



**Southern California**  
P: (949) 477-5030  
F: (949) 477-5040

**Northern California**  
P: (209) 474-9100  
F: (866) 217-1815

**Pacific Islands**  
P: (808) 840-1980  
F: (866) 859-8302

## Miscellaneous Professional Liability

### Application Instructions

A. Please type or complete the application in ink.

B. If additional space is needed; please use your firm's letterhead.

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### Title / Abstractor & Escrow Agents Supplemental

1. Name of Applicant: \_\_\_\_\_

2. The Applicant is:

a. Licensed Abstractor/Searcher? Yes  No

b. Licensed Title Insurance Agent Yes  No

c. Escrow Agent Yes  No

3. Does the Applicant compile Data:

a. Direct from court house record? Yes  No

b. From an independent set of abstract books and tract indexes? Yes  No

c. From another source? Yes  No

Please provide details of the source: \_\_\_\_\_

d. Does the search go back a minimum of 25 years? Yes  No

4. Please indicate by percentage of revenue derived from or associated with the following:

Title Agent \_\_\_\_\_% Energy/Oil & Gas \_\_\_\_\_%

Closing/Escrow Agent \_\_\_\_\_% Precious Metals/Minerals \_\_\_\_\_%

Title Abstractor/Searcher \_\_\_\_\_% Other (Please Describe) \_\_\_\_\_%

5. Please indicate by percentage of revenue derived from or associated with the following:

Residential \_\_\_\_\_% Commercial \_\_\_\_\_%  
 Precious Metals/Minerals \_\_\_\_\_% Energy/Oil & Gas \_\_\_\_\_%  
 Other (Please Describe) \_\_\_\_\_%

6. a. Do you have standard, written procedures for all professional staff to follow? Yes  No

b. Do these written procedures include a check list? Yes  No

7. Who performs your title searches \_\_\_\_\_ Applicant firm? \_\_\_\_\_%

Independent Contractor ? \_\_\_\_\_%

If an outside source performs searches, do you require:

Minimum number of years in abstracting or searching field: Yes  No

Certificate of E&O Insurance? \_\_\_\_\_ Yes  No

8. Carriers Represented - List all title insurers in which business is or has been placed in the past five years. All information must be complete.

Please include any bar-related title insurer or fund.

Name of Title Insurer	Date First Represented	Current Annual Premium Volume	Underwriting Authority (Yes or No)

Has the Applicant's agency appointment with any title insurance carrier ever been discontinued in the last five years? (If "yes", please provide full details)  Yes  No

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**Complete this section if you perform Escrow Agent, Closing Agent or Witness Closer Services**

9. Do you:

- a. Document and obtain signatures from all parties when making changes or deviating from the original Escrow contract? Yes / No
- b. Ever conduct a closing without title insurance, title insurance commitment, or a title opinion? Yes / No
  - 1. If yes, do you use a written disclaimer or waiver as to the condition of the title? Yes / No
- c. Hold escrow funds for more than one year? Yes / No
- d. Require a written contract or instructions for each closing? Yes / No
- e. Require cashiers check or "good funds" at closing? Yes / No
- f. Require each person's work to be checked by a peer or supervisor? Yes / No
- g. Require signatures on all changes to standard instructions? Yes / No
- h. Use a standardized closing/escrow checklist? Yes / No

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**NOTICE**

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions.

(Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.)

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Signature of Owner, Partner or Principal

Title

Date