

## FNF-Pak Comprehensive Title Agents Insurance Program

1. Name of Applicant \_\_\_\_\_ DBA \_\_\_\_\_  
 Contact \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ W  
 ebsite \_\_\_\_\_ Year Established \_\_\_\_\_ Staff Size \_\_\_\_\_ (Include any owners who are active in the business)  
 Number of Locations \_\_\_\_\_ Number of Entities or DBAs \_\_\_\_\_ (If more than 1 location or entity name, provide details on a separate sheet of paper)

2. How many years have you represented FNF? \_\_\_\_\_ FNF Marketing Rep \_\_\_\_\_

3. a) Is the Applicant controlled, owned, affiliated or associated with any other organization?  Yes  No  
 b) Does any Person/Entity with ownership interest in the Applicant also own, control or manage another entity?  Yes  No  
 c) If Yes: Name of Organization \_\_\_\_\_ Type of Business \_\_\_\_\_ Relationship \_\_\_\_\_  
 Are services provided to the Organization?  Yes, \_\_\_\_\_% of applicant's business  No

4. Has the name or ownership of the Applicant ever changed or has any other entity been acquired, merged or consolidated with the applicant?  
 Yes  No If Yes, provide details on a separate sheet, listing each entity name.

5. Are owners active in daily operations of the business?  Yes  No 6. Are background checks performed on new hires?  Yes  No

7. Title Underwriters represented – list top three title insurers with whom business is or has been placed in the last three years.

All information must be complete. Include any bar-related title insurer or fund.

| Name of Company | Date First Represented | Current Annual Premium Remittance | Is this agreement still active?                          |
|-----------------|------------------------|-----------------------------------|--|
| _____           | _____                  | _____                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____           | _____                  | _____                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____           | _____                  | _____                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |

8. Total gross revenue from all services (annualized): Prior fiscal year \_\_\_\_\_ Estimate of coming year \_\_\_\_\_

9. Check applicable revenue source(s) and indicate the revenue breakdown from each service:

Title Insurance Net Premiums \$ \_\_\_\_\_  
 Abstract/Search Fees \$ \_\_\_\_\_  
 Escrow/Closing \$ \_\_\_\_\_  
 Other (Describe) \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_  
*(totals must equal #8)*

10. Provide percentage of annual gross revenue by category:

Residential \_\_\_\_\_%  
 Commercial/Industrial \_\_\_\_\_%  
 Agricultural \_\_\_\_\_%  
 Oil/Gas \_\_\_\_\_%  
 Other (Describe) \_\_\_\_\_%  
 Total (Must Equal 100%) \_\_\_\_\_%

11. Are applicant's title searches, closings or other services performed by independent contractors?  Yes \_\_\_\_\_% of applicant's services  No  
 If Yes, do you confirm they have E&O  Yes  No

12. What percentage of applicant's title searches are performed by a title underwriter? \_\_\_\_\_%

13. Are 1031 tax deferred exchange services provided?  Yes  No 14. Does applicant have an Escrow Security Bond in force?  Yes  No

15. Currently using any FNF specific propriety software of the equivalent?  Yes  No

16. Minimum of one week vacation required for staff?  Yes  No

17. Is there segregation of duties so that no single transaction can be fully controlled from initiation to recording by one person?  Yes  No

18. Are voice or facsimile-initiated wire transfers performed?  Yes  No If Yes, are independent-call-back procedures in place?  Yes  No

19. Are dual signatures required for checks written from the operating account or is an owner/manager required to sign checks?  Yes  No

20. Are bank accounts, including escrow and trust accounts, reconciled by someone not authorized to deposit or withdrawal?  Yes  No

21. Is a three-way reconciliation of bank account to the control account and to the trial balance prepared monthly and any unusual reconciliation issue investigated properly?  Yes  No

22. Current E&O Coverage: (If first time coverage, fill in desired limits/deductible) Expiration Date \_\_\_\_\_ Carrier \_\_\_\_\_  
 Limits \_\_\_\_\_ Deductible \_\_\_\_\_ Premium \_\_\_\_\_ Retroactive or Prior Acts Date \_\_\_\_\_

23. Have there been any employee dishonesty losses in the past five years, or are you aware of any situations that may result in a loss due to employee dishonesty?  Yes  No If Yes, provide specific details on letterhead.



24. Have any E&O claims/suits been reported and/or claims/suits been made in the past five years against the applicant, any officers or employees, or its predecessor firm?  Yes  No If Yes, complete a claims supplement for each (available upon request).

25. Is the applicant, its predecessor firm, or any of the officers or employees of the firm aware of any circumstance, act, error or omission which may result in a claim against them?  Yes  No If Yes, please provide specific details on letterhead.

26. Has any application to act as an agent for any Title Insurer been declined in the past three years.  Yes  No

If "yes" please explain date(s), reason(s) and provide the names of the Title Insurer(s)

27. Has a Title Insurer canceled or non-renewed an agency contract or have you terminated an agency contract with a Title Insurer in the last three years?

Yes  No

If "yes" please explain date(s), reason(s) and Provide the name(s) of the Title Insurer(s). \_\_\_\_\_

28. Confirmation that you undertake at least weekly off site backups of data: Yes No

29. Confirmation that you have automatic updating virus software in force across the network:  Yes  No

30. Confirmation that you have at least basic password and protection in force to mitigate data exposure within your network:  Yes  No

The Applicant confirms by signing this application that the Applicant is not aware of any known or actual Cyber Liability Losses. If such loss(es) exist, please provide details here:

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

In order to be eligible for Cyber Liability Coverage to be included in the package policy quoted or to be quoted, questions 28-30 must be answered affirmatively "YES". If "NO" is the response to any these questions, please respond below how the Applicant handles the issues addressed in the specific question.

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

The Applicant understands that the supplemental questions 28 - 30 are for Cyber Liability Coverage. If other Cyber Liability Coverage is in place, this policy if issued will be excess of any other valid cyber liability insurance or indemnification.

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS FOR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

Agent hereby authorizes its title insurance underwriter, FNF, to release to the errors and omissions carrier or its broker any and all information it may have concerning the Agency, including, but not limited to, remittance histories, claims histories/losses, and any other information the broker/carrier might request from FNF. Agent understands this information may be used to determine insurability by the errors and omissions carrier(s) and also may affect the errors and omissions insurance rates.

The undersigned represents and warrants on behalf of the Named Insured and all persons/entities for whom this insurance is being purchased, that to the best of your knowledge and belief, the statements set forth herein and attached hereto are true and accurate and that there has been no attempt at suppression or misstatement of any material facts known or that should be known. We will rely upon this application and all such attachments in issuing the policy(ies). The agent also represents that they abide by all ALTA ® Escrow Internal Control Guidelines.

Date \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature/Print \_\_\_\_\_ President, Vice President, Owner or Partner Only \_\_\_\_\_