

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: _____

