



- 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: If this policy contains an insuring agreement that includes defense expenses within the limits of coverage or a deductible that applies to defense expenses, such 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		2. Your "Trade Name" or "Doing Business As" Name	
3. Policy Number	4. Policy Expiration Date	5. Your Website Home Page Address	
6. Has your principal business or mailing address changed in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please provide new address:</i> _____ <input type="checkbox"/> Principal <input type="checkbox"/> Mailing			
7. Within the past 12 months, has the name, structure, or ownership changed, or has there been an acquisition, consolidation, merger, dissolution, or any other change? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please describe:</i> _____			
8. Within the past 12 months, have you or anyone in your agency, owned (in whole or in part) or managed any other title agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please provide name of title agency and details:</i> _____			
9. Indicate the total number of owners, managers, and employees _____			
10. Provide the following information for all professional services listed below:			

Names of all individuals performing professional services	Years of Experience (if < 3 yrs, attach résumé)	Title Agent	Abstractor/ Title Searcher	Escrow/ Closing Agent	Title Opinion Lawyer	Independent Contractor	Number of transactions processed for the past 12 months

11. If licensing is required, are you and all appropriate individuals properly licensed? Yes No
12. Do you document in your files, conversations, recommendations, and activities?..... Yes No
13. Do you have procedures that require management to regularly review and be made aware of any problem transactions? Yes No
14. Do you require all professionals to regularly attend meetings?..... Yes No
15. Do you maintain and communicate to all your staff, a written internal policy or procedure manual? Yes No
16. Within the past 12 months, how many of your staff has attended risk reduction seminars? Yes No
17. Are you, (*any member of your agency, or any of your employees*) a licensed attorney providing legal services other than the rendering of opinions of title?..... Yes No

If yes:

- 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
18. Do you currently carry Fidelity (*Employee Dishonesty*) bond coverage? Yes No
19. Do you require Independent Contractors (including independent Abstracters/Title Searchers):..... Yes No
- a. To carry errors & omissions insurance? Yes No
- b. To provide proof of errors & omissions insurance? Yes No
20. Please provide the annual gross revenue:
- a. Most recent 12 calendar months (NOT fiscal year)..... \$ _____
- b. Prior 12 months \$ _____
- c. Projection for the next 12 months..... \$ _____

21. a. Please provide the percentage of annual gross revenue derived from the following professional services:

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

b. Please provide the percentage of annual gross revenue by property type:

Property Type	Percentage
Residential	%
Commercial	%
Construction Loans	%
UCC Reports	%
Other	%
TOTAL	100%

22. Indicate the percentage of total gross revenue derived from properties in which you or any member of your agency (including independent contractors) had a financial interest at the time services were performed..... %

23. 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)

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

Title Company Name	Percentage of Your Total Revenues	Years Represented

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

If yes, explain: _____

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

If yes, explain such ownership interest: _____

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

27. Do you:

- a. Document and obtain signatures from all parties when making changes or deviating from the original escrow contract? Yes No
- b. Hold escrow funds for more than one year? Yes No
- c. Are escrow funds deposited into separate accounts? Yes No
- d. Do you have written procedures for the authorization of fund transfers? Yes No
- e. What is the average total amount held in escrow? \$ _____
- f. What is the value of the largest escrow account? \$ _____
- g. What is the average value per escrow? \$ _____
- h. How frequent are escrow accounts reconciled? _____
- i. Do you perform or handle any of the following escrow services:
 - Refinance loan escrows Yes _____ % No
 - Tax deferred real estate exchanges Yes _____ % No
 - Construction payment disbursements Yes _____ % No
- j. Ever conduct a closing without title insurance, a 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
- k. Require a written contract or instructions for each closing? Yes No
- l. Require cashiers check or "good funds" at closing? Yes No
- m. Require each person's work to be checked by a peer or supervisor? Yes No
- n. Require signatures on all changes to standard closing/escrow instructions? Yes No
- o. Use a standardized closing/escrow checklist? Yes No

28. Indicate any of the following types of audits are conducted:

- Internal audit of escrow files prior to closing.
- Independent audit conducted by a CPA. How often? _____
- Procedure and records audit by a title insurance company or underwriter. How often? _____
- Other. Please describe type of audit conducted and frequency: _____

Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, OH, and OK

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, 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 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 felony of the 3rd degree, and may also be subject to a civil penalty.

Attention: Insureds in 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 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.

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 (5,000) dollars and not more than ten thousand (10,000) dollars, 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.

YOUR SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the agency, 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 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.

Your Signature (Principal, Partner, or President)	Title	Date
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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.

INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:

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

SEND COMPLETED APPLICATION TO:

**Aon Association Services
1120 20th 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**