



Kinsale Insurance Company  
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**TITLE, ESCROW & CLOSING SERVICES SUPPLEMENTAL APPLICATION**

If additional space is required for any answer, please attach a separate sheet.

**APPLICANT'S INFORMATION**

- Full Name of Applicant: \_\_\_\_\_
- 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.

		Percentage
Estimate percentage of business as:	Title Agent	
	Closing/Escrow Agent	
	Title Abstracter/Searcher	
	<b>TOTAL</b>	<b>100%</b>
Estimate percentage of gross revenues from:	Residential	
	Commercial	
	Land Raw or Agricultural	
	Residential Construction	
	Commercial Construction	
	Oil & Gas	
	Metal & Mineral	
	1031 Exchange	
	Aircraft	
	Other (describe):	
	<b>TOTAL</b>	<b>100%</b>
Who performs the Applicant's title searches:	Applicant Firm	
	Independent Contractor*	
	Title Underwriter/Company	
	<b>TOTAL</b>	<b>100%</b>
Who performs the Applicant's closings/escrows:	Applicant Firm	
	Independent Contractor*	
	Title Underwriter/Company	
	<b>TOTAL</b>	<b>100%</b>

*\*If independent contractor is used, provide an attachment with the names of the independent contractors and their professional liability insurers.*

- 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:

<u>Companies</u>	<u>Percentage</u>
_____	_____ %
_____	_____ %
_____	_____ %
<b>TOTAL</b>	<b>100%</b>

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:

- (a) Perform closing and/or escrow services according to written instructions only? Yes  No
- (b) Internally audit escrow files prior to closing? Yes  No
- (c) Have a regular audit conducted by an independent CPA firm? Yes  No
- (d) Require a cashier's check or "good funds" at or near escrow closings? Yes  No
- (e) Document and obtain signatures from all parties when making changes or deviating from the original escrow contract? Yes  No
- (h) 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? Yes  No
- (g) Hold escrow funds for more than one year?  
If Yes, under what circumstances? \_\_\_\_\_ Yes  No
- (h) Balance escrow accounts monthly or more frequently?  
If not how often are escrow accounts balanced? \_\_\_\_\_ Yes  No
- (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?** Yes  No

8. (a) Total number of closed escrows: Past 12 months: \_\_\_\_\_ Next 12 months: \_\_\_\_\_

(b) Value of: Largest escrow: \$ \_\_\_\_\_  
Average escrow: \$ \_\_\_\_\_

9. Has any principal, director, officer and/or employee of the applicant been investigated or convicted of a felony? Yes  No

**If Yes, attach details.**

10. Does the Applicant carry any of the following types of insurance?

**Attach Declarations or Certificate for any Yes answers.**

- (a) Employee Dishonesty/Fidelity Bond? Yes  No   
**If Yes, provide Insurer:** \_\_\_\_\_ **Limits:** \_\_\_\_\_
- (b) General Liability? Yes  No
- (c) E&O for any other professional services performed by the Applicant or any affiliate? Yes  No



## FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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

**NOTICE TO MAINE APPLICANTS:** 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, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**



The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_  
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_

