



SCOTTSDALE INSURANCE COMPANY®

A Stock Insurance Company, herein called the **Company**
 Home Office: One Nationwide Plaza • Columbus, Ohio 43215
 Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
 1-800-423-7675

**TITLE AGENTS SUPPLEMENT
 Lawyers Professional Liability Insurance**

NAME OF APPLICANT: _____

1. Please advise the name(s) of the Title Insurance Company(s) **you** represent and the premium volume:

Name	Volume

2. What is the approximate percentage breakdown of total title related income from the following categories?

Residential:% Commercial/Industrial:%
 Agricultural:% Oil and Gas:%

3. Estimate the percentage of total gross income from:

Title policies commissions:% Search/abstract fees:%

4. From what sources is title data compiled:

- Municipal Records Outside Abstractor/Searcher Title Insurance Company
 Other: _____ In-house Tract Index

5. Who performs the title search for title insurance policies issued by the applicant?

Applicant:% Outside Source:%

If title searches are outsourced, whom does the applicant use to do this work? _____

Has the firm verified that abstractor/searcher has Errors and Omissions Insurance? Yes No

6. Does the firm or any lawyer listed in the application have any ownership interest in a Title Insurance Company or Agency? Yes No

If yes, please provide proof of insurance and the name of the Title Insurance Company and the percentage of ownership.

Name of Company	Percentage

I declare that the information submitted herein is true and accurate. I understand that it becomes a part of my Professional Liability Application.

 Signature of Applicant
 (Must be signed by Managing Partner or Officer of the Firm)

 Title

 Date