



**TUDOR  
INSURANCE COMPANY**  
A Member Company of the  
Western World Insurance Group

**APPLICATION**  
**TITLE INSURANCE AGENTS,  
ABSTRACTORS, & ESCROW AGENTS**  
**ERRORS AND OMISSIONS LIABILITY**

400 Parson's Pond Drive • Franklin Lakes NJ 07417-2600 • Telephone (201) 847-8600 • FAX (201) 847-1746

**NOTICE: This application is for a CLAIMS MADE POLICY. Except as may be otherwise provided herein, this coverage is limited to liability for only those claims which are first made against the insured and reported to the Company during the policy period.**

**TITLE AGENTS, ABSTRACTORS & ESCROW AGENTS ANSWER QUESTIONS 1 - 14**

1. Name of Firm \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Website Address \_\_\_\_\_

2. Please list the states in which the Applicant provides services: \_\_\_\_\_

3. Date Established \_\_\_\_\_

4. Is applicant firm a  Corporation  LLC  Partnership  Sole Proprietorship

5. How long have you been engaged in your current occupation or business? \_\_\_\_\_ Years

6. Is the Applicant owned by, controlled by or associated with any other organization, including but not limited to a law firm, real estate agency, real estate development or investment firm, construction firm, mortgage or financial institution or title insurance company?  Yes  No

If yes, please provide details: \_\_\_\_\_

7. In the past 5 years has the name of the Applicant been changed or has any other business been purchased, merged or consolidated with the Applicant?  Yes  No

If Yes, give details below or attach an information sheet. \_\_\_\_\_

8. Please indicate if the applicant is licensed as a:  Title Agent  Abstractor  Escrow Agent  Lawyer

\*Has anyone had their license suspended, revoked or been subject to any disciplinary proceeding?  Yes  No

**\*Please attach written explanation.**

9. Current staff (including owners). Please list names of staff, other than clerical, and assign activity codes and years of experience:

Activity Codes	Owner/Partner/Officer	O	Title Agent	T	Closing Agent	C
	Abstractor/Searcher	A	Escrow Agent	E	Lawyer	L
Name			Activity Code(s)		Years of Experience	

10. Provide the number of your staff: \_\_\_\_\_ Total Gross Annual Payroll \$ \_\_\_\_\_

11. Gross Revenue: Show all revenue, fees and commissions before deduction of expenses.

	Previous Year	Past Fiscal Year Ending	Next 12 Months (Estimated)
a. Title Agency Commissions	\$	\$	\$
b. Abstracting / Searching Fees	\$	\$	\$
c. Escrow / Closing Fees	\$	\$	\$
d. Other:	\$	\$	\$
e. Total gross revenue from all sources	\$	\$	\$

12. Are you engaged in any other profession or business, including but not limited to a practicing lawyer?  Yes  No

If Yes, explain: \_\_\_\_\_

13. Is the applicant a member in good standing of the American Land Title Association, or any state title association?  Yes  No

If No, explain: \_\_\_\_\_

14. Are any changes in the nature or size of the applicant's business anticipated over the next 24 months?  Yes  No

If Yes, give details below or attach an information sheet. \_\_\_\_\_

**\*ONLY TITLE AGENTS & ABSTRACTORS ANSWER QUESTIONS 15 – 27  
(ESCROW/CLOSING AGENTS PROCEED TO QUESTION 28)**

15. Estimate the percentage of the Applicant's total revenue generated from the following categories:

Type of Client	% of Income
Residential	%
Commercial	%
Agricultural	%
Oil / Gas	%

Type of Client	% of Income
Mining / Mineral	%
Other:	%
Other:	%
Total	100 %

16. Please list the title insurance companies you represent and the percentage of title premium volume from each:

Title Insurance Company	% Premium Volume
	%
	%
	%
	%

17. Has any Title Insurance Company canceled/non-renewed their contract with the Applicant?  Yes  No

If yes, please provide details including the company(ies) and the reason for the cancelation/non-renewal:

\_\_\_\_\_  
\_\_\_\_\_

18. Does the applicant perform or handle any tax-deferred real estate exchanges?  Yes  No

If yes, how many have you performed in the past 12 months? \_\_\_\_\_

19. Does the Applicant have a policy regarding transactions that involve properties that have been conveyed more than once within a certain period of time?  Yes  No

If yes, please provide details: \_\_\_\_\_

20. Does the Applicant have any procedures/policies in place designed to protect against fraud committed by parties involved in the Applicant's transactions?  Yes  No

If yes, please provide details: \_\_\_\_\_

21. Does the Applicant obtain "Insured Closing Letters" (Closing Protection Letters), from its Title Underwriters?  Yes  No

22. Has the applicant's records been audited by outside auditors?  Yes  No

23. Has the applicant's records been audited by Title Underwriters?  Yes  No

24. Does the Applicant perform an updated search and verification of title (run down) immediately prior to closing to ensure no gap period?  Yes  No

25. Does the applicant perform a post closing title search to ensure that all filings made by the Applicant have been officially recorded and appear on public record?  Yes  No

If no, please indicate how the Applicant ensures that all filings have been officially recorded and appear on public record. If Yes, give details below or attach an information sheet.

