



**ABSTRACTORS & TITLE SEARCHERS  
PROFESSIONAL LIABILITY APPLICATION**

Return Applications to:  
**Fox Point Programs**  
3001 Philadelphia Pike  
Claymont, DE 19703  
(800) 499-7242 / Fax: (302) 765-2088  
[submissions@foxpointprg.com](mailto:submissions@foxpointprg.com)

NOTICE: THIS IS A CLAIMS-MADE AND REPORTED FORM EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLUS LINES BASIS.

**\*\*\* EVERY QUESTION BELOW MUST BE ANSWERED. RESPOND "N/A" TO ANY QUESTION THAT DOES NOT APPLY. \*\*\***

**1 GENERAL INFORMATION**

**a** Applicant Name \_\_\_\_\_  
*(as it should appear on the policy; name should match current policy information, unless endorsed otherwise)*

d/b/a \_\_\_\_\_

**b** Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**c** Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ Website \_\_\_\_\_

**d** Nature of Business \_\_\_\_\_ Year Established \_\_\_\_\_

**e** Are any of the principals involved in any other business/activity other than what is shown in **1d**? .....  Yes  No  
*If "Yes" please explain on a separate sheet provided*

**f** Please complete the chart below:

Owner/Officer Name	Title	Years of Experience	Active in Daily Operations?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**g** Are employees with fewer than 3 years experience supervised by senior staff/officers? .....  Yes  No

**2 SUBSIDIARIES, ACQUISITIONS, MERGERS, OR CONSOLIDATIONS**

**a** Is the applicant affiliated with any organization through common ownership, operation or control? .....  Yes  No

**b** During the past five years has the Applicant been engaged in any business or professional services other than the Nature of Business described in Question 1d above? *If "Yes", please explain on separate sheet provided* . . .  Yes  No

**3 ABSTRACT SEARCH REQUESTS**

**a** Does applicant use contracts / written agreements with their clients? .....  Yes  No

**b** How does applicant receive a request for a title search? \_\_\_\_\_

**c** Does the applicant:

**i** Keep / maintain a record of each title search request ? .....  Yes  No

**ii** Reply to search request with confirmation of receipt and / or acceptance ? .....  Yes  No

**d** Does applicant receive written confirmation from their client if the standard number of years required for a **full** title search is less than 40 years ? .....  Yes  No

*If "No" please provide full explanation* \_\_\_\_\_  
\_\_\_\_\_

- e Does applicant have procedures in place to keep record of their titles searches (*i.e.*; *screen shot of search terms and search results*)? .....  Yes  No
- f Does the applicant use **limitation of liability** clauses? .....  Yes  No  
If **"No"** is applicant willing to use **limitation of liability** clauses moving forward to stay current with best practices?  Yes  No
- g Does the applicant stay current on legislative / statutory changes in the jurisdiction they perform searches ? .....  Yes  No
- h Does the applicant perform post-closing title search to ensure that all filings have been officially recorded and appear in public record ? .....  Yes  No
- i If applicant relies on online searches, does the applicant perform manual searches at the county to confirm in state and out of state search results (*if applicable*) ? .....  Yes  No
- j Does the insured determine "insurability of title"? .....  Yes  No
- k Does applicant provide title opinions for closings when title insurance is **not** the end product  
*If "Yes", please provide full explanation:* \_\_\_\_\_  
\_\_\_\_\_
- l Has a title company ever cancelled or nonrenewed their agency contract with you?  Yes  No If **"Yes"** please explain  
\_\_\_\_\_
- m If Applicant provides **public notary services** - do they always require signer(s) to be present? .....  Yes  No  N/A

**4 CORPORATE GOVERNANCE**

- a Does the Applicant have a process in place to handle and resolve client complaints? .....  Yes  No

**5 SUBCONTRACTORS**

- a Does the Applicant use subcontractors? .....  Yes  No
- b Please indicate percentage of work performed by independent contractors below:  
***Any work performed by independent contractors must also be reflected in Revenue in Question 6a.***  
Abstracting / Searching \_\_\_\_\_ % Notary Public \_\_\_\_\_ % Other: \_\_\_\_\_ %
- c Does the Applicant require its subcontractors to maintain professional liability insurance? .....  Yes  No  N/A
- d Please indicate percentage of work performed by employees or independent contractors located outside the US: \_\_\_\_\_ %

**6 FINANCIAL AND BUSINESS INFORMATION**

- a Provide Applicants Gross Annual Revenue breakdown below (*If no revenue in the last 12 months, provide estimate for next 12 months*):  
Previous 12 months \$ \_\_\_\_\_  
Projected Next 12 months \$ \_\_\_\_\_
- b Provide a Revenue Breakdown (by percent/by service) below for amount shown in **6a** above (***Must equal 100%***):  
Abstracting/Searching Commissions/Fees ..... \_\_\_\_\_ %  
Notary/Witness Closing Commission/Fees ..... \_\_\_\_\_ %  
Other (*describe*): \_\_\_\_\_ ... \_\_\_\_\_ %

