



**SUPPLEMENT**

**BUSINESS ERRORS AND OMISSIONS APPLICATION  
Clerks of Court and Recorders**

1. a) In what specific capacity(ies) does the Applicant and/or the staff act?
  - 1) CLERK OF COURT? State clearly whether of County, Chancery, City, District, Municipal, Superior, Supreme, or other court of competent jurisdiction. \_\_\_\_\_  
\_\_\_\_\_
  - 2) RECORDER? State duties. \_\_\_\_\_  
\_\_\_\_\_

b) Give the total population of entity served. \_\_\_\_\_

N.B. Coverage may not be available for all activities mentioned above.
  
2. a) Does the county/district, etc., employ the services of both a Clerk and Recorder?  Yes  No  
 b) Are these offices held by separate individuals?  Yes  No  
 If "Yes," please name individuals and advise qualifications. \_\_\_\_\_  
 \_\_\_\_\_
  
3. a) Are both offices to be considered for insurance hereunder?  Yes  No  
 b) Give the number of staff, including the Applicant, in:
  - 1) Clerk's Office \_\_\_\_\_
  - 2) Recorder's Office \_\_\_\_\_

a) Advise Applicant's date of election/appointment to present position. \_\_\_\_\_

b) Is this the Applicant's first term of office?  Yes  No

c) If "Yes," please give age and details of previous experience. \_\_\_\_\_  
 \_\_\_\_\_

d) If "No," for how long has the Applicant been acting in the capacities referred to in question 4 (a) above? \_\_\_\_\_  
 \_\_\_\_\_

*(Continued over)*

5. Describe fully any statues, ordinances, or regulations which define the Applicants' official duties and responsibilities, and attach hereto a schedule of said duties and responsibilities. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. a) Does the Applicant or any of the staff, within the scope of their official duties, at any time:  
1) Act in the capacity of a Title Abstractor or Searcher, whether of a limited nature or otherwise?  Yes  No

2) Issue abstracts or certificates of title or any memorandum or opinion relating thereto?  Yes  No

b) If "Yes," please state:

1) The number of staff acting in such capacity; \_\_\_\_\_

2) The previous experience of such staff; \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Whether or not the Applicant and/or staff performing such duties is/are (where required) qualified to act in such capacity. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) Does the Applicant require to be considered for insurance in respect of his/her activities as a Title Abstractor?  Yes  No

7. a) Describe fully the method, devices, and safeguards used to receive, record, file, store and/or distribute the documents and records in connection with the Applicant's duties. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Does the Applicant use electronic data processing to retrieve information?  Yes  No

c) If "Yes," please give full details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. a) Does the Applicant handle, collect, deposit, or process monies, penalties, fines or any other financial matters?  Yes  No

b) If "Yes," state the average annual amount of said monies over the last three years, the months of maximum handling and the amount handled during those months. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This supplement is a part of Tudor's Business Errors and Omissions application which will be made a part of the policy.

\_\_\_\_\_  
Date

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