



- St. Paul Fire and Marine Insurance Company, Saint Paul, Minnesota
- St. Paul Mercury Insurance Company, Saint Paul, Minnesota
- St. Paul Guardian Insurance Company, Saint Paul, Minnesota
- St. Paul Protective Insurance Company, Saint Paul, Minnesota

**IMPORTANT NOTE:** This is an application for a "claims-made" policy. To be covered, a claim or suit must be first made or brought against a protected person while the policy is in effect and reported to us as soon as possible and while the policy, any continuous renewal of the policy by us, any limited reporting period that applies, or any extended reporting period that applies, is in effect. Also, this is an application for a policy that includes defense expenses within the limits of coverage and applies any deductible to defense expenses.

**READ YOUR POLICY CAREFULLY.**

**NEW YORK DEFENSE EXPENSES IMPORTANT NOTE:** Defense expenses will reduce the policy's limit of liability up to 100% and be applied against any deductible up to 100%.

**GENERAL INFORMATION**

1. Full Legal Name of Your Business (if individual only, full name of individual)

2. Your "Trade-Name" or "Doing Business As" Name

3. Your Organization Formation is

- Corporation     Individual     Partnership     Limited Liability Co.     Other \_\_\_\_\_

4. Your Principle Business Address (Street)

City	County	State	Zip Code
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5. Mailing Address (if different from address above)

6. a. List all other office locations

b. List all states in which you operate

7. Contact Name

Telephone Number

Fax No.

8. Your Website Home Page Address(es)

Email Address

9. Year agency was established

10. Requested coverage effective date

11. St. Paul Traveler's Renewal Policy No.:

If new business, check here

12. Requested Limit of Coverage (each wrongful act/total limit)

- \$250,000/\$250,000     \$500,000/\$500,000     \$1,000,000/\$1,000,000     Other \_\_\_\_\_

13. Requested Each Wrongful Act Deductible

- \$2,500     \$5,000     \$10,000     \$15,000     \$20,000     Other \_\_\_\_\_

14. Check all the boxes below that represent the services your business performs or intends to perform.

- Title Agent/Title Searcher/Abstractor/Closing Agent/Escrow Agent     Abstractor     Title Opinion Lawyer     Witness Closer  
 Other \_\_\_\_\_

**UNDERWRITING INFORMATION**

15. Provide the following information for all owners and managers in your firm:

Name	Position	Professional Designation and Licenses	% of Ownership (Must Equal 100%)	Years of Experience In The Area of Service For Which Coverage Is Being Requested	Number of Years Managing This Firm

16. Has the name or structure of your organization ever changed, or has there been an acquisition, consolidation, merger, dissolution, or any other change? .....  Yes  No  
*If yes, please provide details:* \_\_\_\_\_
17. Is your firm owned, controlled, or affiliated with any other entity? .....  Yes  No  
*If yes, please provide details:* \_\_\_\_\_
18. Do you or anyone in your firm also own, control, manage, or operate any other business? .....  Yes  No  
*If yes, please provide details:* \_\_\_\_\_
19. Have you, or anyone in your firm, previously owned a title agency that has been dissolved, declared insolvent, or subject to bankruptcy? .....  Yes  No  
*If yes, please provide details:* \_\_\_\_\_
20. Does any client represent more than 10% of your annual revenue? .....  Yes  No  
*If yes, please provide details:* \_\_\_\_\_
21. What is your firm's policy with regard to providing services in connection with property that is owned by any member or employee of your firm?  
 Performance of any services in connection with owned property is prohibited.  
 Services in connection with owned property are allowed only after written disclosure of such ownership interest is made to all parties.  
 Other (describe) \_\_\_\_\_  
 No established policy
22. Do you use an activity log to document conversations, recommendations and activities? .....  Yes  No
23. Do you have new client acceptance procedures that require you to consider any actual or potential conflicts of interest prior to accepting the client? .....  Yes  No
24. Do you have procedures that require management to regularly review and be made aware of any problem transactions? .....  Yes  No
25. Do you require all professionals to regularly attend meetings where matters of importance are communicated? .....  Yes  No
26. Do you maintain, and annually review with your staff, a written internal policy or procedure manual? .....  Yes  No
27. Do you use a specific training program for all new staff? .....  Yes  No
28. During the most recent 12 months, how many of your professional staff, including your independent contractors, have participated in?  
a. Continuing education courses exceeding state required minimums? ..... \_\_\_\_\_  
b. Risk reduction seminars? ..... \_\_\_\_\_
29. Indicate any of the following that you use: (If none, check here )  
 In-house legal counsel     Legal counsel on retainer     Risk manager on retainer

30. Indicate the total number of owners, managers, and employees .....
31. Provide the following information for all officers, directors, partners, professional employees, and independent contractors.  
\* If less than 3 years, please attach resumé.

