

Roush Insurance Services, Inc.

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- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

ESCROW OPERATIONS SUPPLEMENT

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

- a. Name of Applicant: _____
- b. Applicant Address: _____
(Street) (County)
- _____
(City) (State) (Zip)

2. OPERATIONS

- a. What portion of your business comes from:
- (i) Real Estate Firms (no ownership by applicant) _____%
 - (ii) Real Estate Firms (ownership by applicant) _____%
 - (iii) Title Companies _____%
 - (iv) Banks, Saving & Loans, Mortgage Companies _____%
 - (v) Private Owners and Builders _____%
 - (vi) Other (describe) _____%
_____%
- Total 100%
- b. Does any client represent more than 25% of your annual income? [] Yes [] No. If Yes, please explain on a separate sheet.
- c. Do you:
- Utilize a standardized set of instructions? [] Yes [] No
 - Require signatures on all modifications of instructions? [] Yes [] No
 - Internally audit escrow files prior to closing [] Yes [] No
 - Have a regular audit conducted by an Independent CPA firm [] Yes [] No
- d. Do you perform or handle the following escrow services? (If Yes, indicate percentage of total escrow operations).
- Tax-deferred real estate exchanges [] Yes [] No _____%
 - Bulk transfers [] Yes [] No _____%
 - Liquor Licenses or permits [] Yes [] No _____%
 - Refinance loan escrows [] Yes [] No _____%
 - Construction payment disbursements [] Yes [] No _____%
- e. Do you:
- Employ any active, licensed real estate agents/brokers? [] Yes [] No
 - Handle any escrow transactions on behalf of these agents/brokers? [] Yes [] No

- f. Are you, or any associate, principal or employee, associated with, owned or controlled, or under common ownership with any other business or entity? [] Yes [] No. If yes, please attach a statement giving details.
- g. Are you a party to any contract or agreement other than for the activities stated above? [] Yes [] No. If yes, please attach a statement giving details.
- h. Please confirm Fidelity coverage in place, including name of carrier and limit:
Current Fidelity coverage: Carrier _____ Limit _____

3. REVENUE

- a. Total revenue:

This Year	Estimated Next Year	
\$ _____	\$ _____	
- b. Total number of closed escrows: Past 12 mos: _____ Next 12 mos: _____
 Value of: Largest escrow: \$ _____
 Average escrow: \$ _____
- c. Escrow income derived from:

(i) Commercial Loans	_____	%
(ii) Residential Loans	_____	%
(iii) Land Loans	_____	%
(iv) Construction Loans	_____	%
(v) Other (describe) _____	_____	%
_____	_____	%
Total		100%

4. CLAIMS

- a. Has any principal, solicitor or employee been investigated or convicted of a felony? [] Yes [] No. If yes, attach a statement giving details.
- b. Have any claims been made during the past five years against you, or any of your past or present partners, executive officers, directors, solicitors, office brokers or employees, any predecessors in business or against any corporation that you were formerly employed by, associated with or had any interest in? [] Yes [] No. If yes, please attach a statement given full details.
- c. Are you, or any of your officers, directors, solicitors, office brokers or employees, aware of any circumstances or any allegations or contentions of any incident which may result in any claim being made against you, your predecessors in business or any past or present partner, officer, director, solicitor, office broker or employee? [] Yes [] No. If yes, please attach a statement given full details.

5. ADDITIONAL INFORMATION

Please attach a copy of the entity's license, and preprinted escrow instruction forms.

I understand information submitted herein becomes a part of my General Application for Specified Professions and is subject to the same representation and conditions.

Name of Applicant

Title

Signature of Applicant*

Date

*Signing this form does not bind the applicant or the Company or the Underwriting Manager to complete the insurance.