

ESCROW AGENTS SUPPLEMENTAL APPLICATION

- 1) Projected volume of funds handled:
  - A) Current year    \$\_\_\_\_\_
  - B) Next year        \$\_\_\_\_\_
  
- 2) Projected number of accounts to be handled:
  - A) Current year    \$\_\_\_\_\_
  - B) Next year        \$\_\_\_\_\_
  
- 3) How many accounts is each Escrow Agent assigned?\_\_\_\_\_
  
- 4) How many Escrow Agents are working in the state of Washington?  
\_\_\_\_\_ (Please attach a copy of the Limited Practice Officers  
(L.P.O.) licenses for each agent.)

It is understood and agreed that this supplemental application shall become part of the application for Professional Liability Errors & Omissions Insurance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of person authorized  
to execute on behalf of the  
Applicant