

**TITLE AGENCY SUPPLEMENT**

**INSTRUCTIONS:**

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
2. If a question is not applicable, state "N/A". If more space is required to answer a question, please provide details on the last page of the **Application**, or attach additional sheets as necessary.
3. Please sign this supplement to include this completed form as part of the **Application**.

**Named Insured/ Applicant (The Law Firm):** \_\_\_\_\_

Name of Title Insurance Agency (Agency): \_\_\_\_\_

Date Agency was established: \_\_\_\_\_

1. Please complete the following chart for the Agency:

Name of each Title Agent acting on behalf of this Agency	Indicate whether: Attorney (A) Non-Attorney (N)	Indicate whether: Employee of Agency (E) Indep. Contractor (I)	Years of Experience within this Field

2. How many full time employees of the Agency? \_\_\_\_\_

3. What are the average annual revenues of the Agency over the past three years? \_\_\_\_\_

4. Has the Agency ever been declined or cancelled for professional liability insurance (not applicable in Missouri)?  
YES  NO

5. After inquiry, has the Agency or any title agent to be insured under this policy:

- a. been the subject of a professional liability claim or suit, or entered a tolling agreement with a client with respect to a threatened professional liability claim, in the last five (5) years (or earlier if the claim is still open)? YES  NO
- b. have knowledge or information of any fact, circumstance or actual or alleged act, error or omission which may reasonably be expected to give rise to a professional liability claim(s) under the proposed policy? YES  NO

*If yes to any of the above, complete the Claim Supplement.*

**It is understood and agreed that, without limiting any rights of the underwriter, if such knowledge or information exists, any claim arising therefrom is excluded from this proposed insurance.**

**Fraud Prevention – General Warning**

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.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_