

- Use the tab key to move from question to question.
- Use the arrow keys to highlight a radio button; use the spacebar or return key to select a radio button or checkbox.



To provide the highest level of customized service to our network of agents, Agents National Title (ANTIC) utilizes ALTA Best Practices as a baseline for reviewing and approving agency applications. Throughout this application, you'll see references to the ALTA Best Practices pillars.

I. General Information					
A. Name of your Agency:					
B. Your Agency is a:					
Sole Proprietorship	Partnership	Corporation	LLC		
C. Your federal ID#:	D.	Number of years in	operation:		
E. Primary address (enter on	one line):				
F. Business phone:	G.				
H. States to be appointed:					
II. Ownership and Managemo	ent Information				
A. List all active corporate of	ficers, directors, par	tners, and 10%-or-m	ore shareholders:		
Name	Position		% Ownership		
B. Does any principal have, o	r in the past had, an	ownership interest	in another title company?	Yes	No
If yes, please explain:					
C. List other underwriters (ac	tive and inactive) ar	nd year appointed:			
Underwriter	Date of initi	al appointment	Active or inactive		



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D. Are you in the process of di Yes No	scontinuing any active Agency relat	tionships with any of the above underwriters?			
If yes, please explain:					
E. Has your Agency ever been If yes, please explain:	subject to any litigation or regulato	ry enforcement actions? Yes No			
F. Has any principal ever filed If yes, please explain:	for bankruptcy or filed/been part of	a lawsuit? Yes No			
III. Business and Operations I					
A. Estimated annual net remit		imated annual net remittance to ANTIC:			
\$					
C. Business % Allocation: Pur	chase Refinance	Commercial Residential			
D. Source of business (select	all that apply):				
Attorney	Bank/Credit Union	Builder			
Developer	Mortgage banker	Real Estate Agent			
Hard Money Lender	Investor	Other			
E. Does any single customer p	provide more than 20% of your total	title business? Yes No			
If yes and the entity is affiliated,	please provide the percentage and co	mplete the Affiliated Business Addendum:			
F. Provide the name of softwa	re providers you currently use for ea	ach of the following:			
Title/policy production	Escrow	Accounting			
G. Does your Agency own or not give the second of the se	naintain a title plant? Yes No escription of ownership and mainte	enance:			



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H. Title search and exam se	ervices are performe	d: (check all that app	oly)	
In-house	Third-pa	rty vendor	Underwriter	
List all third-party search ve	endors:			
I. If your operation has mult	tiple locations, is you	ır search and exam o	centralized? Yes	No
If yes, please list locations:				
If no, please explain the pro	cess:			
J. If your operation has mul	tiple locations, is yo	ur policy delivery cer	ntralized? Yes N	No
If yes, please list location of	r service company u	sed:		
IV. Claims Information				
A. Have any title losses/cla	ims been paid by un	derwriters, agencies	/firms? Yes No	
If yes, please explain and in	clude the claim type	, name of underwrite	er, date of claim, and a	mount paid:
Occurred in the past	# of claims	Amount paid	Underwriter	Claim type
1 year				
3 years				
5+ years				
B. Does the agency/firm ha	ve any title insuranc	e claims pending?	Yes No	
If yes, please explain:				
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V. Best Practices Assessment

Does your Agency have an ALTA Best Practices self-certification, ALTA Best Practices third-party certification, or independent best practices certification? Yes No

If yes, please provide and proceed to page 7. If no, please complete the following section regarding Best Practices Pillars:

Pillar 1 - Licensing

Does your Agency maintain written processes and procedures for current licensures as required to conduct business of title insurance and settlement services?

If yes, please provide. If no, please detail your process below:

Pillar 2 - Escrow Accounts

Does your Agency maintain written procedures and controls for escrow trust accounts, allowing for electronic verification of reconciliation?

If yes, please provide. If no, please describe your process below:

Who is responsible for reconciling, monitoring, and reviewing the escrow bank account(s)? What is the frequency of this review (daily/monthly)? Are these procedures documented?

If yes, please provide. If no, please describe your procedures below:

Does your Agency maintain written procedures and controls to ensure wire transactions are conducted by authorized employees with dual authentication? Who is permitted to initiate and approve wire transfers? Does management review wire transfers for unusual activity? Do you conduct background checks at least every three years for these authorized individuals?

If yes, please provide. If no, please describe your procedures below:



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Does your Agency maintain written procedures and controls requiring designated personnel to verify the accuracy of wire instructions by calling the payee at a phone number obtained independently from any phone number shown on the loan package, email, or other documents provided by the third party (attorney, lender, realtor)?

If yes, please provide. If no, please describe below:

Does your Agency maintain written procedures and controls allowing only designated personnel to authorize bank transactions? Does your Agency ensure background checks are obtained and reviewed during the hiring process and at least every three years thereafter for personnel authorized to perform bank transactions? Are background checks obtained and reviewed for all employees at least every five years?

If yes, please provide. If no, please describe below:

Does your Agency require designated personnel to complete a wire preparation checklist similar to ALTA? www.alta.org/advocacy/information-security

If yes, please provide. If no, please describe your process below:

Pillar 3 - Information Security

Does your Agency maintain written policies and procedures to protect non-public information (NPI)? If yes, please provide. If no, please describe your privacy policies below:

Does your Agency maintain a written information security plan (WISP)?

If yes, please provide. If no, please describe your information security protocols below:



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Agency Application

Pillar 4 - Settlement Policies and Procedures

Does your Agency maintain written policies and procedures regarding regular employee training related to
settlement services, premium calculation, document execution, and timely recording of legal documents?
If ves. please provide. If no. please describe below:

Does your Agency maintain written policies and procedures regarding the oversight of signing professionals and the selection of remote notarization platforms?

If yes, please provide. If no, please describe below:

Pillar 5 - Policy Production, Delivery, Reporting, and Remittance Procedures

Does your Agency have a written process to evaluate third-party production vendors?

If yes, please provide. If no, please describe below:

Does your Agency maintain written procedures to ensure policy delivery, policy reporting, and premium remittance are timely?

If yes, please provide. If no, please describe below:

Pillar 6 - Insurance Coverages

Does your Agency have written policies and procedures for maintaining appropriate professional liability insurance and bond coverage?

If yes, please provide. If no, please describe below:



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Agency Application

Pillar 7 - Consumer Complaints				
Does your Agency have written procedu	res for resolving consumer compla	aints?		
If yes, please provide. If no, please describe below:				
VI. Additional Documentation				
Please provide all of the following with t	his application:			
1. Individual credit application(s)				
2. Resumes and bios (senior manageme	ent and ownership)			
3. Three months of escrow reconciliatio	ns			
4. Organizational chart				
5. Appropriate producer licenses (entity	and individual)			
6. E&O insurance policy				
7. Financial statements covering the las	t 12 months or most recent tax ret	urn		
8. Fidelity/surety, cyber, crime bond police	су			
9. Corporate documents: articles of inco	orporation and/or operating agreen	nent		
10. Affiliated Business Addendum (if ap	plicable)			
11. DBA and branch office names and a	ddresses			
Note: If your Agency is a startup, please pro forma financial statements.	provide a written business plan, esc	crow signature card(s), and		
Submitted by Agency's Authorized Princ	ipal:			
Signature:				
Print Name:	Title	Date		