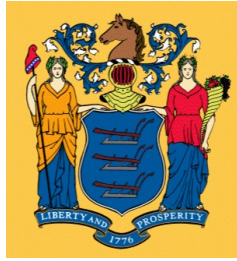


**New Jersey
Title Agents E&O Insurance**

**Request for Premium
Estimate**



**Garden State
Professional Insurance Agency**
84 Court Street
Freehold, NJ 07728
Phone: 800-548-1063
Fax: 732-577-8836
Email: applications@gsagency.com

Name of Title Agency:		
Street Address		
City:	County	State: <i>Florida</i> Zip
Contact Name:		Email:
Phone:	Fax:	Website:

Please indicate the coverage desired below:

Limit of Liability: \$	Deductible: \$
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Projected Annual Gross Revenues: \$ _____ Last Annual Gross Revenues: \$ _____

Firm's REVENUE breakdown (whole numbers only please) – must total 100%

% Title Agent	% Escrow Agent/Closer	% Abstract/Search
% Witness Closer / Signing Agent	% Other (describe)	100% TOTAL (must total 100%)

Percentage of work that is residential: ____%

Percentage of work performed by subcontractors: ____%

If any percentage, are subcontractors required to carry E&O Insurance? ____ Yes ____ No

Current Errors & Omissions (E&O) Insurance: (if none – check here: None)

Policy Period	Insurer	Limits of Liability	Deductible	Premium

What is your policy retroactive / prior acts date? _____.
(mm) (dd) (yyyy)

Current Fidelity Bond: (if none – check here: None)

Policy Period	Insurer	Limits of Liability	Deductible	Premium

Current Surety Bond: (if none – check here: None)

Policy Period	Insurer	Limits of Liability	Deductible	Premium

Do your two largest clients make up more than 50% of your business? If "yes," identify the business or industry:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant affiliated with any real estate development or construction company through common ownership, operation, or control, including any controlled business arrangement? If "yes," state name of company:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant or any of its officers owned by or have any ownership in a mortgage or real estate company? If "yes," state name of company:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the principals or key employees actively involved in any business or profession other than title agent, escrow agent or abstractor? If "yes," provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Claims / Incidents	
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Has any professional liability claim(s) or suit(s) been made against the firm or the attorneys in the past 5 years? (If yes, please complete a claim supplement for each)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or the applicant aware of any actual or alleged circumstance which may give rise to a claim? (If yes, please complete a claim supplement for each)	<input type="checkbox"/> Yes <input type="checkbox"/> No

This form is being submitted for a non-binding premium indication only.
 By providing your phone number, fax number and email address, you are providing us with permission to respond to your request for title agents E&O insurance premium indications by phone, fax and/or email. This information is confidential and never provided to or sold to any other party.

Signed: _____ Date: _____

Referred by:	(Name and Title Insurer)
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Please send the following:

- (1) completed estimate request form,
- (2) copy of your current declarations page,
- (3) copy of prior acts date endorsement and
- (4) sample copy of your letterhead

Fax to: 732-577-8836 or Email to: applications@gsagency.com

Visit our website: www.gsagency.com