

Application for Lawyers Professional Liability, Escrow Security Bond and Cyber Insurance
Underwritten by Stateside Underwriting Agency, a Division of Johnson & Johnson, Inc.

1. Legal Name and DBA of Applicant: _____
 Street Address _____ City _____ State _____ ZIP _____
 Contact _____ Title _____ Phone _____ Email _____
 Website: _____ Year Established: _____ Staff Size: _____ (Include all owners and part time employees)
 Number of Locations: _____ List of states with real estate activity: _____

2. How many Years have you represented FNTG? _____ FNTG Marketing Representative: _____

3. a) Is the Applicant owned by anyone other than the person signing this application at the bottom of page 2? Yes No
- b) Does the Applicant or Applicant's owner have ownership interest in a title agency for which coverage is requested? Yes No
If yes please include name of entity in question 1 above as applicant
- c) Is the Applicant affiliated or associated with any other entity? Yes No
- d) Does any Person/Entity with ownership interest in the Applicant also own, control or manage another entity? Yes No
- e) Does the Applicant or Applicant's owner have ownership interest in a mortgage banker or mortgage broker? Yes No
- f) Are services provided to any entity referenced in c), d) and/or e) above? Yes No (provide % of applicant's overall revenues _____ %)
(If Yes to any answer above, please provide details of ownership percentages, affiliated or associated entities, and other controlled or own entities on a separate attached document.)

4. Are owners active in daily operations of the business? Yes No

5. Does Applicant perform background checks on all new hires? Yes No

6. Has the name or ownership of the Applicant changed in the past 5 years or has any other entity been acquired, merged, consolidated or liquidated with or by the Applicant in the past five years? Yes No (If Yes, provide details on a separate sheet, listing each entity name.)

7. Current E&O Coverage: (If first time coverage, fill in desired limits/deductible) Expiration Date _____ Carrier _____
 Limits _____ Deductible _____ Premium _____ Retroactive or Prior Acts Date _____ (Please include a copy of your expiring Declaration Page with your application)

8. Title Underwriters represented – list any 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. (Use additional page if necessary)

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

9. List any Title Underwriters who have cancelled, non-renewed, terminated or denied an Agreement with the Applicant or any entity referenced in question 2 above:

10. a) Actual gross revenue (Include all title/closing related revenues) for the prior fiscal year (annualized): \$ _____
 b) Second prior fiscal year: \$ _____
 c) Estimate of current fiscal year gross revenues: \$ _____ d) Current fiscal year ends on: _____
 e) Does a single client account for more than 25% of the Applicant's gross revenues? Yes No If Yes, Who? _____

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

- Title Insurance Premiums Retained by Agent \$ _____
 - Abstract/Search Fees \$ _____
 - Escrow/Closing Fees \$ _____
 - Legal Fees (Not included above) \$ _____
 - Other (Describe _____) \$ _____
- Total Revenues: \$ _____

(totals should equal questions 10A)

12. Based on the Applicant's gross revenue for the prior fiscal year, indicate the percentage of revenue derived from the following area of practice. Please include all title/closing related revenues as a percentage of total revenues under Real Estate Area of Practice below:

The total must equal 100% (If Applicant Firm Is newly established, please provide **best** estimate)

Administration		%	Copyright/Trademark		%	Insurance		%	School Law		%
Admiralty/Maritime		%	Corporate-Formation		%	Investments/Money Management		%	Securities		%
Antitrust/Trade Regulation		%	Corporate-General		%	Labor Law/Management		%	Social Security/Elder Law		%
Arbitration/Mediation		%	Criminal		%	Labor Law/Union		%	Tax/Corporate		%
Banking/Financial Institutions		%	Divorce		%	Mergers & Acquisitions		%	Tax/Individual		%
Bankruptcy		%	Family Law (all other)		%	Municipal		%	Water Rights		%
BI/PI Defense		%	Employee Benefits		%	Oil/Gas/Minerals		%	Wills/Estate Planning/Probate		%
BI/PI Plaintiff		%	Entertainment/Sports		%	Patent		%	Work Comp/Defense		%
Civil Rights/Discrimination		%	Environmental		%	Public Utilities		%	Work Comp/Plaintiff		%
Collection/Repossession		%	Foreign/International		%	Real Estate/Commercial		%	Other (describe):		%
Communication/FCC		%	Healthcare		%	Real Estate/Residential		%	TOTAL: 100%		%

