacking, release of data, violation of any breach regulation or law, or any circumstances which may give rise to a claim under the insurance being applied for? YES NO If YES, please explain in writing on a separate sheet.
11. Has any Privacy Breach or Loss of Funds claim, complaint, demand or regulatory proceeding ever been made or initiated against the Applicant? YES NO If YES, please explain in writing on a separate sheet.

The information submitted herein becomes a part of the Professional Liability (E&O) Insurance Application and is subject to the same representations and conditions.

Name and Title of Applicant (please PRINT) _____

Signature of Applicant: _____ Date: _____

(Application must be signed by an owner, member, principal, or officer of the firm)

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

Title Industry Assurance Company RRG
7501 Wisconsin Avenue, Suite 1500E, Bethesda, MD 20814-6522
EMAIL: INFO@TIACRRG.COM FAX: 800-TIAC-FAX (800-842-2329)