



Travelers Casualty and Surety Company of America
Hartford, Connecticut

Throughout this supplement "you" and "your" mean the entity or individual applying for this Title Agency insurance. Please complete a separate supplement for each Title Agency for which you are applying for insurance.

APPLICANT INFORMATION

1. New Business Current Travelers policy number _____

2. Your full legal name _____

GENERAL INFORMATION

3. Legal Name of the Title Agency or Company under which your title insurance agent activities are conducted _____

4. Date Agency or Company was Established _____

5. Does the Agency have professional liability insurance?..... Yes No
If yes, please name carrier: _____

6. Do you have sole ownership interest in the Title Insurance Agency or Company?..... Yes No
If no, please complete the following chart listing the owners and their corresponding percentage of ownership:

Owners Name	Percentage of Ownership
	%
	%
	%

7. Is your Title Agency a member of the American Land Title Association?..... Yes No

8. Please indicate the number of non-attorney staff employed solely by the Title Insurance Agency:

Paralegals	Law Clerks	Abstracters	Investigators

9. Please list the names of title insurance agents:

10. Please complete the following chart based upon premium volume for each category:

Policies Issued to:	Estimated Percentage of Premium Volume
Residential Risks	%
Commercial Risks	%
Properties on which you have done the title search (Residential or Commercial)	%

11. Do you have binding authority?..... Yes No

12. Do you process and issue policies?..... Yes No

13. Please complete the following chart based on your gross income:

Activity	Gross Income Last 12 Months	Gross Income Estimate For Next 12 Months
Title Insurance Commissions		
Abstracting/Searching Fees		
Escrow Fees		
Closing Fees		
Other (Describe)		

CLAIM HISTORY

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14. During the past five years, has any professional liability claim or suit been made or brought against any of the following:
- a. You, your firm, or any member of your firm?..... Yes No
 - b. Any predecessor firm?..... Yes No
 - c. Any former member of your firm or predecessor firm for legal services while a member of such firm?.. Yes No
- If yes to any of the above, please provide the number of claims or suits and complete a Claim, Suit, or Incident Supplement for each claim or suit:.....*
15. Do you or any member or employee of your firm have knowledge of any incident, act, error, or omission that is or could be the basis of a claim under this proposed professional liability policy?..... Yes No
If yes, please provide the number of incidents, acts, errors, or omissions and complete a Claim, Suit, or Incident Supplement for each such incident, act, error, or omission:

FRAUD WARNINGS

Attention: Insureds in AL, AR, DC, MD, NM, and RI
 Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention: Insureds in CO
 It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Attention: Insureds in FL

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.

Attention: Insureds in KY, NJ, NY, OH, and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

Attention: Insureds in LA, ME, TN, VA, and WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Attention: Insureds in OR

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Attention: Insureds in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all of the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Signature (Partner, Member, Officer, Shareholder)

Date

Name (print)

Title

If you apply your signature to this form electronically, you hereby consent and agree that your use of a key pad, mouse, or other device to click the "Accept" button constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Accept

Important note: This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued

ADDITIONAL INFORMATION

In the section below you may provide additional information to any of the questions in this supplement (please reference the question number).