



# Title Industry Assurance Company

A Risk Retention Group

7501 Wisconsin Avenue, Suite 1500

Bethesda, MD 20814-6522

800-628-5136 • FAX: 800-TIAC-FAX

Abstracters, Title Insurance  
Agents & Escrow Agents  
Professional Liability (E&O)

## RENEWAL APPLICATION

### ENDORSED BY THE AMERICAN LAND TITLE ASSOCIATION

**NOTICE:** A policy may be issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your state. State guaranty funds are not available for your risk retention group.

The insurance coverage for which you are applying is written on a **CLAIMS MADE** policy. Therefore, only claims which are first made against you during the policy period are covered, subject to policy terms, exclusions and conditions. "Claim" means a demand received by the Insured for money or services, including the service of suit or institution of arbitration proceedings against the Insured, alleging a wrongful act.

**RENEWAL INSTRUCTIONS:** Please *type* or *print clearly*. Please answer *all questions completely*. If there is insufficient space to complete an answer, please continue on a *separate sheet* of your firm's letterhead, indicating the number of the question(s). This form must be **completed, signed and currently dated** by a principal of the firm applying for coverage. You will find a box next to many questions indicating "NO CHANGE". Your indication of "NO CHANGE" tells us that the information is **exactly** as provided in your previous application. When you check "NO CHANGE" you do not need to complete that question.

**IMPORTANT:** Active membership in the American Land Title Association (ALTA) is required to renew this coverage.

1. Name of Applicant/Firm (*include all firm names, trading names or DBA's under which applicant operates*):

\_\_\_\_\_

Address:\* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*List complete addresses of **any ADDITIONAL OFFICES** on a separate sheet. **If NONE, check here:** . . . .  NONE

e-mail address: \_\_\_\_\_

2. Have there been any changes in the firm's **organization, ownership or operations** since last year? . . .  YES  NO  
If YES, please provide a detailed explanation on a separate sheet.

3. Applicant's business activities include:  **Abstracter**  **Title Agent**  **Escrow/Closing**  **Other:** \_\_\_\_\_

4. If the applicant's activities include acting as a **title agent**, list the title underwriter(s) with whom the firm has agency contracts and the approximate percent of title insurance premium written with each:

TITLE UNDERWRITER

PERCENT

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

5. **STAFF:** (indicate numbers; *count each person only once*):

a. All active **owners, officers and employees** engaged on a full or part-time basis in one or more of the following activities: **abstracting, searching, title underwriting, title opinion, escrow/closing, commitment or policy preparation:** . . . . . \_\_\_\_\_

b. On a separate sheet, state the **name, activities and years of experience** for each **new** staff member.

c. Of the number in 5.a., how many are **part-time** (i.e., less than 20 hours per week)? . . . . . \_\_\_\_\_

d. Are **independent contractors** hired to develop abstracts? . . . . .  YES  NO

e. If YES to 5.d., do independent contractors carry their own E&O insurance? . . . . .  YES  NO

6. <b>GROSS REVENUE:</b> show <i>all</i> revenue, fees and commissions <i>before</i> deduction of expenses.	Past fiscal year ending ___/___/___	Next 12 months (Estimated)
a. Title Agency Commissions	\$	\$
b. Abstracting / Searching Fees	\$	\$
c. Escrow / Closing Fees	\$	\$
d. Other (please describe)	\$	\$
e. Total gross <b>revenue</b> from <b>all</b> sources	\$	\$

7.  NO CHANGE. Is the applicant controlled by or owned by or associated with, or does the applicant control or own, **any other firm or business**? If YES, please explain on a separate sheet. . . . .  YES  NO
8.  NO CHANGE. Is the applicant, any subsidiary, parent or other related or affiliated organization engaged in: title underwriting as an insurer; real estate brokerage or sales; real estate development or construction; real estate lending; the formation, management or organization of group investments/syndications (including limited partnerships, general partnerships, real estate investment trusts or corporations); the practice of law or any business enterprise or professional practice **other than** title agency, abstracting or escrow/closing? (If YES, please explain on a separate sheet, including a description of services performed, property values involved and fees received.) . .  YES  NO
9.  NO CHANGE. Are any principals, owners, partners, officers, directors or professional employees of the applicant *personally* engaged in any activities described in question 8? . . . . .  YES  NO  
If YES, please explain on a separate sheet, identifying the individual, the activity and any relationships or transactions between the activity and the applicant.
10.  NO CHANGE. **Limits of liability** (each claim/annual aggregate) requested:  
 \$100,000/\$200,000    \$250,000/\$500,000    \$500,000/\$1,000,000    \$1,000,000/\$2,000,000  
 \$100,000/\$100,000    \$250,000/\$250,000    \$500,000/\$500,000    \$1,000,000/\$1,000,000  
**Deductible** (each claim) requested:  
 \$2,500    \$5,000    \$10,000    \$25,000    \$50,000
11. During the past year, has any claim been made or are there any circumstances which may result in a claim that have **NOT BEEN REPORTED** to TIAC? If YES, please explain on a separate sheet. . . . .  YES  NO  
**NOTE:** Any claim arising from any wrongful act, error, omission, circumstance, fact or situation required to be disclosed in response to question 11 above is **excluded** from coverage under the proposed insurance.
12. During the past year, has any Insured listed in question 5 had a license revoked or suspended, or been formally reprimanded or subject to disciplinary action? If YES, please explain on a separate sheet. . . . .  YES  NO

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 basis of the contract with the Company and that coverage, if written, may be affected by any suppression or misstatement. It is understood and agreed that completion of this application does not bind the Company to issue nor the applicant to purchase the insurance.

Name and Title of Applicant (please print) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
**(Application must be signed by a principal or owner of the firm)**

*Please mail your completed and signed renewal application and any other required materials to:*

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www.cpim.com/tiac