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SUPPLEMENTAL APPLICATION FORM FOR ALABAMA TITLE INSURANCE AGENTS

1. Is applicant, applicant's firm, or any person in applicant's firm, licensed as a title insurance agent by the State of Alabama, Department of Insurance under Ala. Code 1975, § 27-25-3? ___ Yes ___ No
 If "Yes" answer question 2 below.

2. List by category below, all persons and business entities of applicant that hold a title insurance agent's license issued by the State of Alabama, Department of Insurance. Attach additional sheets if necessary:

(a) Persons who are members of Alabama State Bar:

NAME	Title Agent's License Number	Expiration Date

(b) Persons who are not members of the Alabama State Bar:

NAME	Title Agent's License Number	Expiration Date

(c) Business entities of applicant:

NAME	Title Agent's License Number	Expiration Date

3. Has applicant, applicant's firm, or any person in applicant's firm, who is not already licensed as a title insurance agent by the State of Alabama, Department of Insurance, applied to become a licensed title insurance agent? ___ Yes ___ No
 If "Yes" complete table below (attach additional sheets if necessary):

Name	Check applicable description <input type="checkbox"/> Member Ala. State Bar <input type="checkbox"/> Non-member Ala. State Bar <input type="checkbox"/> Business entity	Date applied for license (Mo-Day-Year)
	<input type="checkbox"/> Member Ala. State Bar <input type="checkbox"/> Non-member Ala. State Bar <input type="checkbox"/> Business entity	
	<input type="checkbox"/> Member Ala. State Bar <input type="checkbox"/> Non-member Ala. State Bar <input type="checkbox"/> Business entity	

4. Does applicant, applicant's firm, or any person in applicant's firm, who is not already a title insurance agent, or has already applied to become a licensed title insurance agent, intend to apply to become a title insurance agent licensed by the State of Alabama, Department of Insurance? ___ Yes ___ No
 If "Yes" list all later intended applicants:

I declare that the information submitted herein is true and I understand that it becomes a part of my Application for Lawyers Professional Liability Policy, subject to the same warranty and conditions.

(MUST BE SIGNED BY OWNER, PARTNER OR OFFICER OF THE FIRM)

 (Date)

 (Signature of Applicant)

 (Title)