

Employment

Business and employment record for past 10 years. Please list the most recent first. Include all director and officer positions held, including current position.

Dates	Employer's Name	Address & Telephone	Offices/Positions Held
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List all other current business activities: _____

List two bank references with an address and phone number for each reference:

Real Estate Title Insurance Industry

State in detail the type and extent of experience you have had as it relates to the real estate title insurance industry, in addition, note any real estate developers or mortgage lenders you may have performed services for.

Do you currently hold a license as title insurance agent? _____ If yes, please complete the following:

List the State(s) you are licensed in:

Please attach a copy of the license for each state you are licensed.

Dates License(s) held _____

Has the license(s) ever been suspended or revoked? _____

If yes, explain in detail _____

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Are you now or have you ever been an agent or approved attorney for a title insurance company? _____

If your answer is yes, state the name of the title insurance companies and the years you were associated with each company. If you are no longer associated with the insurance companies, please explain the reason for agent/agency/title insurance relationship ending.

Has any company been so charged with anything relating to the paragraph above as a result of any action or conduct on your part? If yes, give details.

Have you filed for bankruptcy or have been subject to a bankruptcy proceeding in the last 10 years? If yes, give details.

Current Agent/Agency Activity

Approximate number of monthly closings conducted: _____

Approximate number of monthly closings conducted that require title insurance: _____

Percentage of Residential Closings: _____% Percentage of Commercial Closings: _____%

Gross Premiums Generated Per Month: \$ _____

Agency Name: _____

Is this agency currently licensed? ____yes ____no

In what states is this agency licensed? _____

Tax I.D. Number of Agency: _____

Signature

Date

Title: _____

This questionnaire can be returned to our corporate office by mail, fax or e-mail.

**Mail: EnTitle Insurance Company
Attn: Karen Kulju
4600 Rockside Road, Suite 104
Independence, OH 44131**

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