



# United States Liability Insurance Group

## Paralegals

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

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Docket Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Patent Law	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SEC / Prospectus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Title Searches	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

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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: \$ \_\_\_\_\_

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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 résumés 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative