

BEDFORD

UNDERWRITERS, LTD.

WHOLESALE INSURANCE BROKERS

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APPLICATION FOR SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY INSURANCE (Claims Made Basis)

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

- a. Full name of Applicant: _____
- b. Principal business premise address: _____
(Street) (County)

(City) (State) (Zip)
- c. Addresses of Branch Offices: _____
- d. Number of Employees: Full time ____ Part time ____ Seasonal ____ Total ____
- e. [] Corporation [] Partnership [] Individual [] Other Date established: _____
- f. Please list and describe affiliations with other firms: _____

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| g. (i) In the past five years has your name changed? | [] | [] |
| (ii) Has any other business been purchased? | [] | [] |
| (iii) Has any merger taken place? | [] | [] |

If Yes, please attach details - including any changes in operations and key employees.

2. PROFESSIONAL ACTIVITIES AND SPECIALTY

- a. Please describe the professional activities for which coverage is desired and indicate the percentage of gross receipts derived from each activity. _____

- b. Fees and Receipts: **Past 3 Years:**
Estimate for Coming Year: _____ Year: _____

- c. Are you engaged in any business or profession other than as described in Item 2(a)? [] Yes [] No If Yes, please explain. _____

- d. Have you established a quality control and/or continuing education program to limit professional liability exposure? [] Yes [] No Please explain: _____

3. CLAIMS/HISTORY

Please attach details for any "Yes" answers.

- a. List any professional liability claims actually made against you in the past five years, including status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future.
If None, please check None.
- b. Please list any known incidents which might give rise to a professional liability claim.
If None, please check None.
- c. Has any insurer canceled or refused to renew any similar insurance during the past five years? Yes No
- d. Previous coverage:

Policy Period	Insurer	Indicate whether Claims made or Occurrence policy	Limits of Liability	Deductible	Retro Date

4. ADDITIONAL INFORMATION

- a. Please attach a list of:
 - (i) Partners, key employees, etch, and their professional qualifications;
 - (ii) Professional societies and organizations to which they or you belong(s); and
 - (iii) Your five largest jobs in the past three years.
- b. Please attach copies of:
 - (i) Advertisements, brochures, descriptive literature;
 - (ii) Sample contract for services between you and your clients; and
 - (iii) Latest financial data (annual report or balance sheet and income statement).

* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.

WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. **I/We authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Underwriting Manager for the Company.**

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

SUPPLEMENT FOR TITLE, ESCROW & CLOSING SERVICES

All questions MUST be completed in full. If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant:
2. Is the Applicant affiliated with any organization through any common ownership, operation or control, including any controlled business arrangement, including but not limited to a law firm, real estate agency, construction firm, real estate investment or development company, mortgage or financial institution, or title insurance company? [] Yes [] No

If Yes, provide details on attachment indicating names and ownership percentage.

3. (a) Estimate percentage of business as :

Title Agent	.....	%
Closing/Escrow Agent	.....	%
Title Abstracter/Searcher	.....	%
TOTAL		100%

- (b) Estimate percentage of gross revenues from:

Residential	.....	%
Commercial	.....	%
Land Raw or Agricultural	.....	%
Residential Construction	.....	%
Commercial Construction	.....	%
Oil & Gas	.....	%
Metal & Mineral	.....	%
Other (describe)	.....	%
TOTAL		100%

- (c) Who performs your title searches:

Applicant Firm	.....	%
Independent Contractor	.....	%
Title Underwriter/Company	.....	%
TOTAL		100%

If independent contractor is used, provide on attachment the names of the independent contractors and their professional liability insurers.

- (d) Who performs the Applicant's closings/escrows:

Applicant Firm	.....	%
Independent Contractor	.....	%
Title Underwriter/Company	.....	%
TOTAL		100%

If independent contractor is used, provide on attachment the names of the independent contractors and their professional liability insurers.

4. List states and counties where the Applicant conducts title business:

5. List title insurance companies (DO NOT ABBREVIATE NAMES.) the Applicant represents and percentage of total premium written:

Companies	Percentage	
.....%	
.....%	
.....%	
TOTAL		100%

6. Has any title company ever cancelled or non-renewed their agency contract with the Applicant? [] Yes [] No
 If Yes, provide on attachment the names of the title companies and the reason stated for the cancellation or non-renewal.

7. When providing closing/escrow services does the Applicant: YESNO

- a. Perform closing and/or escrow services according to written instructions only? [] []
- b. Internally audit escrow files prior to closing? [] []
- c. Have a regular audit conducted by an independent CPA firm? [] []
- d. Require a cashiers check or "good funds" at or near escrow closings? [] []
- e. Document and obtain signatures from all parties when making changes or deviating from the original escrow contract? [] []
- f. Ever close without title insurance, a title insurance commitment or a title opinion? [] []
 If Yes, does the Applicant use a written disclaimer or waiver as to condition of title? [] []
- g. Hold escrow funds for more than one year? [] []
 If Yes, under what circumstances?
- h. Balance escrow accounts monthly or more frequently? [] []
 If not how often are escrow accounts balanced?
- i. Perform or handle any tax-deferred real estate exchanges? [] []
 If Yes, how many per year?
 If Yes, are the Applicant's services limited to the duties of an escrow/closing agent? [] []

8. Does the Applicant carry any of the following types of insurance? Attach Declarations or Certificate for any Yes answers.

- a. Employee Dishonesty/Fidelity Bond? [] []
- b. General Liability? [] []
- c. E&O for any other professional services performed by the Applicant or any affiliate? [] []

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understand that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent (within 60 days of the proposed effective date).

 Name of Applicant
 Title

 Signature of Applicant
 Date