

Title Agents
E&O Insurance
Request for
Premium Estimate



FLAG Insurance Services
Phone: 800-748-3524
Fax: 954-724-7445
Email: Applications@Flag4u.com

| | | |
|-----------------------------------|---|--|
| Name of Title Agency: | | |
| Street Address | | |
| City: County Contact Name: | State: <i>Florida</i> Zip | |
| Phone: | Email: | |
| Fax: | Website: | |

Please indicate the coverage desired below:

| | |
|------------------------|----------------|
| Limit of Liability: \$ | Deductible: \$ |
|------------------------|----------------|

Projected Annual Gross Revenues: \$ _____ Last Annual Gross Revenues: \$ _____

Firms **REVENUE** breakdown (whole numbers only please) must total 100%

| | | |
|----------------------------------|-----------------------|-------------------------------------|
| % Title Agent | % Escrow Agent/Closer | % Abstract/Search |
| % Witness Closer / Signing Agent | % Other (describe) | 100% TOTAL (must total 100%) |

Percentage of work that is residential: _____%

Percentage of work performed by subcontractors: _____%

If any percentage, are subcontractors required to carry E&O Insurance? _____ Yes _____ No

Current Errors & Omissions (E&O) Insurance: (if none check here: None)

| Policy Period | Insurer | Limits of Liability | Deductible | Premium |
|--|---------|---------------------|------------|---------|
| What is your policy retroactive / prior acts date? _____ (mm) (dd) (yyyy) | | | | |

Current Fidelity Bond: (if none check here: None)

| Policy Period | Insurer | Limits of Liability | Deductible | Premium |
|---------------|---------|---------------------|------------|---------|
| | | | | |

Current Surety Bond: (if none check here: None)

| Policy Period | Insurer | Limits of Liability | Deductible | Premium |
|---------------|---------|---------------------|------------|---------|
| | | | | |

Do your two largest clients make up more than 50% of your business? If yes, identify the business or industry: Yes No

Is the applicant affiliated with any real estate development or construction company through common ownership, operation, or control, including any controlled business arrangement? If yes, state name of company: Yes No

Is the applicant or any of its officers owned by or have any ownership in a mortgage or real estate company? If yes, state name of company: Yes No

Are any of the principals or key employees actively involved in any business or profession other than title agent, escrow agent or abstractor? If yes, provide details: Yes No

| | |
|---------------------------|--|
| Claims / Incidents | |
|---------------------------|--|

Has any professional liability claim(s) or suit(s) been made against the firm or the attorneys in the past 5 years? (If yes, please complete a claim supplement for each) Yes No

Are you or the applicant aware of any actual or alleged circumstance which may give rise to a claim? (If yes, please complete a claim supplement for each) Yes No

This form is being submitted for a non binding premium indication only.
By providing your phone number, fax number and email address, you are providing us with permission to respond to your request for title agents E&O insurance premium indications by phone, fax and/or email. This information is confidential and never provided to or sold to any other party.

Signed: _____ Date: _____

| | |
|--------------|--|
| Referred by: | |
|--------------|--|

(Name and title of Insurer)

Please return the following:

- (1) completed estimate request form,**
- (2) copy of your current declarations page,**
- (3) copy of prior acts date endorsement and**
- (4) sample copy of your letterhead**

Fax to: 954-724-7445 or Email to: Applications@Flag4u.com

Visit our website: www.Flag4u.com