**c** Provide a Revenue Breakdown (by percent) below for projected next 12 months shown in **6a** above (**Must equal 100%**):

Residential..... \_\_\_\_\_ %      Commercial/Industrial ..... \_\_\_\_\_ %  
 Agricultural..... \_\_\_\_\_ %      Oil/Gas/Precious Metals or Minerals ..... \_\_\_\_\_ %  
 Other (*describe*): \_\_\_\_\_ %

**d** Do you anticipate any material changes to the nature of the Applicant’s business in the next 12 months?  Yes  No  
*If “Yes”, please explain on the separate sheet provided.*

**7 LIMIT / DEDUCTIBLE OPTIONS**

Please select the Limit & Deductible options you would like to have quoted (*can select up to 3 options*):

Select Limit Option(s)*	Select Deductible Option(s)*	
<input type="checkbox"/> ... \$ 500,000/\$ 500,000	<input type="checkbox"/> .....\$ 1,000	<i>*Some restrictions may apply based on underwriting criteria</i>
<input type="checkbox"/> ... \$ 500,000/\$1,000,000	<input type="checkbox"/> .....\$ 2,500	
<input type="checkbox"/> ...\$1,000,000/\$1,000,000	<input type="checkbox"/> .....\$ 5,000	

**8 CURRENT/PRIOR INSURANCE**

**a** Does the Applicant currently have an Errors & Omissions Insurance policy?.....  Yes  No

*If “Yes”, please attach a current Policy Declarations Page (plus any endorsements applied).  
 Please be sure we can recognize both the Expiration Date and the Retroactive Date.*

Please provide the following information for any Errors & Omissions or Professional Liability Insurance during the last 3 years:

COMPANY (PLEASE ENTER FULL NAME OF CARRIER)	LIMIT OF LIABILITY (PER CLAIM/AGGREGATE)	DEDUCTIBLE	PREMIUM	POLICY PERIOD (EFF DATE - EXP DATE)	RETRO DATE (MM/DD/YYYY)
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

**b** Has any Errors & Omissions or Professional Liability Insurance issued to the Applicant ever been declined, cancelled, or non-renewed? .....  Yes  No

**9 CLAIMS EXPERIENCE**

**a** Do any principals, directors, officers, partners, employees, or independent contractors of the Applicant have knowledge or information of any actual or alleged acts, errors, omissions, offenses or circumstances which might reasonably be expected to give rise to a claim against the Applicant? . . .  Yes  No

**b** During the past **five (5)** years, has the Applicant, or any of its predecessors in business, subsidiaries, or affiliates, or any of the principals, directors, officers, partners, employees or independent contractors ever been under investigation by any professional/regulatory body or been subject to disciplinary action as a result of professional activities? . . . . .  Yes  No

**c** During the past **five (5)** years, have any suits or claims been brought against the Applicant, any of its predecessors in business, subsidiaries, or affiliates, or any of the principals, directors, officers or employees? . . . . .  Yes  No

***If the answer to 9a, 9b, or 9c above is "Yes," complete the attached Supplemental Claims Questionnaire for each Claim, Notice, or Circumstance. We also will require currently valued loss runs dating back to the earliest claim indicated in 9c.***

**10 ASSOCIATIONS**

Are you currently a member of any land title association? . . . . .  Yes  No

If "Yes," please list: \_\_\_\_\_

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(MUST be signed by an Owner, Partner, Director or Officer of the Named Insured. It is agreed the signer has authority to act on behalf of all insureds.)* (MM / DD / YYYY)

Print Name \_\_\_\_\_ Print Title \_\_\_\_\_

**I/We hereby warrant, that the statements and particulars provided in this Application are true and that I/we have not suppressed or misstated any material facts and that I/we agree that this Application shall be the basis of the contract with the Company and that the coverage, if written, may be affected by any suppression or misstatement. It is understood and agreed that this Application forms a part of any Policy issued by the Company to the Applicant and shall be deemed to be attached to and form a part of the Policy. It is understood and agreed that completion of this Application does not bind the Company to issue nor the Applicant to purchase the insurance.**

*The following page is provided as an additional sheet for questions in this application requiring additional qualifying statements. Please identify the question being addressed by number and letter (Example: "1e") in front of each qualifying statement. Your signature on this application warrants that all statements given are true and complete.*

**PRODUCER SUBMITTING ON BEHALF OF THE INSURED**

Agency Name \_\_\_\_\_ License No. \_\_\_\_\_  
Agent Name \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Do you give Fox Point Programs authorization to broker this account if not eligible for our in-house program?  Yes  No

**Applicant Name:** \_\_\_\_\_