



# Specified Professions Professional Liability Product

## PARALEGALS SUPPLEMENTAL APPLICATION

Please fill out the General Information section, along with the section(s) you are requesting coverage.

1. Name of Applicant: \_\_\_\_\_

If you have a website, include your website address: \_\_\_\_\_

2. Please list and describe the types of legal work in which you are currently involved and provide the percentage of revenue from each: (Avoid general terms.)

\_\_\_\_\_  
\_\_\_\_\_

3. Do you specialize?  Yes  No

If Yes, Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Are you employee at a law firm?  Yes  No

5. Do you free lance?  Yes  No

6. Do you do:

Collection / Credit Work  Yes  No

Docket Control  Yes  No

Patent Law  Yes  No

SEC / Prospectus  Yes  No

Title Searches  Yes  No

7. Do you engage in Real Estate Closings?  Yes  No

If Yes, please proceed to questions 8-12. (If No, go to Question 13.)

8. Indicate the percentage of your gross annual income derived from services listed below:

a. Mortgage Broker \_\_\_\_\_%      b. Escrow Agent \_\_\_\_\_%

c. Title Agent \_\_\_\_\_%      d. Title Abstractor \_\_\_\_\_%

e. Appraiser \_\_\_\_\_%      f. Other \_\_\_\_\_%

If you provide any of the above, please describe your services:

\_\_\_\_\_  
\_\_\_\_\_

9. What are your annual closing fees? \$ \_\_\_\_\_

10. To what extent do you prepare loan paperwork for lenders? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

11. Do you hire lawyers?  Yes  No

12. Do you hire subcontractors?  Yes  No

If Yes:

a. Please describe subcontractors' services and state the annual cost: \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- b. Are subcontractors' required to carry their own errors and omissions insurance?  Yes  No
- c. If Yes, do you obtain certificates of insurance?  Yes  No
- d. Please describe the qualifications you require of subcontractors:

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13. Please attach resumes of principles, partners and key employees.

It is understood this supplement becomes part of application for Specified Professions Liability and is utilized to develop information unique to the operations of the applicant.

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Date

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Authorized Representative