



Public Record Search Supplemental Application

1.	Applicant Name:		
	(Proposed First Named Insured)		
2.	Does Applicant perform services in the capacity of:		
	a. Licensed Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Certified Public Accountant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c. Healthcare Provider	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	d. Insurance Agent/Broker	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	e. Landscape Architect	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	f. Land Surveyor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	g. Contractor/Developer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	h. Engineer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	i. Title Agent, Title Company or Title Abstractor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	What percentage of services performed are derived from:		
	%	Background Checks	%
	%	Criminal Records	%
	%	Real Estate Abstract	%
	%	Flood Plain Certification	%
	%	Tax Payment Records	%
		Employment History	
		Title Clearance	
		Credit History	
		Motor Vehicle Record	
		Other, please describe:	
4.	From what sources does Applicant obtain their information?		
	a.	b.	
	c.	d.	
	e.	f.	
5.	Does Applicant use the information obtained to prepare an opinion regarding their findings?		<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: Please include a copy of a sample report for review.

THIS PUBLIC RECORD SEARCH SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE MISCELLANEOUS E&O APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS AND WARRANTIES MADE AS IN THE BASIC APPLICATION.

Signature of authorized representative of Applicant

Title

Type / Print name of authorized representative

Date