

**General Agency Information:**

**Name of Agency:**

**This Agency is a:**

Sole Proprietorship    Partnership    Corporation    L.L.C.

**Business Name / Address:**

**Business Phone:**

**Business Fax:**

**Federal ID#:**

**Business Email:**

**States Served:**

**List all Active Corporate Officers, Directors, Partners and 10% or More Shareholders:**

NAME	POSITION	% OWNERSHIP
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of Years In Operation:**

**Other Underwriters:**

**Reason For Application:**

**Average Number of Policies Issued Per Month:**

**Average Number of Closings Per Month:**

**Number of Claims in Last 5 Years:**

**Approximate Claims Losses:**

Is the same software used for Policy, Closing, & Disbursing?

Yes  No

Please list software(s) used and version #:

How are your software programs updated?

Automatically  Manually

If manually, are your updates current?

Yes  No

What is your agency's ALTA Membership or forms license number?

How many employees do you have?

Full-Time:

Part-Time:

Contracted:

How many staffed closing offices do you have?

If located in multiple states, please list the states below or provide an attachment:

Do you utilize a New Hire and Termination checklist?  Yes  No

a. Are these checklists reviewed and verified for completion?  Yes  No

b. Who performs this function?

Does the office maintain a Title Plant?  Yes  No

If yes, please explain the posting process and timelines:

How current is your plant?

If no, what is your source of title evidence?

If your operation has multiple locations, is your **search and exam** centralized?

Yes  No

If “yes”, please list location:

If “no”, please explain the process:

If your operation has multiple locations, is your **policy delivery** centralized?

Yes  No

If “yes”, please list location or service company used:

Do you have a vetting process for these Third-Party Vendors for searches?

Yes  No

If “yes”, please describe:

What are your policies for preserving and maintaining records of title insurance, escrow operations, security deposits, and escrow trust accounts? Please describe:

Where are Title Insurance premiums held and verified for accuracy?

**Who is responsible for reconciling and monitoring the escrow bank account(s) (daily/monthly)?  
Please describe:**

**Who reviews the monthly reconciliations once completed?**

**Is there anything else you would like us to know about your title operations?  
Please describe:**

**Please provide the name and email for whomever is in charge of remittances for your agency:**

Name

Email

**Affiliated Business Addendum:**

This section is to be completed when an agency depends upon any single affiliated business source for more than twenty (20%) percent of its overall title insurance revenue. Please complete the questions below and provide any affiliated business agreements. If no Affiliated businesses, mark NA.

**Name of Affiliated Entity(s):**

**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 sources?**

Yes  No

**If no, please explain:**

**By:**

**Title:**

**Date:**

**1. How are your wires initiated**

- Online  Hand deliver to your Financial Institution  
 Call your Financial Institution  Other

If your answer above is that you call your bank to initiate a wire or you hand deliver a check to your bank and complete a form to send a wire then you DO NOT need to answer questions 2-4. Please sign on the 3rd page and return to us.

**2. If wires are initiated online, are they initiated and approved by two people with a token or fob or a call back from the bank?**

- Yes  No

**3. If a wire is initiated by one person, is there a written approval process of a different verification with your financial institution?**

- Yes  No

**Explain:**

**What are your procedures when there is a request to change the disbursement of seller's proceeds? (Attach if necessary)**

**What are your procedures for verification of payoff wiring instructions?**

**What are your procedures for educating buyers as to possible e-mail scams? (Attach if necessary)**

**4. Have you reviewed your wiring/bank agreement with your financial institution to understand what liability exists for you as a customer and what liability exists for the lending institution?**

- Yes  No

If you are using online wires, do you have, or are you willing to discuss with your financial institution, the following items (please initial items that have been completed):

- Dual controls - Be sure that more than one person's approval is needed before a transfer can take place.
- Eliminate international transfers - Talk to your bank and ask to cut off all transfers to other countries without personal authorization.
- Review wire agreements - If your bank is unwilling to offer any safeguards against wire fraud, consider finding one that will.
- Ask your bank if they have an auto-notification service that can notify you of each wire via email, fax or text.

**Do you or someone else perform the following:**

- Yes     No    Perform regular escrow reconciliations - Daily reconciliations of accounts is best, but agents should review them at least monthly.
- Yes     No    Review wire transfers daily - Making sure nothing was sent out that wasn't previously authorized.
- Yes     No    Consider using a third party to identify unusual items in escrow account activity.

This form was completed and reviewed by:

\_\_\_\_\_

SIGNATURE

DATE

\_\_\_\_\_

PRINTED NAME