

**APPLICATION
COUNTY CLERKS AND RECORDERS ERRORS AND OMISSIONS INSURANCE
 CLAIMS MADE POLICY**

THIS IS AN APPLICATION FOR A POLICY WITH LIMITS OF LIABILITY WHICH INCLUDE BOTH DAMAGES AND CLAIM EXPENSES. IF THERE IS ANY QUESTION, PLEASE CONSULT WITH YOUR AGENT, BROKER, OR ATTORNEY.

QUESTIONS	ANSWERS
1. Full name and address of Applicant.	1.
2. Does the Applicant act in the following capacity(ies): a) Clerk of Court; b) If "Yes," furnish details as to whether of County, Chancery, City, District, Municipal, Superior, Supreme, or other court, and the jurisdiction; c) Recorder.	2. a) YES/NO b) c) YES/NO
3. Furnish the date of election/appointment to the present position: a) Clerk; b) Recorder.	3. a) _____ b) _____
4. Furnish the total population of the entity served.	4. _____
5. Attach copies of all statutes, ordinances, or regulations which define the Applicant's official duties.	5.

QUESTIONS	ANSWERS									
<p>6. a) Does the governmental entity employ the services of both a Clerk and Recorder?</p> <p>b) Does the Applicant hold both offices?</p> <p>c) Are both offices to be considered for insurance hereunder?</p> <p>d) Furnish the number of staff, including the Applicant, in:</p> <p>1) The Clerk's office;</p> <p>2) The Recorder's office.</p>	<p>6. a) YES/NO</p> <p>b) YES/NO</p> <p>c) YES/NO</p> <p>d)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">Full Time</td> <td style="text-align: center;">Part Time</td> </tr> <tr> <td>1)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2)</td> <td>_____</td> <td>_____</td> </tr> </table>		Full Time	Part Time	1)	_____	_____	2)	_____	_____
	Full Time	Part Time								
1)	_____	_____								
2)	_____	_____								
<p>7. a) Furnish the date of election/appointment to present position(s);</p> <p>b) Is this the Applicant's first term of office;</p> <p>c) If "Yes," attach a copy of the Applicant's resume;</p> <p>d) If "No," furnish the length of time the Applicant has been acting in his/her present capacity.</p>	<p>7. a) _____</p> <p>b) YES/NO</p> <p>c)</p> <p>d) _____</p>									
<p>8. a) Does the Applicant handle, collect, deposit, or process monies, penalties or fines, or any other financial matters?</p> <p>b) If "Yes," state the total annual amount of said monies over the last THREE years.</p>	<p>8. a) YES/NO</p> <p>b)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"></td> <td style="text-align: center;">Amount</td> </tr> <tr> <td>19__</td> <td>\$ _____</td> </tr> <tr> <td>19__</td> <td>_____</td> </tr> <tr> <td>19__</td> <td>_____</td> </tr> </table>		Amount	19__	\$ _____	19__	_____	19__	_____	
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<p>9. a) Does the Applicant carry a fidelity bond to provide coverage for dishonest acts?</p> <p>b) If "Yes," furnish the following policy information.</p> <p>c) Furnish full details of any claims made under said bond(s) within the past FIVE years.</p>	<p>9. a) YES/NO</p> <p>b)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="text-align: center;">Policy Expiration</td> </tr> <tr> <td style="text-align: center;">Insurance Co.</td> <td style="text-align: center;">Limit Date</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">\$ _____</td> </tr> </table> <p>c)</p>		Policy Expiration	Insurance Co.	Limit Date	_____	\$ _____			
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QUESTIONS	ANSWERS
10. Furnish full details on the method, devices, and safeguards used to receive, record, file, store and/or distribute the documents and records in connection with the Applicant's duties.	10.
11. a) Is the Applicant entitled to indemnification from any governmental entity or agency for errors or alleged errors in the performance of his/her duties? b) If "Yes," furnish full details.	11. a) YES/NO b)
12. If the Applicant is absent from his/her duties at any time due to an accident or disability, who would be responsible for the Applicant's duties?	12.
13. a) Does the Applicant or any of the staff, within the scope of their official duties, at any time act in the capacity of a title abstractor or searcher, whether of a limited nature or otherwise? b) If "Yes," furnish the number of staff acting in such a capacity, and attach a resume of each.	13. a) YES/NO b) _____
14. Does the Applicant desire coverage for his/her activities as a title abstractor?	14. YES/NO
15. Does the Applicant or any of the staff, within the scope of their official duties, at any time issue abstracts of title or certificates of title or any memorandum or opinion relating thereto?	15. YES/NO
16. a) Does the Applicant desire coverage on a retroactive basis for any unknown or undiscovered errors or omissions during either: 1) The Applicant's or; 2) His/her predecessor's previous term(s) in office. b) If "Yes," furnish the date from which such prior acts coverage is requested.	16. a) 1) YES/NO 2) YES/NO b) _____

