

**COUNTY CLERK & RECORDER INDEMNITY INSURANCE
PROPOSAL FORM
(THIS APPLICATION IS FOR A CLAIMS MADE POLICY)
THROUGH: QUIRK & COMPANY - SAN ANTONIO,
TEXAS
LPL.CC 12/73/60**

<p>1. Name of Proposer: (a) Clerk (b) Recorder (c) County</p>	<p>1.</p>
<p>2. Date of Election/Appointment to present County:</p> <p> (a) Clerk (b) Recorder</p>	<p>2.</p>
<p>3. Policy term desired: Commencing at</p>	<p>3.</p>
<p>4. Does the Proposer wish coverage on a retroactive basis? i.e. for any un- known, undiscovered errors or omissions made during the named Proposer's previous term in office in the County as state above.</p> <p>Date from which retroactive coverage is required?</p>	<p>4.</p>
<p>5. Does your County employ a County Clerk only or in addition a County Recorder?</p>	<p>5.</p>
<p>6. Number of staff(including the Proposer) in the County Clerk's Office?</p> <p>Number of staff (including the Proposer) in the Recorder's Office?</p>	<p>6.</p>

<p>7. (a) Previous Carrier: (b) Policy Dates: (c) Retro Date: (d) Has any application for this type of Insurance ever been declined or has any similar Insurance canceled?</p>	<p>7.</p>
<p>8. Have any claims been made against the Proposer or to his knowledge against his predecessors in office? If so, please give details.</p>	<p>8.</p>
<p>9. Is the Proposer aware of any circumstances which might result in any claim being made against him? If so, please give details.</p>	<p>9.</p>
<p>10. Amount of Indemnity required? Amount of Deductible?</p>	<p>10.</p>

I/We hereby declare that the above statements and particulars are true and I/We have not suppressed or mis-stated any material facts and I/We agree that this declaration shall be the basis of the contract between me/us and the Underwriters.

Date: _____

Signature of proposer: _____