

	James River Insurance Company 7130 Glen Forest Drive, Suite 210 Richmond, VA 23226 804-289-2700	Owned Title Agency Supplemental Application
		PROFESSIONAL LIABILITY Division Email to PL@jamesriverins.com or, Fax to 804-287-2816
APPLICANT'S INSTRUCTIONS: 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.		

Name of Applicant Firm: _____
 (please print)

Name of Title Agency: _____

Applicant is: Individual Corporation Partnership Other

Year Established: _____

Estimated Total Gross Income from title agent commissions this year: \$ _____
 Last Year: \$ _____

Number of Professionals and clericals who are employees of entity:

_____ Attorneys Amount of Time _____ %
 _____ Other Professionals (include abstractors) Amount of Time _____ %
 _____ Clericals Amount of Time _____ %

Does any title insurance company, or any other entity, have ownership interest in the title agency?
 No Yes
 If so, who? _____ How much equity? _____ %

Who performs the title search for title insurance policies issued by the applicant?

Has any title agent or abstracting professional liability claim ever been made against applicant
 Or employees of the firm? No Yes

How many title insurance policies were issued through your firm last year?
 Loan Policies _____ Owners Policies _____

Signature of Owner _____

Date _____ Name of Firm _____