**CHECK ALL THAT APPLY**

Name	Independent Contractor	Title Agent	Abstracter/ Title Searcher	Title Opinion Lawyer	Escrow/ Closing Agent	Years of Experience	Number of transactions processed for the past 12 months

32. If licensing is required, are you and all appropriate individuals properly licensed? .....  Yes  No
33. Are you, (any member of your firm, or any of your employees including independent contractors) a licensed attorney providing legal services other than rendering opinions of title? .....  Yes  No
- a. Provide the legal name of the entity performing such services: \_\_\_\_\_
- b. Is separate lawyer's professional liability insurance coverage in place for such services? .....  Yes  No
34. Do you carry Fidelity (Employee Dishonesty) insurance coverage? .....  Yes  No
35. What percentage of the applicant firm's business involves subcontracting of work to others? ..... %
36. Do you require independent contractors (including independent Abstracters/Title Searchers) to carry, and provide proof of errors & omissions insurance? .....  Yes  No
37. Please provide the annual gross income: (\*If this is a newly established entity, please provide projections.)
- a. Most recent 12 months (not Fiscal year) ..... \$ \_\_\_\_\_
- b. Prior 12 months..... \$ \_\_\_\_\_
- c. Projection for the next 12 months..... \$ \_\_\_\_\_

38. a. Please provide the percentage of annual gross income/commissions derived from the following professional services:

Service	Percentage
Title Agent	%
Abstracter/Searcher	%
Escrow/Closing Agent	%
Witness Closer	%
Title Opinion Lawyer	%
TOTAL	100%

b. Please provide the percentage of annual gross income/commissions by property type:

Property Type	Percentage
Residential	%
Commercial	%
Other:	%
TOTAL	100%

39. Does any Title Insurance Company or Underwriter hold a financial interest in your firm? .....  Yes  No

40. Provide the following information concerning the Title Insurance Companies that you represent:

Title Company Name	Percentage of Your Total Revenues	Years Represented

41. Has any Title Insurance Company ever cancelled or not renewed your agency contract? .....  Yes  No

*If yes, explain:* \_\_\_\_\_

42. Indicate which of the following sources you use for Abstracting/Title Searcher (check all that you use):

- We maintain an in-house Title Plant
- We access a Title Plant maintained by others
- We conduct Abstracting/Title Searches from courthouse records
- Abstracting is obtained from a Title Company or Underwriter
- Abstracting is obtained from an independent searcher(s) or attorney(s).

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

43. 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  
*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

44. Indicate which of the following types of audits are conducted:

- Internal audit of escrow files prior to closing
- Independent audit conducted by a CPA at least annually
- Procedure and records audit by a title insurance company/underwriter at least annually
- None

**YOUR PRIOR INSURANCE AND CLAIM HISTORY**

**Important note for applicants of new business to St. Paul Travelers:** You must report any known claim, suit, or incident, act, error, or omission that may in the future give rise to a claim or suit, to your current professional liability insurer before the claims-reporting period under that policy expires. Any claim or suit resulting from any incident, act, error, or omission that is known by you, any member of your firm, any of your employees, or any of your independent contractors before the effective date of any insurance policy issued by St. Paul Travelers in response to this application is excluded from coverage under any such policy whether or not such knowledge is disclosed in this application.

45. During the past five years has any professional liability claim or suit been made against you, any member of your firm, any of your employees, or any of your independent contractors: .....  Yes  No

*If yes to any of the above, provide details and an up-to-date prior carrier loss run.*

46. Do you, any member of your firm, any of your employees, or any of your independent contractors know of any incident, act, error, or omission that could reasonably result in a claim or suit against you, any member of your firm, any of your employees, or any of your independent contractors? .....  Yes  No

*If yes, please provide details.*

47. Have you, any member of your firm, any of your professional employees, or any of your independent contractors ever had their professional license revoked, suspended, been formally reprimanded, or been the subject of a disciplinary action? *If yes, please provide details* .....  Yes  No

48. List your Professional Liability Insurance protection carried during the past three years, including any period without coverage. If currently uninsured check here  and explain: \_\_\_\_\_

Name of Insurer	Policy Period From (MM/DD/YY) to (MM/DD/YY)	Limits of Liability	Deductible/Retention	Premium
Current Year:				
Prior Year 1:				
Prior Year 2:				

49. What is your prior acts limitation date or retroactive date of your expiring policy? \_\_\_\_\_  
Please forward a current declarations page.

50. In the past five years have you, any member of your firm, or any of your professional employees had professional liability insurance declined, cancelled, or non-renewed? (Not applicable in Missouri) .....  Yes  No

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

51. Have you ever purchased an extended reporting period endorsement? .....  Yes  No

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

52. Do you maintain Commercial General Liability Insurance? .....  Yes  No

53. Missouri Applicants Only: Requested Claims-Made Retroactive Date/Prior Acts Date: .....  
 Check if none.

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

**COLORADO:** 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.

**DISTRICT OF COLUMBIA: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA:** 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.

**HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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

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

**MINNESOTA:** A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NEW YORK (Non Auto):** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

**PENNSYLVANIA:** 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**PUERTO RICO FRAUD WARNING:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**TENNESSEE (Non WC):** 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.

**VERMONT:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

**VIRGINIA:** 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.

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

**ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and civil penalties. Not applicable in Nebraska.

### YOUR SIGNATURE AND AUTHORIZATION

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

- The statements and representations made in this application are true and complete and, if issued, this application and any supplements will be attached to and made a part of the policy.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by St. Paul 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.
- St. Paul Travelers is authorized to make an investigation and inquiry in connection with this application.
- St. Paul Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Signature (Partner, Member, Officer, Proprietor)	Title	Date

**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 St. Paul 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.

### INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:

Insurance Agency Name	Producer Name:	St. Paul Travelers Agency No.	
Insurance Agent/Broker License No.	City	State	Date Submitted:

### SEND COMPLETED APPLICATION TO:

**Aon Association Services**  
**1120 20<sup>th</sup> Street, NW, Suite 600**  
**Washington, DC 20036-3419**  
**Fax No.: 1-847-953-0933, or Email to paul\_bondy@ aon.com**  
**Paul Bondy, Direct Phone: 202-429-8564**