



RITMAN

TITLE AGENTS ERRORS & OMISSIONS INSURANCE POLICY PREMIUM INDICATOR

1154 Conner Street, Noblesville, IN 46060
phone (317) 770-3000 or (800) 581-8810 fax (317) 770-3010

SECTION 1: GENERAL BUSINESS INFORMATION

Name of Applicant Agency: _____ Date Established: _____

Street Address: _____

_____ City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

of years of experience and name for each Principal/Partner (provide by separate attachment if needed):

_____ / _____ / _____

Is the Applicant owned by or have any ownership interest in a financial institution, mortgage company, real estate development or investment firm or a title insurance carrier? Yes No If yes, please explain on separate form.

If yes, does the Applicant provide any services to or for these affiliated entities? Yes No

Does the applicant perform 1031 tax deferred exchange services? Yes No

List states where the Applicant performs professional services: _____

Does applicant utilize sub-contractors? Yes No Is proof of E & O insurance required of all sub-contractors? Yes No

SECTION 2: BUSINESS OPERATIONS

Gross revenues last 12 months \$ _____

Indicate % of revenue from services:

Title Insurance Agent _____ %

Abstracting Services _____ %

Escrow/Closing Services _____ %

Other (describe) _____ %

Provide the % of annual gross revenue by property type:

Residential _____ %

Commercial _____ %

Construction Loans _____ %

Oil & Gas _____ %

Mineral Rights _____ %

Other (describe) _____ %

SECTION 3: CURRENT INSURANCE COVERAGE INFORMATION

Effective Date _____ Carrier _____ Limits \$ _____ /

Deductible \$ _____ Premium \$ _____ Retroactive or Prior Acts Date _____

SECTION 4: PRIOR CLAIMS AND POLICY EXPERIENCE

Have any prior E & O insurance policies been cancelled or non-renewed? Yes No

Have you had any E & O Claims in the past FIVE years or do you have knowledge or information of any act, error or omission that might reasonably be expected to give rise to a claim? Yes No

If YES to any of the above, provide details on a separate sheet of paper. A current loss run may be required.

****Please include an unaltered copy of your current declarations page if currently insured**

Each proposed insured represents that the statements set forth in the form are true and correct and that no material facts have been suppressed, misstated or omitted.

Date Applicant's Authorized Signature Title

NOTE: This form is for estimating purposes only. Coverage may be bound only upon submission and acceptance of a completed new business application.