QUESTIONS	ANSWERS																								
<p>16. c) What inquiries and precautions are or were taken by the Applicant when assuming responsibility from a predecessor in office to ensure that there exist no Claims or circumstances likely to give rise to a Claim out of acts performed by such predecessor(s) in office?</p>	<p>16. c)</p>																								
<p>17. a) Furnish the following information about insurance carried by the public entity for whom the Applicant works:</p> <p>1) General Liability;</p> <p>2) Police Professional Liability;</p> <p>3) Automobile Liability.</p> <p>b) Does the general liability insurance include personal injury coverage?</p> <p>c) Does the automobile liability insurance include non-owned/hired car coverage?</p>	<p>17. a) Insurance Co. Policy Limit Expiration Date</p> <p>1) _____ \$ _____</p> <p>2) _____</p> <p>3) _____</p> <p>b) YES/NO</p> <p>c) YES/NO</p>																								
<p>18. a) Is the Applicant engaged in any other business or profession, or employed by any other firm, full or part-time?</p> <p>b) If "Yes," furnish full details.</p>	<p>18. a) YES/NO</p> <p>b)</p>																								
<p>19. a) Has the named Applicant had errors and omissions insurance previously?</p> <p>b) If "Yes," furnish full details of errors and omissions coverage for the last THREE years.</p> <table border="1" data-bbox="186 1312 1404 1459"> <thead> <tr> <th><u>Insurer</u></th> <th><u>Policy No.</u></th> <th><u>Limits of Liability</u></th> <th><u>Deductible</u></th> <th><u>Premium</u></th> <th><u>Expiration Mo./Day/Yr.</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>c) Is the Applicant's expiring policy a CLAIMS MADE policy?</p> <p>d) If "Yes," furnish the retroactive date and attach a copy of the expiring policy.</p>	<u>Insurer</u>	<u>Policy No.</u>	<u>Limits of Liability</u>	<u>Deductible</u>	<u>Premium</u>	<u>Expiration Mo./Day/Yr.</u>	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>19. a) YES/NO</p> <p>b)</p> <p>c) YES/NO</p> <p>d) _____</p>
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QUESTIONS	ANSWERS
<p>20. a) Has any application for this type of insurance made by the Applicant or their predecessors in office ever been declined, or has any similar insurance ever been canceled, non-renewed, refused, or had special terms imposed?</p> <p>b) If "Yes," furnish full details:</p>	<p>20. a) YES/NO</p> <p>b)</p>
<p>21. a) Has any Claim been made during the last FIVE years against the Applicant or any predecessor in office on account of errors and omissions?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> 1) Date the Claim was made; 2) Name of the Claimant; 3) Value of the Claim; 4) If the Claim is settled or outstanding; 5) Amount of the settlement; 6) Brief description. 	<p>21. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____
<p>22. a) Is the Applicant aware of any circumstances, or any allegation or contentions, as to any incident which may result in a Claim being made against the Applicant or any predecessors in office?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> 1) Date the Applicant first became aware of any such alleged negligent act, error or omission; 2) Name of the potential Claimant; 3) Estimated value; 4) Brief description. 	<p>22. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____
<p>23. a) Are there any other facts which, if disclosed to the Company, may influence their assessment of this Application?</p> <p>b) If "Yes," furnish full details.</p>	<p>23. a) YES/NO</p> <p>b)</p>
<p>24. Does the Applicant agree that this Application is for a CLAIMS MADE policy?</p>	<p>24. YES/NO</p>

QUESTIONS	ANSWERS
25. a) Limit of Liability required? b) Amount of deductible required?	25. a) \$ _____ Each Claim/Aggregate b) \$ _____

I hereby declare that the above statements and particulars are true and that I have not suppressed or mis-stated any material facts and I agree that this declaration shall be the basis of the contract between me and the Company and that this Application will form a part of the policy.

*Applicant: _____

Office Held: _____

Date: _____ 19 _____

**Signing this form does not bind the Applicant or the Company to complete the insurance.*