

BENCHMARK MANAGEMENT GROUP & SPECIALTY LINES UNDERWRITERS

TITLE AGENTS, ABSTRACTORS AND ESCROW/CLOSING AGENTS APPLICATION

1. CONTACT INFORMATION

Name of Applicant: _____
 Street Address: _____
 City, State, Zip: _____
 Telephone Number: _____ Fax Number: _____ Website Address: _____

2. APPLICANT IS:

Individual _____ Partnership _____ Corporation _____ LLC _____

3. YEAR ESTABLISHED: _____

4. Please list addresses of all branch offices: (Attach a separate sheet if necessary)

5. Is the applicant controlled by, owned by, or associated with any other organization, or does the applicant own or control any other corporation, or company? Yes No

(If YES, please provide details.) _____

6. In the past FIVE years has the name of the Applicant been changed or has any other business been purchased, merged or consolidated with the Applicant? Yes No

(If YES, please provide details.) _____

7. Please provide the following for all officers, directors, partners and professional employees.

Name	Title Agent	Abstractor /Searcher	Lawyer	Escrow/Closing Agent	Years of experience

8. Please provide the total number of employees: _____

9. List the total gross receipts for the past two years in addition, please list projected receipts for the current year.

Receipts estimated for the upcoming year: _____

Past Year: _____

Two Years: _____

10. Indicate the percent of total annual receipts derived from the following services:

	% Gross Receipts
Title Agent Commissions _____	%
Abstractor/Searcher _____	%
Escrow/Closing Agent _____	%
Fees for Title Opinions _____	%
Other (describe) _____	%
Total	100%

11. Please provide total percentage of gross income generated in the following areas:

Type of client	% of income	Type of client	% of income
Residential	%	Mining/Minerals	%
Commercial	%	Developers & Builders	%
Agricultural	%	Other	%
Oil/Gas	%	TOTAL	100%

12. Please list insurance companies you represent and percentages of total premium written. (no abbreviations)

Insurance Company	% of premium volume

13. Has any Title company cancelled or non-renewed their contract with the Applicant? Yes No
 If YES, please provide details: _____

14. Please list the percentage of data compiled for Abstracting/Search:

In House Title Plant	%	Title Company or Underwriter	%
Title Plant Maintained by others	%	Other	%
Courthouse Records	%	Total	100%

COMPLETE THIS SECTION ONLY IF ESCROW/OR CLOSING SERVICES ARE PROVIDED.

15. For the past year, indicate the following:
 Number of closings/escrows performed _____
 Average value of closing/escrow properties _____

16. Provide the percent of closing/escrow income derived from the following:

Commercial loans _____	%
Residential loans _____	%
Land loans _____	%
Construction loans _____	%
Other (describe) _____	%
TOTAL _____	%

17. When providing closing/escrow services, do you?
- a. Require a written agreement for every escrow/closing? Yes No
 - b. Require signatures on any changes to instruction? Yes No
 - c. Have a regular audits conducted by an independent accounting firm? Yes No
 - d. Have procedures and records audited by title underwriter? Yes No
 - e. Require cashiers checks or "good funds" for each escrow/closing? Yes No
 - f. Do you ever close without title insurance or a title opinion? Yes No
 - g. Are escrow accounts reconciled monthly? Yes No
 - h. Hold escrow funds for more than one year? Yes No

18. Do you perform or handle any tax-deferred real estate exchanges? Yes No

19. Do you hire subcontractors? Yes No

- a. What is the percentage of business derived by these subcontractors for each service?
- Witness closers/signers _____ %
- Escrow/Closing services _____ %
- Title abstractor/search services _____ %
- Other (describe) _____ %
- b. Do you require these subcontractors to maintain their own E&O insurance? Yes No
 - c. Do you review the work performed by these subcontractors? Yes No
 - d. Do you verify the qualifications of all subcontractors? Yes No

20. Do you currently have Errors & Omissions Insurance? Yes No

If yes, please provide information for the last three years:

Policy Period	Insurance Company	Limits of Liability	Deductible	Premium

If "Retroactive Date" prior to policy inception is requested, please advise date: _____

Please attach a copy of the expiring Declaration Page showing the retroactive date.

21. Limit of Liability Desired: please circle \$100,000 \$300,000 \$500,000 \$500,000/\$1M \$1,000,000
 Deductible Desired: \$2,500 \$5,000 \$7,500 \$10,000 Other _____

22. Has any similar insurance ever been declined or canceled? Yes No
 If yes, provide details; _____

23. Have any of the individuals represented ever been the subject of disciplinary action by authorities or professional organization as a result of their professional activities? Yes No
 If yes, please explain. _____

24. In the past FIVE years, has any claim been made against the Insured or any of their past or present owners, officers, partners, directors or employees? Yes No

25. Does any person to be insured aware of any incident or circumstance which may result in a claim being made against the Insured or any past or present owners, partners, officers, directors, employees or predecessors in business? Yes No

If yes, please complete the attached Claim Supplement information sheet for each incident or circumstance.

IT IS AGREED WITH RESPECT TO QUESTIONS #23, 24 AND 25 ABOVE, THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS ANY CLAIM OR ACTION ARISING THERE FROM IS EXCLUDED FROM THE PROPOSED COVERAGE.

I understand and agree this Application and any and all supplements attached hereto may be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance of this Application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to the company providing insurance coverage and Mid-Continent General Agency, Inc. any documents, records or other information bearing upon the foregoing.

I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided. Applicant warrants the truth of all answers to the above questions, and that applicant has not withheld any information which is calculated to influence the judgment of the insurance company in considering the application.

IMPORTANT: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

PRODUCER: _____ INSURED: _____
ADDRESS: _____ BY: _____
TITLE: _____
DATE: _____