

# IJU Agency Ltd.

## Title Agent Professional Liability Form

(Please fill out to the best of your ability.)

### Part I: General Information

Name : \_\_\_\_\_

Entity Type (LLC, Sole Proprietorship, Partnership, Corporation...): \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Website \_\_\_\_\_ FEIN #: \_\_\_\_\_

Type of business: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Years In business: \_\_\_\_\_ Current Insurance Company: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Premium: \_\_\_\_\_

Have any prior E & O insurance policies been cancelled or non-renewed, if yes why:

\_\_\_\_\_

Principle / Partner:

Name	Title	Years of Experience

### Part II: Business Information

Is the Insured owned by or have any ownership interest in a financial institution, mortgage company, real estate development or investment firm, or a title insurance carrier: \_\_\_\_\_

If Yes, does the Insured provide any services to or for these affiliated entities: \_\_\_\_\_

Does the Insured perform 1031 tax deferred exchange services: \_\_\_\_\_

Please list the states where the Insured performs services: \_\_\_\_\_

Does the Insured utilize sub-contractors: \_\_\_\_\_ Is proof of E & O required for sub-contractors: \_\_\_\_\_

### Part III: Business Operations

Indicate % Of Revenue From Services	% Amount	Provide the % of annual gross revenue by property type:	% Amount
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%

Other information that you feel may help us better understand your needs:

---



---



---



---



---

\*\*\*\*\*

#### Notice

**This information is not an offer to sell insurance. Insurance coverage cannot be bound or changed via submission of this online form / application, e-mail, voice mail or facsimile. No binder, insurance policy, change, addition, and/or deletion to insurance coverage goes into effect unless and until confirmed directly with a licensed broker. Note any proposal of insurance we may present to you will be based upon the values developed and exposure to loss disclosed to us on this online form/application and/or in communications with us. All coverages are subject to the terms, conditions and exclusions of the actual policy issued. Not all policies or coverages are available in every state. You also agree to release us from any liability if this information is accidentally viewed by unauthorized persons. We will only use this information for insurance quoting purposes and not distribute to other parties.**

\*\*\*\*\*

Submitted By (Print): \_\_\_\_\_

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

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