13. Applicant is utilizing Rynolve, Softpro or similar reconciliation software allowing title insurers to perform reconciliations? Yes No

14. What percentage of Applicant's closings/signings is performed by an independent contractor? _____%

15. What percentage of title searches are performed by a title underwriter _____% independent contractor _____% applicant _____%

16. Do you require independent contractors who perform services for you to maintain E&O coverage? Yes No

17. Please confirm a "bring down" or update search is performed within 7 days of the recording of all deeds or mortgages Yes No

If No, please explain: _____

18. a) Are you a Qualified Intermediary for 1031 Exchange transactions? Yes No

b) If Yes, what are your average annual revenues from this service? \$ _____

19. Is there a formal, planned program requiring segregation of duties so that no single transaction can be fully controlled from initiation to recording by one person? Yes No

20. a) Are dual signatures required for checks written from the escrow, IOLTA or operating account or is an owner required to sign checks? Yes No

b) Do you utilize Positive Pay for your bank accounts? Yes No

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

b) If No, is the person above who reconciles and signs a majority owner? Yes No

22. Do you have a signed banking agreement on international wire transfers, such as obtaining a written, signed agreement from your bank requiring dual approval, including one approval from a majority owner prior to initiating any international wire transfers from your escrow accounts? Yes No

23. Is a three-way reconciliation of bank account to the control account and to the trial balance prepared monthly? Yes No

24. Do you use wires versus ACH to receive or disburse payoffs and seller proceeds? Yes No

25. a) Is voice or facsimile-Initiated wire transfers performed? Yes No If yes, are Independent call-back procedures in place? Yes No
- b) Initiate dual controls for all wires, such as creation of the payment file on one computer, authorization on a different computer? Yes No
- c) Does one person have authority to perform both functions? Yes No
26. Are all reports of procedures not followed or unusual reconciliation issues investigated as it relates to questions 18 to 24? Yes No
27. Do you call your financial institution immediately if you encounter a message that the system is unavailable when logging in? Yes No
28. a) Is it the Applicant's policy to require a minimum of one consecutive week vacation for every employee? Yes No
- b) If No, would you implement a mandatory annual consecutive week vacation policy for those who handle funds? Yes No
29. Has the Applicant experienced any employee dishonesty or computer crime losses in the past five years, or is the Applicant aware of any situations that may result in a loss due to employee dishonesty? Yes No
30. In the past five years, have any professional liability (E&O) claims or suits been reported and/or made against the Applicant, any officers or employees of the Applicant, or any of the Applicant's predecessor entities? Yes No
31. Is the Applicant, its predecessor firm, or any of the officers or employees of the Applicant aware of any circumstance, act, error or omission which may result in a claim or suit against the Applicant, including a title policy claim reported to the Applicant or the title underwriter? Yes No

If "Yes" was answered to any of the questions 28 to 30, then please provide the specific details on the Applicant's letterhead.

It is agreed that with respect to Question 30, that if such knowledge or information exists, any claim or action arising therefrom is excluded from this proposed coverage.

32. Does the Applicant perform at least a weekly off site backup of all collected data? Yes No
33. Does the Applicant maintain an automatic updating version of virus software across their network? Yes No
34. Does the Applicant maintain a password protection protocol to access their network and/or stored data? Yes No
35. Does the Applicant know of any existing or potential cyber liability losses or claims? Yes No

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.

Applicant hereby authorizes its title insurer to release to the professional liability carrier, or its agent, any and all information it may have concerning the Applicant, including, but not limited to, remittance histories, claims histories/losses, and any other information the carrier/agent might request. Applicant understands this information may be used to determine insurability by the professional liability carrier(s) and also may affect the professional liability insurance rates.

FOR RISKS LOCATED IN ALL STATES EXCEPT KENTUCKY:

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).

Date: _____ Signature: _____ Title: _____

Print Name: _____ (President, CEO or Majority Shareholder)