

# Title/Abstractor and Escrow Agents Supplemental Questionnaire

(Complete in Addition to Accord Application)

1. Applicant Company Name: \_\_\_\_\_

2. The Applicant is:     Licensed Abstractor Searcher                       Licensed Title Insurance Agent                       Escrow Agent

3. Does the Applicant compile data:

a. Direct From Court House?                       Yes                       No

b. From an independent set of abstract books and tract indexes?     Yes                       No

c. Another Source?                       Yes                       No

If yes, provide details of the source: \_\_\_\_\_

d. Does the search go back a minimum of 25 years?                       Yes                       No

4. Please indicated by percentage of revenue derived from or associated with the following:

Title Agent                      \_\_\_\_\_%                      Energy/Oil & Gas                      \_\_\_\_\_%

Closing Escrow Agent                      \_\_\_\_\_%                      Precious Metals/Minerals                      \_\_\_\_\_%

Title Abstractor/Searcher                      \_\_\_\_\_%                      Other                      \_\_\_\_\_%

If other, please describe: \_\_\_\_\_

5. Please indicate by percentage of revenue derived from or associated with the following:

Residential:                      \_\_\_\_\_%                      Precious Metals/Minerals                      \_\_\_\_\_%

Commercial                      \_\_\_\_\_%                      Other                      \_\_\_\_\_%

Energy/Oil & Gas                      \_\_\_\_\_%

If other, please describe: \_\_\_\_\_

6. Does the applicant have standard written procedures for all professional staff to follow?                       Yes                       No

Do these written procedures include a check list?                       Yes                       No

7. Who performs your title searches?                      Applicant Firm? \_\_\_\_\_%                      Independent Contractor? \_\_\_\_\_%

If an outside source performs searches, do you require:

Minimum number of years in abstracting or searching field?                       Yes                       No

Certificated of E&O Insurance?                       Yes                       No

8. Carriers Represented – List all title insurers in which business is or has been placed in the past 5 years. All information must be complete

(Please include any bar-related title insurer or fund.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Has the Applicant’s agency appointment with any title insurance carrier ever been discontinued in the last 5 years?                       Yes                       No

If yes, please provide full details: \_\_\_\_\_

## Complete this section if the applicant performs Escrow Agent, Closing Agent, or Witness Closer Services

Does the applicant:

- A. Document and obtain signatures from all parties when making changes or deviating from the original escrow contract?  Yes  No
- B. Ever conduct a closing without title insurance, title insurance commitment, or a title opinion?  Yes  No
- Title Escrow Agents Written Disclaimer \_\_\_\_\_
- C. Hold Escrow funds for more than one year?  Yes  No
- D. Require a written contract or instructions for each closing?  Yes  No
- E. Require a cashier's check or 'good funds' at closing?  Yes  No
- F. Require each person's work to be checked by a peer or supervisor?  Yes  No
- G. Require signatures on all changes to standard instructions?  Yes  No
- H. Use standardized closing/escrow checklist?  Yes  No

### NOTICE

I understand that the information submitted herein becomes part of my professional liability application and is subject to the same warranty and conditions.

Must be signed and dated by Owner, Partner or Principal as duly authorized on behalf of the Applicant

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_