26. Is the Applicant, or any other individual proposed for coverage under this policy, licensed as a Real Estate Agent/Broker or Mortgage Broker?  Yes  No

If Yes, please explain: \_\_\_\_\_

If Yes, has any one had their license suspended, revoked or been subject to any disciplinary proceeding?  Yes  No

**\*Please attach written explanation.**

27. Please list the percentage of data compiled for Abstracting/Search:

In House Title Plant	%	Title Company/Underwriter	%
Title Plant Maintained by Others	%	Other:	%
Courthouse Records	%	Total must equal 100%	%

**ONLY ESCROW/CLOSING AGENTS ANSWER QUESTIONS 28 a- j  
(TITLE AGENTS AND ABSTRACTORS PROCEED TO QUESTION 29)**

28. Please answer the following with regard to the Applicant's Escrow/Closing Services:

a. Number of escrows/closings/settlements conducted per year \_\_\_\_\_

b. Does the applicant require a written contract/instructions for each escrow closing?  Yes  No

c. Does the applicant require one employee's work be reviewed by another?  Yes  No

d. Does the applicant ever close without title insurance, a title insurance commitment or title opinion?  Yes  No

e. Does the applicant ever hold Escrow funds for over one year?  Yes  No

If yes, under what circumstance? \_\_\_\_\_

f. Does the applicant require initials or signatures from all parties when a change has been made from the original escrow contract?  Yes  No

28. (Continued)

- g. Does the applicant require "Good Funds" for closing?  Yes  No
- h. Does the applicant balance escrow accounts monthly or more frequently?  Yes  No
- i. Does the applicant perform any closing services for tax-deferred real estate exchanges?  Yes  No  
 If yes, how many per year? \_\_\_\_\_  
 If yes, are the Applicant's services limited to the duties of an escrow agent?  Yes  No
- j. Does the applicant allow another party to remit any closing proceeds to a lender or any other creditor on its behalf?  Yes  No

**TITLE AGENTS /ABSTRACTORS/ESCROW AGENTS ANSWER QUESTIONS 29 – 35**

29. Do you hire subcontractors?  Yes  No

a. If Yes, what is the percentage of business generated by these subcontractors for each service?

Witness Closers/Signers \_\_\_\_\_ %  
 Escrow/Closing Services \_\_\_\_\_ %  
 Title Abstractors/Search Services \_\_\_\_\_ %  
 Other: \_\_\_\_\_ %

If yes, please describe: \_\_\_\_\_

- b. Do you require these subcontractors to maintain their own E&O Insurance?  Yes  No
- c. Do you review the work performed by these subcontractors?  Yes  No
- d. Do you verify the qualifications of these subcontractors?  Yes  No
- e. Do you want to provide coverage for these subcontractors?  Yes  No

If Yes, please provide resumes and certificates of insurance.

30. Provide details of General Liability Insurance and Fidelity Bond in force.

Company	Limit	Deductible	Policy Term
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does the policy detailed above include coverage for Products/Completed Operation Hazard?  Yes  No

31. Please provide details of Errors and Omissions insurance carried during the last three years.

Company	Limit	Deductible	Premium	Policy Term
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is your expiring policy a CLAIMS MADE POLICY?  Yes  No

If Yes, advise Retroactive Date. \_\_\_\_\_

32. Has any application for Errors & Omissions or similar insurance made on behalf of you and your firm, or present partners, owners, officers or employees ever been declined, or has any such insurance ever been canceled or refused renewal?  Yes  No

If Yes, give details below or attach an information sheet.

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33. Have any claims, suits or proceedings been made during the past five years against any of you or your firm, your predecessors in business or against any present partners, owners, officers or employees?  Yes  No

If Yes, give details below or attach an information sheet.

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34. Is the applicant or any person to be covered by this insurance aware of any alleged act, circumstance, situation, error or omission which may result in a claim being made against you or any of the persons or firm described?  Yes  No

If Yes, attach a separate sheet if necessary.

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35. Limit of Liability requested \_\_\_\_\_ Deductible \_\_\_\_\_

**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.**

**I/WE HEREBY DECLARE** that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the sole basis of any subsequent contract or insurance with the company. Signature of the application does not bind the Firm or Company to complete the insurance.

Application must be signed and dated by principal, partner, officer or director of the firm.

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**Date**

**Signature of Applicant**

**Title**

**PLEASE NOTE:** COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTIONS AND PREMIUM PAYMENT. ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE A PART OF THE POLICY. A SIGNED APPLICATION DATED NOT MORE THAN 45 DAYS PRIOR TO THE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED.