

Specialty Lines

UNDERWRITERS

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SUPPLEMENT FOR TITLE, ESCROW & CLOSING SERVICES

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: _____
2. Is the Applicant affiliated with any organization through any common ownership, operation or control, including any controlled business arrangement, including but not limited to a law firm, real estate agency, construction firm, real estate investment or development company, mortgage or financial institution, or title insurance company?
..... [] Yes [] No
If Yes, provide details on attachment indicating names and ownership percentage.

3. (a) Estimate percentage of business as :
- | | | |
|---------------------------|-------|------|
| Title Agent | _____ | % |
| Closing/Escrow Agent | _____ | % |
| Title Abstractor/Searcher | _____ | % |
| TOTAL | | 100% |

- (b) Estimate percentage of gross revenues from:
- | | | |
|--------------------------|-------|------|
| Residential | _____ | % |
| Commercial | _____ | % |
| Land Raw or Agricultural | _____ | % |
| Residential Construction | _____ | % |
| Commercial Construction | _____ | % |
| Oil & Gas | _____ | % |
| Metal & Mineral | _____ | % |
| 1031 Exchange | _____ | % |
| Aircraft | _____ | % |
| Other (describe) _____ | _____ | % |
| TOTAL | | 100% |

- (c) Who performs the Applicant's title searches:
- | | | |
|---------------------------|-------|------|
| Applicant Firm | _____ | % |
| Independent Contractor | _____ | % |
| Title Underwriter/Company | _____ | % |
| TOTAL | | 100% |

If independent contractor is used, provide on attachment the names of the independent contractors and their professional liability insurers.

- (d) Who performs the Applicant's closings/escrows:
- | | | |
|---------------------------|-------|------|
| Applicant Firm | _____ | % |
| Independent Contractor | _____ | % |
| Title Underwriter/Company | _____ | % |
| TOTAL | | 100% |

If independent contractor is used, provide on attachment the names of the independent contractors and their professional liability insurers.

4. List states and counties where the Applicant conducts title business: _____

5. List title insurance companies (DO NOT ABBREVIATE NAMES.) the Applicant represents and percentage of total premium written:

<u>Companies</u>	<u>Percentage</u>
_____	_____ %
_____	_____ %
_____	_____ %
TOTAL	100%

6. Has any title company ever cancelled or non-renewed their agency contract with the Applicant?..... [] Yes [] No
If Yes, provide on attachment the names of the title companies and the reason stated for the cancellation or non-renewal.
7. When providing closing/escrow services does the Applicant: Yes No
- (a) Perform closing and/or escrow services according to written instructions only?[] []
 - (b) Internally audit escrow files prior to closing?[] []
 - (c) Have a regular audit conducted by an independent CPA firm?.....[] []
 - (d) Require a cashiers check or "good funds" at or near escrow closings?.....[] []
 - (e) Document and obtain signatures from all parties when making changes or deviating from the original escrow contract?[] []
 - (h) Ever close without title insurance, a title insurance commitment or a title opinion?[] []
If Yes, does the Applicant use a written disclaimer or waiver as to condition of title?[] []
 - (g) Hold escrow funds for more than one year?.....[] []
If Yes, under what circumstances?_____
 - (h) Balance escrow accounts monthly or more frequently?[] []
If not how often are escrow accounts balanced?_____
 - (i) Perform or handle any tax-deferred real estate exchanges?.....[] []
If Yes, how many per year?_____
 - If Yes, are the Applicant's services limited to the duties of an escrow/closing agent?[] []
8. (a) Total number of closed escrows: Past 12 months: _____ Next 12 months: _____
- (b) Value of: Largest escrow: \$ _____
Average escrow: \$ _____
9. Has any principal, director, officer and/or employee of the applicant been investigated or convicted of a felony?
..... [] Yes [] No
If Yes, attach details.
10. Does the Applicant carry any of the following types of insurance? Attach Declarations or Certificate for any Yes answers.
- (a) Employee Dishonesty/Fidelity Bond? [] Yes [] No
If Yes, provide: Insurer: _____ Limits: _____
 - (b) General Liability? [] Yes [] No
 - (c) E&O for any other professional services performed by the Applicant or any affiliate?..... [] Yes [] No

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of the application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent (within 60 days of the proposed effective date).

Name of Applicant

Title

Signature of Applicant

Date