



AMERICAN INTERNATIONAL COMPANIES ®

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

**TITLE AGENTS AND ABSTRACTORS
SUPPLEMENTAL APPLICATION**

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

- 1. Name of Applicant: _____
- 2. In addition to providing professional services as a title insurance agent, does the applicant also provide any other title related services? If the applicant responded affirmatively to any of the above, provide complete details.

	Yes	No	Percentage of Professional Services
Abstractor	<input type="checkbox"/>	<input type="checkbox"/>	%
Title Searcher	<input type="checkbox"/>	<input type="checkbox"/>	%
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	%

- 3. List states where the applicant provides title agent services. _____
- 4. a. Are all professional employees and independent contractors providing title agent services legally qualified? Yes No
- b. Does your state or any state in which title insurance agent services are provided by or on behalf of the applicant have legal qualifications? Yes No
- c. Do you provide U.C.C. Reports? Yes No
Do you certify accuracy? Yes No
- 5. Who performs the title search for title insurance policies issued by the Applicant?
Applicant Agency Outside Source
 - a. Name _____
 - b. Years in abstracting or searching field _____
 - c. Do they carry errors and omissions insurance? Yes No
- 6. Provide a listing of title insurance companies you represent.

Named Applicant _____

Date _____

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: _____
