



# APPLICATION FOR TITLE AGENT PROFESSIONAL LIABILITY COVERAGE

Return Applications to:  
**Fox Point Programs, Inc.**  
250 Philadelphia Pike, 2nd Fl, Wilmington, DE 19809  
800-499-7242 • Fax: 302-472-8529  
www.foxpointprg.com

NOTICE: THIS IS A CLAIMS-MADE FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLUS LINES BASIS.

**1. APPLICANT Name** \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Tel ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
Email \_\_\_\_\_ Years in Business \_\_\_\_\_  
Title Companies Represented: \_\_\_\_\_

Indicate below, by percent, what sources are used to compile title data (Must equal 100%):  
In-House Index \_\_\_\_\_% Courthouse Records \_\_\_\_\_% Title Insurance Company Resources \_\_\_\_\_%  
Outside Abstractor/Searcher \_\_\_\_\_% Other (please specify): \_\_\_\_\_%  
Does the firm use outside sources to perform title searches?.....  Yes  No  
**If an outside source used, complete the Outsourced Supplemental Form for each outside entity used.**

**2. FINANCIAL AND BUSINESS INFORMATION** a. Total commission income, last 12 months: \$ \_\_\_\_\_  
Show revenue breakdown by the following categories:  
Title/Policy Commissions \$ \_\_\_\_\_ Escrow/Closing Fees \$ \_\_\_\_\_ Abstracting/Searching Fees \$ \_\_\_\_\_  
Other (describe) \_\_\_\_\_ \$ \_\_\_\_\_  
b. What is the approximate percentage breakdown of total income for the following categories (Must equal 100%):  
Residential \_\_\_\_\_% Commercial/Industrial \_\_\_\_\_% Oil/Gas \_\_\_\_\_% Agricultural \_\_\_\_\_%  
Precious Metals/Minerals (i.e., coal, gravel, etc.) \_\_\_\_\_% Other (describe): \_\_\_\_\_%

**3. PRIOR INSURANCE** a. Do you currently have an Errors & Omissions Insurance policy?.....  Yes  No  
If "Yes", specify carrier: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_  
b. Has any Errors & Omissions or Professional Liability Insurance issued to the Applicant ever been declined, cancelled, or non-renewed?.....  Yes  No  
c. Has any Professional Liability claim(s), complaint or proceeding been made against the Applicant or any person or organization proposed for this insurance or any predecessor organization?.....  Yes  No  
**If the answer to questions 3b or 3c above is "Yes", please explain on a separate sheet.**

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 containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Signature of person authorized to execute on behalf of the applicant: \_\_\_\_\_ Date: \_\_\_\_\_