



**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.

RATES BELOW ARE FOR APPLICANTS POSSESSING THE FOLLOWING RISK CHARACTERISTICS:

- Generates less than \$200,000 in revenues annually • No E&O claims over past 3 years • Not domiciled in CA, KY, NC, WA

STEP 1 DETERMINE BASE COVERAGE AND LIABILITY LIMITS DESIRED

	Limit of Liability	Retention	COVERAGE CHOSEN (SELECT ONE)	
			Retro-Date Inception	OR Full Prior Acts Cover
Desired	\$ 500,000/\$ 500,000	\$5,000	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$ 1,200.00
Effective Date: _____	\$1,000,000/\$1,000,000	\$5,000	<input type="checkbox"/> \$1,250.00	<input type="checkbox"/> \$ 1,500.00

STEP 2 OPTIONAL ENDORSEMENT—Coverage for Transactions Requiring Maintenance of Escrow Funds

Subject to a sub-limit of \$100,000 and a \$10,000 retention. **Additional Premium: \$250.00**

STEP 3 CALCULATE FINAL PREMIUM DUE

Selected Coverage from Step 1: \$ _____ + Escrow Coverage Option from Step 2: \$ _____ + Taxes and Fees (Required): \$150.00 = TOTAL AMOUNT DUE . . . \$ _____

A. APPLICANT Name _____
 Business Address _____
 City _____ State _____ Zip _____
 Tel (_____) _____ Fax (_____) _____
 Email _____ Years in Business _____
 Title Companies Represented: _____
 Indicate, 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

B. List the outside title search firms used. Attach additional sheets if necessary:

FIRM No.1 _____

Outside Source Name _____
 Business Address _____
 City _____ State _____ Zip _____
 Years Experience in Abstracting/Searching Files _____

FIRM No. 2 _____

Outside Source Name _____
 Business Address _____
 City _____ State _____ Zip _____
 Years Experience in Abstracting/Searching Files _____

C. Do any of the contractors listed in "B" above maintain their own Errors & Omissions insurance? . . . Yes No
 If "Yes", attach proof of insurance.

D. 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): _____%

E. 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.

PAYMENT A. Check For Full Amount Due, Payable to **Fox Point Programs, Inc.**

OPTIONS B. Credit Card: VISA MasterCard AMEX

_____ CREDIT CARD NUMBER _____ EXP DATE

Applicant's Authorized Signature _____ Date _____

THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.

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.