

H. R. Keller & Co., Inc.
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APPLICATION
ABSTRACTORS/RECORD SEARCHERS ERRORS AND OMISSIONS INSURANCE
CLAIMS MADE POLICY

THIS IS AN APPLICATION FOR A POLICY WITH LIMITS OF LIABILITY WHICH INCLUDE BOTH DAMAGES AND CLAIM EXPENSES. IF THERE IS ANY QUESTION, PLEASE CONSULT WITH YOUR AGENT, BROKER, OR ATTORNEY.

| QUESTIONS | ANSWERS | | | | | | | | | | | | |
|--|--|---|---|------------------------------------|-------|-------|-------|----|-------|-------|----|-------|-------|
| 1. Full name and address of Applicant. | 1. | | | | | | | | | | | | |
| 2. Address(es) of Branch Office(s). | 2. | | | | | | | | | | | | |
| 3. Date Established. | 3. _____ | | | | | | | | | | | | |
| 4. The Applicant is: | 4. <input type="checkbox"/> Individual; <input type="checkbox"/> Partnership; <input type="checkbox"/> Corporation; <input type="checkbox"/> _____. | | | | | | | | | | | | |
| 5. Furnish the number of Partners and Staff: a) Principals/Partners; b) Professional Staff; c) Other Employees (Secretaries, Clerks, etc.). | 5. <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><u>Full Time</u></td> <td style="text-align: center;"><u>Part Time</u></td> </tr> <tr> <td>a)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> | | <u>Full Time</u> | <u>Part Time</u> | a) | _____ | _____ | b) | _____ | _____ | c) | _____ | _____ |
| | <u>Full Time</u> | <u>Part Time</u> | | | | | | | | | | | |
| a) | _____ | _____ | | | | | | | | | | | |
| b) | _____ | _____ | | | | | | | | | | | |
| c) | _____ | _____ | | | | | | | | | | | |
| 6. a) Furnish the following information on all principals, key employees, and subcontractors: | 6. a) | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 35%;"><u>Full Name</u></td> <td style="width: 15%;"><u>No. Years Experience</u></td> <td style="width: 20%;"><u>Professional Qualifications</u></td> <td style="width: 30%;"><u>How Long a Principal</u></td> </tr> </table> | <u>Full Name</u> | <u>No. Years Experience</u> | <u>Professional Qualifications</u> | <u>How Long a Principal</u> | | | | | | | | | |
| <u>Full Name</u> | <u>No. Years Experience</u> | <u>Professional Qualifications</u> | <u>How Long a Principal</u> | | | | | | | | | | |
| | | | | | | | | | | | | | |
| b) If the business is not more than TWO years old, attach resumes of the principals, key employees, and subcontractors. | b) | | | | | | | | | | | | |
| 7. a) Furnish estimated gross receipts and the number of searches for the NEXT fiscal year; | 7. a) <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;"><u>Gross Receipts</u></td> <td style="text-align: right;"><u>Searches</u></td> </tr> <tr> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">_____</td> </tr> </table> | <u>Gross Receipts</u> | <u>Searches</u> | \$ _____ | _____ | | | | | | | | |
| <u>Gross Receipts</u> | <u>Searches</u> | | | | | | | | | | | | |
| \$ _____ | _____ | | | | | | | | | | | | |
| b) Furnish gross receipts and the number of searches for the current year and the past TWO years. | b) 19__ \$ _____ 19__ \$ _____ 19__ \$ _____ | | | | | | | | | | | | |

| QUESTIONS | ANSWERS |
|---|---|
| <p>8. Furnish the percentage of searches for the following:</p> <p>a) Title; 1) Residential; 2) Agricultural; 3) Oil/gas; 4) Precious metals/materials; 5) Commercial/industrial; 6) Other _____ _____</p> <p>b) UCC Form; c) Tax lien; d) Environmental lien; e) Watercraft and motor vehicle; f) Bankruptcy, suits and judgments; g) Other _____ _____</p> | <p>8. <u>%</u></p> <p>a)</p> <p>1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____ _____</p> <p>b) _____ c) _____ d) _____ e) _____ f) _____ g) _____ _____</p> <p>Total <u>100%</u></p> |
| <p>9. Furnish the names of the THREE largest clients.</p> | <p>9. <u>Client Name</u></p> <p>1) _____ 2) _____ 3) _____</p> |
| <p>10. a) Is the Applicant or any of the Applicant's staff, a practicing attorney?</p> <p>b) If "Yes," do they carry Lawyers Errors and Omissions coverage?</p> | <p>10. a) YES/NO</p> <p>b) YES/NO</p> |
| <p>11. a) Does the Applicant also act as a Title Agent for any Title Insurance company?</p> <p>b) If "Yes," furnish full details.</p> | <p>11. a) YES/NO</p> <p>b)</p> |

