



- Deerfield Insurance Company
 - Evanston Insurance Company
 - Essex Insurance Company
 - Markel American Insurance Company
 - Markel Insurance Company
 - Associated International Insurance Company
- Broker Name _____
 Broker Street _____
 Broker City, State, Zip _____



TITLE AGENCY SUPPLEMENTAL APPLICATION

1. Title Agency Name: _____
- Street Address _____
- City _____ State _____ Zip _____
2. If there are other locations, please provide the above information for each location on an attachment.
3. Applicant is: Individual Corporation
4. Date Title Agency began operations: _____
5. Total number of title agency staff: _____

TITLE AGENCY OPERATIONS

6. Total annual gross revenue for the past twelve (12) months: \$_____
7. What is the approximate percentage breakdown of your total gross revenue for the past twelve (12) months for the following categories of real estate?
- | | |
|---------------------------------------|--------------------|
| Existing residences | _____ % |
| Existing commercial properties | _____ % |
| Construction/development properties | _____ % |
| Agricultural or raw land | _____ % |
| Oil/gas or other deposits on property | _____ % |
| Other (please describe) | _____ % |
| Total | _____ 100 % |
8. Carriers represented - list all title insurers in which business is or has been placed in the last five (5) years. Include any bar-related title insurer or fund:

NAME OF TITLE INSURER	DATE FIRST REPRESENTED	CURRENT ANNUAL PREMIUM VOLUME	UNDERWRITING AUTHORITY (YES OR NO)

9. Please answer each of the following questions "Yes" or "No". Attach a detailed explanation of any "Yes" answers.
- a. Has the name of the agency changed in the past three (3) years? Yes No

- b. Does any person or entity with any ownership interest in the title agency also own, control, or operate any title insurer, contracting or construction business, financial institution, or real estate development company? Yes No
- c. Has any title insurer ever made a claim against your agency? Yes No
- d. Has any person at your title agency ever had any professional or business license of any kind suspended or revoked? Yes No
- e. Have any claims or suits been made during the past five (5) years against the Applicant, its predecessor(s) in business or any of the officers or employees of the Applicant? Yes No
- f. Is the Applicant, its predecessor(s) in business, or any officer or employee of the Applicant aware of any situation, circumstances, act, error or omission which may result in a claim made against them? Yes No

INSURANCE COVERAGE

10. Prior Coverage - list all title agents professional liability insurance carried during the past two (2) years. If none, state "None."

INSURANCE COMPANY	LIMIT OF LIABILITY	DEDUCTIBLE	PREMIUM	POLICY PERIOD

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I/We declare that this information is complete, accurate, and true to the best of our knowledge. I/We understand that this information becomes a part of our professional liability application and is subject to the same representations.

Date: _____ Signed: _____
 (Must be signed and dated within 30 days prior to inception) (President, Vice President, Owner, or Partner of Title Agency)

Producers Must Complete:	
Produced By (Insurance Agent or Broker):	
Producer Name: _____	Producer Signature: _____
Producer License No.: _____	Date: _____

Notice to Alabama Applicants; Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Notice to Arkansas, District Of Columbia, New Mexico, Rhode Island And West Virginia Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to Kansas Applicants: It is unlawful to commit a “fraudulent insurance act” which means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, any information concerning any fact material thereto.

Notice to Kentucky Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Notice to Maine, Tennessee, Virginia and Washington Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Ohio Applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice to Oklahoma Applicants: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Vermont Applicants: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Notice to Applicants of all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.