

Applicant:

SUPPLEMENT 5

OPTIONAL TITLE INSURANCE AGENTS/AGENCY SUPPLEMENTAL APPLICATION

THIS SUPPLEMENT MUST BE COMPLETED BY APPLICANTS THAT ARE TITLE AGENTS AND/OR OWN A TITLE AGENCY.

1.

Name of the Title Firm: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Does the applicant own this firm? Yes No

2. List the names of the persons acting as Title Insurance Agents:

3. Provide the total number of title policies, for all persons, issued in the past 12 months? _____

4. Gross Income:

	Last 12 Months	Estimate for Next 12 Months
Title Insurance Commissions	\$ _____	\$ _____
Abstracting/Search Fees	\$ _____	\$ _____
Escrow Fees	\$ _____	\$ _____
Closing Fees	\$ _____	\$ _____
Other(describe	\$ _____	\$ _____

5. In the last 5 years, has any claims or suits been made during the past 5 years against any applicants, their predecessor firm or any of the present agents, or to the knowledge of the agency, against any past agent? Yes No

6. Is any applicant aware of any circumstances that may result in any claim being made against the applicant, their predecessor firm or any of the present or past agents? Yes No

Please complete Supplement 2 if answer is yes to question

7. Has any similar insurance for any applicant, present agents, associates or predecessor firm ever been declined or canceled? Yes No If yes, please provide details: _____

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known.

Signature of Owner, Officer or Partner of the Firm

Title

Date