

Title Agency Supplemental Application
Underwritten by Pennsylvania Manufacturers Association Insurance Company

THIS SUPPLEMENTAL APPLICATION SHOULD BE COMPLETED WHEN APPLYING FOR TITLE AGENCY COVERAGE UNDER A LAWYERS PROFESSIONAL LIABILITY POLICY. IT IS CONSIDERED PART OF THE APPLICATION FOR INSURANCE AND UNDERWRITING FILE.

Title Agency name: _____

1. DBA or Registered Fictional Name of the Title Agency: _____

2. What is the date that the Title Agency was established: __/__/____

3. Is the Title Agency currently insured? Yes No

If "Yes", what is the retroactive date on expiring policy: _____ No Retroactive Date

Please attach a copy of the law firm's Declaration Page and Retroactive Date Endorsement from the expiring policy.

4. What is the requested effective date of coverage for the Title Agency: __/__/____

5. What percent of the Title Agency is owned by the law firm and/or members of the law firm? _____ %

6. Does the Title Agency currently have:

a. Errors and omissions insurance? Yes No

b. Crime and fidelity insurance/bond? Yes No

If "Yes" please provide the Declarations Page(s).

7. Title insurance companies represented:

Name of Title Insurance Company

8. Percentage of title insurance policies issued in the last 3 years:

Type of Property	Percent of Policies
Residential	%
Natural Resources (including but not limited to water, oil, gas & mineral)	%
Commercial/Industrial	%
Farm/Ranch	%
Other (please specify)	%

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9. Nature of services provided by the Title Agency

Check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Abstracting title | <input type="checkbox"/> Acting as escrow management | <input type="checkbox"/> Closing oversight |
| <input type="checkbox"/> Guaranteeing title insurance | <input type="checkbox"/> Management of paperwork inclusive of recording of deed | <input type="checkbox"/> Other: _____ |

10. Title Agency commission income:

Prior Year Annual Revenue:	\$ _____
2 Years Prior Annual Revenue:	\$ _____

11. Does the law firm, law firm attorneys, or employees of law firm or Title Agency have ownership interest in any Title Insurance Company listed in question 4 above? Yes No

If "Yes", please explain in detail separately.

12. Has any Title Insurance Company canceled or terminated its agency contract with the applicant Title Agency or any predecessor agency during the past 5 years? Yes No

If "Yes" please explain in detail separately.

13. Have any claims or suits been made during the past five years against the Title Agency, predecessor(s) in business, or any present or past title agents? Yes No

If "Yes" please explain in detail separately.

14. Are you aware of any circumstances which may result in any claim being made against the Title Agency, predecessor(s) in business, or any present or past title agents? Yes No

If "Yes" please explain in detail separately.

15. Has any title insurance policy or application for Title Agency, predecessor(s) in business, or any present or past title agents ever been declined or cancelled? Yes No

If "Yes" please explain in detail separately.

IT IS UNDERSTOOD AND AGREED THAT THE COMPANY SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR DAMAGES OR CLAIMS EXPENSE IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED/APPLICANT BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY PROFESSIONAL LIABILITY CLAIM OR SUIT, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN RESPONSE TO QUESTIONS 10 TO 12.

Policyholder Fraud Notice

Any person who knowing and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties.

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THE INSURED ACKNOWLEDGES AND ACCEPTS THAT THE BELOW FRAUD STATEMENTS APPLY
BASED ON THEIR STATE OF DOMICILE.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CA

For your protection California law requires that you be advised of the following: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO

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 claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in DE, FL and OK

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 (of the third degree)*.
*Applies in FL Only.

Applicable in KS

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.
*Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

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Applicable in NJ

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

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

This application must be signed by an owner or officer of the law firm with authority to act on behalf of the law firm.

X

SIGNATURE

DATE

NAME & TITLE OF INDIVIDUAL WITH AUTHORITY TO ACT ON BEHALF OF LAW FIRM IN ALL MATTERS FOR THIS INSURANCE

TITLE OF SIGNER

PHONE NUMBER & EMAIL ADDRESS