

Affinity Insurance Agency, Inc.

Title Agents & Abstracters Professional Liability

PREMIUM ESTIMATE

Just give us a few facts about your firm and we can provide you with a premium estimate. We will need to see a fully completed application before we can send you a firm quote, but this should be enough information for reasonably good estimate.

1. Contact Person:	Address:
Firm:	City/State/Zip:
Phone:	Fax:
Email:	

Fax Consent Form: By entering my firm name, fax number (s), and my name above, I am authorized to and consent to the firm receiving faxes sent by or on behalf of Affinity Insurance Agency, Inc.

2. Provide the number of: Employees: _____ Owners active in the business: _____
Total staff, employees and active owners _____

3. Date firm Founded: _____

4. What is your gross revenue split in DOLLAR AMOUNTS?

Title/Abstracting/Search	\$ _____
Settlements/Escrow	\$ _____
Other (please describe)	\$ _____

5. Is 100% of your work Residential/Commercial and/or Agricultural (no oil gas, minerals/metals etc.)? Yes _____ No _____

6. Have you had or reported any professional liability claims within the last five (5) years?
Yes _____ No _____

Do you have knowledge of any potential professional liability claims? Yes _____ No _____

Have you or anyone applying for coverage ever been the subject of a disciplinary action or investigation or complaint as a result of any professional activities? Yes _____ No _____

If "yes" to any of the above, please attach an explanation including dates, amount paid and reserved and what you did to avoid similar problems.

7. Current professional liability Insurer: _____ Expiration Date of Policy: _____
Retroactive Date of Policy: _____ Current Limits of Liability: _____
Deductible: _____ Current Premium: _____

8. Limits of Liability Desired: _____ Deductible Desired: _____