

SUPPLEMENT FOR TITLE INSURANCE AGENTS

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 title work incidental to the Applicants other legal services? Yes No
- 3. Does the Applicant's contracts with title companies contain provisions for indemnification from the title company?
 Yes No If Yes, provide the percentage and the company names(s).

- 4. (a) Does the Applicant have binding authority? Yes No
(b) Does the Applicant process and issue policies? Yes No If Yes, for what percent of the Applicant's business?
- 5. Does the Applicant have ownership interest in any title insurance company? Yes No. If Yes, provide the percent and company names(s).

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