



AMERICAN INTERNATIONAL COMPANIES ®

Name of Insurance Company
To Which Application is Made: _____
(herein called the Insurer)

ESCROW AGENTS SUPPLEMENTAL APPLICATION

NOTE: ALL QUESTIONS ARE ASKED WITH REGARDS TO PROFESSIONAL SERVICES PERFORMED FOR OTHERS.

- 1. Name of Applicant: _____
2. Applicant first began continuously offering escrow services: __/__/__
3. Have any of the applicant firm's principals, partners, officers and directors been in the escrow business for at least 10 years? Yes [] No []
If "No," attach a resume for any firm member or independent contractor providing escrow services.
4. Please indicate:

Table with 4 columns: Last Fiscal Year Ending __/__/__, Prior Fiscal Year Ending __/__/__, Current Fiscal Year Ending __/__/__ (Projected), and rows for Volume of Funds Handled, Number of Accounts, and Gross Income* From Escrow Agent Services.

*Gross Income = All income derived from fees and commission before split with brokers or sales people or deduction for expenses.

- 5. a. Are the applicant's escrow agents required to have a license in any of the states in which they provide escrow services? Yes [] No []
b. If "Yes," what are the applicable states in which such license is required?

Has every escrow agent employed by the applicant or performing services on behalf of the applicant as an independent contractor satisfied all licensing requirements? Yes [] No []

- 6. Does the applicant have a cross-checking system to guard against:

Named Applicant _____

Date _____

a. Incorrectly kept records of closing transactions? Yes No

b. Failure to make proper filing of documents for public record? Yes No

c. Improper calculation of tax, insurance or other finance figures? Yes No

If "Yes" to either 5a., 5b. or 5c., provide details.

THIS SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO BUY OR THE INSURER TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY. THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS SUPPLEMENTAL APPLICATION ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS SUPPLEMENTAL APPLICATION CHANGES BETWEEN THE DATE OF THIS SUPPLEMENTAL APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Signed: _____

Print Name: _____

Date: _____

Title: _____

(must be signed by the President or Chief Executive Officer if a corporation, a general partner if a partnership)

Broker: _____

Address: _____
