

Application – Abstractors – Surplus Lines

Underwritten by The Hanover Atlantic Insurance Company. Ltd

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

The insurer is not licensed by the State department of insurance and in the event of the insolvency of an eligible surplus lines insurer, losses will not be paid by any State Insurance Guarantee funds.

INSTRUCTIONS

Whenever used in this application, the term Applicant shall mean the Named Insured proposed for insurance, and You or Your(s) shall mean the persons, entities, and subsidiaries proposed for insurance unless otherwise stated.

A. CONTACT INFORMATION

1. Full Legal Name of Applicant (include all firm names, franchise affiliations, trading names and DBAs under which the Applicant operates):

Applicant is a: Sole Proprietor Partnership Corporation LLC LLP Independent Contractor Other:

2. Mailing and Physical Address of Applicant including contact information:

Mailing Address: City: State: Zip Code: Physical Address (if different): Primary contact name: Title: Phone #: Email: Website:

3. Does the Applicant have any additional locations? If Yes, please provide address(es):

4. Has the Applicant ever operated under any other name? If Yes, please explain:

5. Is the Applicant controlled, affiliated with or owned by any other firm or business enterprise? If Yes, please explain:

B. GENERAL BUSINESS INFORMATION

6. Date business commenced:

7. Does any person or entity with any equity or ownership interest in the Applicant also own, control, manage, or operate a law firm, real estate agency, real estate development or investment firm, construction firm, mortgage or financial institution, title insurance underwriting company, or another title insurance agency?

If "Yes", please explain:

---



---

8. In the past FIVE (5) 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 explain: :

---



---

9. Please provide the ownership structure and the respective percentage of ownership:

Name	Ownership Percentage	Active in this Operation?
a. _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Please list all states where the **Applicant** performs professional services: \_\_\_\_\_

---

11. Total Number of Personnel: \_\_\_\_\_

12. Please list all officers, directors, partners and professional employees. Check all boxes that apply for each. (Use a separate sheet if necessary.)

Name	Abstractor / Searcher	Witness Closer / Notary Public	Other (Specify)	Years of Experience

13. Please provide **Applicant's** annual revenue.

- a. Revenue for LAST 12 months: \$ \_\_\_\_\_
- b. Projected revenue for NEXT 12 months: \$ \_\_\_\_\_

14. Please detail the percentage of annual revenue and the average number of monthly transactions from each service:

	Percentage of Annual Gross Income	Average Number of Monthly Transactions
a. Abstractor/Searcher	_____ %	_____
b. Witness Closer/Signing Agent	_____ %	_____
c. Other (specify) _____	_____ %	_____
Must Total	100%	

15. Please detail total revenue percentage by type of service performed.

- |                 |         |                          |         |
|-----------------|---------|--------------------------|---------|
| a. Residential  | _____ % | d. Oil/Gas               | _____ % |
| b. Commercial   | _____ % | e. Other (specify) _____ | _____ % |
| c. Agricultural | _____ % | Must Total               | 100%    |

16. Does the **Applicant** hire others to perform title searches?  Yes  No

If "Yes", what % of **Your** work? \_\_\_\_\_ %

17. Does the **Applicant** hire others to perform notary services?  Yes  No

If "Yes", what % of **Your** work? \_\_\_\_\_ %

**C. CURRENT INSURANCE INFORMATION**

18. Please provide the following information regarding the **Applicant's** most recent insurance policies. If no coverage is currently in-force, please indicate by checking this box:

Insurance Carrier	Expiration Date	Limit of Liability	Deductible	Premium
		\$<< >>/<< >>	\$	\$
		\$<< >>/<< >>	\$	\$
		\$<< >>/<< >>	\$	\$
<b>Retroactive Date:</b>	(This is the date the <b>Applicant</b> first purchased claims made coverage that has been continuously in-force without interruption.)			

19. During the past 5 years, has any professional liability claim or suit ever been made against the **Applicant**, any **Subsidiary** or any of the **Applicant's** current or former professional staff?  Yes  No

If "Yes", please indicate how many: \_\_\_\_\_ Please submit 5 year loss runs and complete a Supplemental Claim Form for each claim.

20. Do any of **You** know of any incident, negligent act, error or omission, or other circumstance that could result in a claim or suit against the **Applicant**, any **Subsidiary** or any of the **Applicant's** current or former professional staff?  Yes  No

If "Yes", indicate how many: \_\_\_\_\_ and complete a Supplemental Claim Form for each potential claim.

21. Have any of **You** ever been subject to a disciplinary inquiry, complaint, grievance, or proceeding, or had their license revoked or suspended, or been reprimanded?  Yes  No

If "Yes", please provide complete details on a separate sheet.

**D. REQUESTED COVERAGE**

22. Limit requested:

- \$500,000/\$500,000       \$1,000,000/\$1,000,000

**E. DECLARATIONS AND NOTICE**

The undersigned, acting on behalf of the **Applicant**, represents that the statements set forth in this application are true and correct and that thorough efforts were made to obtain requested information from all of **You** to facilitate the proper and accurate completion of this application.

The undersigned agree that the information provided in this application and any material submitted herewith are the representations of all of **You** and that they are material and are the basis for issuance of the insurance **Policy** provided by

**Us.** The undersigned further agree that the application and any material submitted herewith shall be considered attached to and a part of the **Policy**. Any material submitted with the application shall be maintained on file (either electronically or paper) with **Us**.

It is further agreed that:

- If any of **You** discover or become aware of any material change which would render the application inaccurate or incomplete between the date of this application and the **Policy** inception date, notice of such change will be reported in writing to **Us** as soon as practicable;
- Any **Policy** issued will be in reliance upon the truthfulness of the information provided in this application.
- The signing of this application does not bind the **Applicant** to purchase insurance.

The information requested in this application is for underwriting purposes only and does not constitute notice to **Us** under any policy of a **Claim** or **Potential Claim**.

**ATTENTION APPLICANTS IN RHODE ISLAND:**

**NOTICE**

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

**ATTENTION APPLICANTS IN SOUTH CAROLINA:**

This company has been approved by the director or his designee of the South Carolina Department of Insurance to write business in this State as an eligible surplus lines insurer, but it is not afforded guaranty fund protection.

**GENERAL FRAUD NOTICE:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS**

**ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FLORIDA AND OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree in FL).

**KANSAS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; commits a fraudulent insurance act.

**KENTUCKY, OHIO AND PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**NEW HAMPSHIRE AND NEW JERSEY:** Any person who includes any false or misleading information to the best of her/his knowledge on an application for an insurance policy is subject to criminal and civil penalties.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**PUERTO RICO:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to civil penalties not to exceed five thousand dollars and the stated value of the claim for each such violation.

**SIGNATURE OF APPLICANT's AUTHORIZED REPRESENTATIVE**

Date

Signature\*\*

Title

\*\*This application must be signed by the chief executive officer, president, chief financial officer, managing partner or owner of the **Applicant** acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

**A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.**

Produced By:	Producer:	AGENCY:
Taxpayer ID:		
License No.:	Producer Signature:	
Address (Street, City, State, Zip):		
Producer Email Address:		