

## TITLE / ABTRACTOR AND ESCROW AGENTS SUPPLEMENTAL

1. Applicant Company Name: \_\_\_\_\_

2. The Applicant is:

- a. Licensed Abstractor Searcher? \_\_\_\_\_
- b. Licensed Title Insurance Agent? \_\_\_\_\_
- c. Escrow Agent? \_\_\_\_\_

3. Does the Applicant compile data:

- a. Direct From Court House Record? \_\_\_\_\_
- b. From an independent set of abstract books and tract indexes? \_\_\_\_\_
- c. Another Source? \_\_\_\_\_  
Provide details if from other source: \_\_\_\_\_
- d. Does the search go back a minimum of 25 years? \_\_\_\_\_

4. Please indicate by percentage of revenue derived from or associated with the following:

Title Agent	_____%	Energy/Oil & Gas	_____%
Closing Escrow Agent	_____%	Precious Metals/Minerals	_____%
Title Abstractor/Searcher	_____%	Other	_____%

If Other please describe:

5. Please indicate by percentage of revenue derived from or associated with the following:

Residential:	_____%	Precious Metals	_____%
Commercial	_____%	Other	_____%

If Other, please describe:

Energy Oil Gas \_\_\_\_\_%

- 6. a. Does the applicant have standard, written procedures for all professional staff to follow? \_\_\_\_\_
- b. Do these written procedures include a check list? \_\_\_\_\_

7. Who performs your title searches?                      Applicant firm? \_\_\_\_\_%

Independent Contractor? \_\_\_\_\_%

If an outside source performs searches, do you require:

- Minimum number of years in abstracting or searching field? \_\_\_\_\_

- Certificate of E&O Insurance? \_\_\_\_\_

8. Carriers Represented- List all title insurers in which business is or has been placed in the past five years. All information must be complete. \_\_\_\_\_

Please include any bar-related title insurer or fund.

9. Has the Applicant's agency appointment with any title insurance carrier ever been discontinued in the last five years? \_\_\_\_\_

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

**Complete this section if the applicant performs Escrow Agent, Closing Agent, or Witness Closer Services**

Does the applicant:

- a. Document and obtain signatures from all parties when making changes or deviating from the original escrow contract? \_\_\_\_\_
- b. Ever conduct a closing without title insurance, title insurance commitment, or a title opinion? \_\_\_\_\_  
Title Escrow Agents Written Disclaimer \_\_\_\_\_
- c. Hold escrow funds for more than one year? \_\_\_\_\_
- d. Require a written contract or instructions for each closing? \_\_\_\_\_
- e. Require a cashier's check or "good funds" at closing? \_\_\_\_\_
- f. Require each person's work to be checked by a peer or supervisor? \_\_\_\_\_
- g. Require signatures on all changes to standard instructions? \_\_\_\_\_
- h. Use a standardized closing/escrow checklist? \_\_\_\_\_

**Notice** \_\_\_\_\_  
I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions.

Must be signed and dated by Owner, Partner or Principal as duly authorized on behalf of the Applicant.

\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
DATE