

AFFILIATED BUSINESS ADDENDUM

Complete all questions. (Please type or print clearly.) The Affiliated Business Addendum is to be completed by an officer of the agency, on behalf of that agency, when the agency depends upon any single affiliated business source for more than twenty (20%) percent of its overall title insurance revenue.

Full Name of Agency: _____

Business Address: _____

Your Name/Title: _____

Identify persons or organizations that refer title insurance business to your agency and also have an ownership interest in or are a creditor of your agency. Attach additional names and addresses, if necessary.

Name: _____

Address: _____

Occupation or Line of Business: _____

Percentage of agency business referred: _____

Are any of the principals of this agency employed by or do they have an interest in any of the following?

	Yes	No		Yes	No
Real Estate Sales (brokerage, other)			Building or Construction Company		
Mortgage Banker/Mortgage Broker			Real Estate Developer		
Savings and Loan Bank					

List the name of the principal, the company's name, the position the principal holds, and his/her percentage of ownership interest.

NAME	COMPANY NAME	POSITION	% OWNERSHIP

Is agency in a separate physical location from the controlled business source? Yes No
 If no, please explain _____

Is the agency managed independently from the affiliated business source? Yes No
 If no, please explain _____

Do you share employees, officers, directors, etc., with any of the affiliated business source? Yes No
 If no, please explain _____

By: _____

Title: _____

Date: _____