



Squared Insurance Agency

PLEASE FAX BACK TO 616-940-1196 OR EMAIL TO INFO@L2INSURANCEAGENCY.COM

Applicant Name _____ Year Established _____
 Street Address _____
 City _____ County _____ State _____ Zip Code _____
 Contact Person _____ Telephone _____ Fax _____
 E Mail Address: _____ Website: _____
 Number of years experience for each Principal/Partner _____
 Is the Applicant owned by or have any ownership interest in a financial institution, mortgage company, real estate development or investment firm or a title insurance carrier? Yes No
 If yes, does the Applicant provide any services to or for these affiliated entities? Yes No
 Does the applicant perform 1031 tax deferred exchange services? Yes No
 List States where the Applicant performs professional services _____

Current Insurance Coverage

Policy Expiration Date: _____ Exclusion Date Retroactive or "Prior Acts": _____
 Current Limits: _____ / _____ Current Deductible: _____ Aggregate or Each Claim
 Ins Carrier: _____ Premium: _____

Business Operations

Gross Revenues
 Last 12 Months \$ _____

Please check services provided and indicate
 The % of breakdown of revenue from services:

- Title Insurance Agent _____%
- Abstracting Services _____%
- Escrow/Closing Activities _____%
- Other (Describe) _____%

Provide the % of annual Gross revenue by property type:

- Residential _____%
- Commercial _____%
- Construction Loans _____%
- Oil & Gas _____%
- Mineral Rights _____%
- Other (Describe) _____%

Claims History

Any E&O claims or incidents reported in the last 5 years?
 Yes* No * # Closed _____ # Open _____ If yes, please complete a Description of Claim or Incident on a separate sheet of paper.
 Is the firm aware of any circumstance(s) or act(s) which may give rise to a claim?
 Yes* No * If yes, please complete a Description of Claim or Incident on a separate sheet of paper.
 Have any prior E&O Insurance policies been cancelled or non-renewed?
 Yes* No *If yes, please complete a description on a separate piece of paper

NOTE: This Form is for Estimate Purposes Only. Coverage May Be Bound Only Upon Submission and Acceptance of a Completed Application

Applicant Signature: _____

Date: _____

5075 Cascade Rd SE Ste E
 Grand Rapids, MI 49546

p 616-940-1101 t 866-940-1101 f 616-940-1196

e-mail: Info@L2insuranceagency.com

www.L2InsuranceAgency.com

