

**DISTRICT 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**

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| <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 style="text-align: right;">(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 unknown, 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 District employ a District Clerk only or in addition a District Recorder?</p> | <p>5.</p> |
| <p>6. Number of staff(including the Proposer) in the District Clerk's Office?</p> <p>Number of staff (including the Proposer) in the Recorder's Office?</p> | <p>6.</p> |

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| <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: _____