ALPS
Property & Casualty Insurance Company

TITLE AGENCY SUPPLEMENT

NAME OF APPLICANT FIRM:

1. Name of Title Agency:

2. Applicant is: Individual ❑ Corporation ❑ Partnership ❑ Other ❑

3. Year Established:

4. Estimated Total Gross Income from title agent commissions this year: $_____
   Last year: $_____

5. Number of Professionals and clerical staff who are employees of the entity:

   Attorneys_____ Other Professionals/Abstractors_____ Clerical Staff _____

6. Does any title insurance company, or any other entity, have ownership interest in the title agency? Yes ☐ No ☐
   If yes, who? _____

7. Who performs the title search for title insurance policies issued by the title agency?

8. Are all employees of the title agency also employees of the Named Insured law firm? Yes ☐ No ☐

9. Is the title agency situated in the same premises as the Named Insured? Yes ☐ No ☐

10. Has any title agent or abstracting professional liability claim ever been made against the applicant or employees of the firm? Yes ☐ No ☐
    If yes, please complete the Claims Information Supplement.

11. Does any title agent or abstractor know of any circumstance, act, error or omission that could result in a professional liability claim against him/her or the firm? Yes ☐ No ☐
    If yes, please complete the Claims Information Supplement.

12. How many title insurance policies were issued through your firm last year?

    Loan Policies _____ Owned Policies _____

I understand information submitted herein becomes a part of my Professional Liability Application and is subject to the same terms and conditions.

Applicant Signature _____Title _____ Date _____