| QUESTIONS | ANSWERS |
|--|---|
| <p>12. a) Does the Applicant or any parent, subsidiary, or related company issue policies of Title Insurance in the Applicant's own name?</p> <p>b) If "Yes," furnish full details.</p> | <p>12. a) YES/NO</p> <p>b)</p> |
| <p>13. Does the Applicant act as an Escrow Agent?</p> | <p>13. YES/NO</p> |
| <p>14. Answer the following.</p> <p>a) Is the Applicant a member of the American Land Title Association or an affiliated association?</p> <p>b) Is the Applicant a member of any abstractors association?</p> <p>c) If "Yes," to any of the above, furnish full details.</p> | <p>14.</p> <p>a) YES/NO</p> <p>b) YES/NO</p> <p>c)</p> |
| <p>15. a) Furnish the states where the Applicant or Applicant's subcontractors undertake searches.</p> <p>b) Has the Applicant complied with all the laws of these states to act an abstractor?</p> <p>c) If "No," furnish full details.</p> | <p>15. a) _____ _____ _____</p> <p>b) YES/NO</p> <p>c)</p> |
| <p>16. Furnish, the percentage of data compiled from the following sources:</p> <p>a) In-house title plant;</p> <p>b) Courthouse or grantor/grantee index;</p> <p>c) Computers (using own program);</p> <p>d) Shared or purchased computer;</p> <p>e) Outside Abstractor/Searcher;</p> <p>f) Other title plant;</p> <p>g) Other _____ _____</p> | <p>16.</p> <p style="text-align: center;"><u>%</u></p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p> <p>d) _____</p> <p>e) _____</p> <p>f) _____</p> <p>g) _____</p> <p>_____</p> |

TOTAL 100%

| QUESTIONS | ANSWERS |
|---|---|
| <p>17. When completing abstract reports, does the Applicant state clearly:</p> <p>a) The date(s) prior to which searches have not been performed?</p> <p>b) In the event of updates, the date(s) prior to which the Applicant's searches are dependent on searches performed by others?</p> | <p>17.</p> <p>a) YES/NO</p> <p>b) YES/NO</p> |
| <p>18. a) Does the Applicant use pre-printed forms when doing abstracts?</p> <p>b) If "Yes," furnish sample copies.</p> | <p>18. a) YES/NO</p> <p>b)</p> |
| <p>19. a) Does the Applicant perform a "bringdown" on searches after they are completed?</p> <p>b) If "Yes," is this "bringdown" done by another searcher?</p> <p>c) If "No," furnish full details.</p> | <p>19. a) YES/NO</p> <p>b) YES/NO</p> <p>c)</p> |
| <p>20. a) Does the Applicant hire abstractor subcontractors?</p> <p>b) If "Yes," furnish the following:</p> <p>1) The number of subcontractors hired in the last year;</p> <p>2) The number of searches conducted by the subcontractors;</p> <p>3) Under what circumstances are the subcontractors hired?</p> <p>4) Furnish the qualifications required of the subcontractors by the Applicant.</p> <p>5) Are the subcontractors required to have their own errors and omissions insurance?</p> | <p>20. a) YES/NO</p> <p>b)</p> <p>1) _____</p> <p>2) _____</p> <p>3)</p> <p>4)</p> <p>5) YES/NO</p> |

| QUESTIONS | ANSWERS |
|---|---|
| 24. d) If "Yes," furnish the retroactive date and attach a copy of the expiring policy. | 24. d) |
| 25. a) Has any application for this type of insurance made by the Applicant or their predecessors in business ever been declined, or has any similar insurance ever been canceled, non-renewed, refused, or had special terms imposed? b) If "Yes," furnish full details. | 25. a) YES/NO b) |
| 26. a) Has any Claim been made during the last FIVE years against the Applicant, any of their past or present owners, officers, partners, directors, or employees, either individually or otherwise on account of errors and omissions? b) If "Yes," furnish the following: 1) Date the Claim was made; 2) Name of the Claimant; 3) Value of the Claim; 4) If the Claim is settled or outstanding; 5) Amount of the settlement; 6) Brief description. | 26. a) YES/NO b) 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____ |
| 27. a) Is the Applicant aware of any circumstances, or any allegation or contentions, as to any incident which may result in a Claim being made against the Applicant or any past or present owners, partners, officers, employees, or predecessors in business? b) If "Yes," furnish the following: 1) Date the Applicant first became aware of any such alleged negligent act, error or omission; 2) Name of the potential Claimant; 3) Estimated value; 4) Brief description. | 27. a) YES/NO b) 1) _____ 2) _____ 3) _____ 4) _____ |
| 28. a) Are there any other facts which, if disclosed to the Company, may influence their assessment of this Application? | 28. a) YES/NO |

| QUESTIONS | ANSWERS |
|---|--|
| 28. b) If "Yes," furnish full details. | 28. b) |
| 29. Does the Applicant agree that this Application is for a CLAIMS MADE policy? | 29. YES/NO |
| 30. a) Limit of Liability required? b) Amount of deductible required? | 30. a) \$ _____ Each Claim/Aggregate b) \$ _____ |

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that this declaration shall be the basis of the contract between me/us and the Company and that this Application will form a part of the policy.

Name of Firm: _____

By: _____
(Owner, Partner, or Senior Officer)

Title: _____

Date: _____ 19 _____

**Signing this form does not bind the Applicant or the Company to complete the insurance.*