



7. If application is approved, General Title Insurance Company will be:

\_\_\_\_\_ Primary Underwriter

\_\_\_\_\_ Additional/Substitute for \_\_\_\_\_

Reason: \_\_\_\_\_

8. What computerized closing software system do you use?

\_\_\_\_\_

**FINANCIAL INFORMATION:**

9. Applicant is required to provide a Profit and Loss Statement and a Balance Sheet Report for the prior year-end and the most current quarter-end. Include these financial reports with your application and indicate the time period they cover:

Quarter-ended: \_\_\_\_\_ Year-ended: \_\_\_\_\_

10. Over the next twelve months, Applicant anticipates:

Net remittances to all title insurance underwriters of \$ \_\_\_\_\_

Proposed net remittances to General Title Insurance Company of \$ \_\_\_\_\_

11. List the number of closed title insurance transactions monthly for each of the six previous months. List the corresponding total monthly amount of deposits (in thousands) in your escrow account(s).

<u>Month</u>	<u>Number of closings</u>	<u>Total Escrow Deposits (in thousands)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Are all reporting and remittance obligations to other underwriters current?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, provide details \_\_\_\_\_

\_\_\_\_\_

13. Is Applicant presently obligated under any oral or written agreement, exclusive or otherwise, to any title Insurance underwriter current or formerly represented by Applicant?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, provide details \_\_\_\_\_

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14. Complete Pre-signing Escrow Audit Procedure/Questionnaire Exhibit attached hereto.

**INSURANCE COVERAGE:**

*Please attach copies of current errors and omissions policies now in effect.*

**MARKET INFORMATION:**

15. Indicate percentage of title insurance business from each customer group:

Lenders \_\_\_\_\_%      Real Estate Brokers \_\_\_\_\_%      Attorneys \_\_\_\_\_%  
Builders/Developers \_\_\_\_\_%      Other \_\_\_\_\_% (describe) \_\_\_\_\_

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16. Does any partner, officer, or director (or members of their families) of Applicant have any ownership interest in any customer or entity providing referrals of business of Applicant?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide details \_\_\_\_\_

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17. List all other businesses in which Applicant or the principals of firm have any interest. If more than two, please attach a separate sheet.

Name: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Name: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

**LOSS HISTORY:**

18. List all claims/losses in excess of \$1,000 paid or pending involving Agent's title insurance or escrow business. Include information as to type (forgery, mechanic's lien, etc.) If additional space is needed, please attach a separate sheet:

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\_\_\_\_\_ Check here if you are attaching additional documentation of claims/losses

**TITLE INSURANCE POLICY PRODUCTION:**

19. Sources of title evidence:  
Public Records \_\_\_\_\_ Title Plants \_\_\_\_\_ (describe nature of plant interest, i.e. total ownership, partial ownership, lease, contract rights, etc) \_\_\_\_\_
20. Title searches performed by: Employees \_\_\_\_\_ Independent Contractors \_\_\_\_\_  
Underwriters \_\_\_\_\_
21. Examinations performed by: Employees \_\_\_\_\_ Independent Contractors \_\_\_\_\_  
Independent Attorneys \_\_\_\_\_ Other (describe) \_\_\_\_\_

**OWNERSHIP AND OFFICERS:**

22. The name, address, occupation, and percentage interests of all owners/partners having an interest in agent should be identified in Exhibit II, Part A attached hereto.
23. The name, title, address and social security number, previous employers, and experience of each of the principle officers, senior title executive and all escrow personnel should be identified in Exhibit II, Part B attached hereto.

**REFERENCES:**

24. The identity, occupation, address and telephone number for four references, including the reference of one financial institution, should be listed on Exhibit II, Part C attached hereto.
25. Has Applicant, or any owner, key employee, partner, principal, shareholder, director or officer of firm ever been the subject of a grievance, complaint or proceeding relating to their conduct as a title insurance agent, or their capacity as a fiduciary, or in their professional capacity: a defendant in any criminal or civil proceeding involving violation of any state or federal law; the subject of any bankruptcy proceedings, or disciplinary proceedings by a BAR organization; or cancelled or refused professional liability or fidelity bond coverage; or failed to pay any sums of money or premiums due to any title insurance underwriter or any other creditor?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING**

(Please print name of individual completing application)

as Applicant on behalf of \_\_\_\_\_  
(Name of title agency seeking appointment)

as Agent. Applicant(s) represents that Applicant(s) has authority to make such application on behalf of Agent and hereby give(s) authority and consent to General Title Insurance Company to seek and obtain information, now and in the future, relative to the business, professional and personal reputation, character, personal characteristics and mode of living of Applicant(s) and Agent as well as applicant(s) and Agent's credit history. This may include matters in the nature of an investigative consumer report as defined by the Federal Fair Credit Reporting Act. Applicant(s) understand that upon written reasonable request, Applicant(s) may obtain a disclosure of the nature and scope of the investigation and report.

Agent and Applicant(s) hereby state that the foregoing information (including any separate attached statement) is true and correct to the best of its knowledge and belief. It is further understood and agreed that the representations contained in this application are material inducements for General Title Insurance Company's entering into an agency relationship with Agent, and that at any time either prior to or after entering into an agency relationship, should any information contained in this application become inaccurate, Applicant or Agent will so notify General Title Insurance Company. It is understood and agreed that no agency relationship exists between agent and General Title Insurance Company unless and until an Agreement of Appointment of Policy-Issuing Agency is executed by both parties.

By: \_\_\_\_\_ its \_\_\_\_\_ as  
Applicant Signature Office

\_\_\_\_\_  
Print Name

Date: \_\_\_\_\_

**EXHIBIT I TO ENTITY/AGENCY APPLICATION  
PRESIGNING ESCROW AUDIT  
PROCEDURE/QUESTIONNAIRE**

1. Who performs escrow reconciliations?

Employee Name \_\_\_\_\_ and/or

Outside Accountant Name \_\_\_\_\_

Person we should contact with reconciliation questions \_\_\_\_\_  
Phone number \_\_\_\_\_ Email \_\_\_\_\_

2. How often are escrow bank accounts reconciled?  
Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Other \_\_\_\_\_ (explain) \_\_\_\_\_

3. Who reviews the reconciliation? \_\_\_\_\_

4. Software used to process and reconcile: \_\_\_\_\_

5. List all open escrow checking accounts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List names of signatories on all escrow accounts:

Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____

7. **For each account listed, supply copies of the following for the most recent three months that are available:**

- Bank Statement
- Three-Way Reconciliation Report (aka Bank Reconciliation Summary or Book to Balance Report)
- Trial Balance Report (aka Multiple Ledger Balances Report balances only or Open File Balance Report)
- Outstanding Deposits Report
- Outstanding Disbursements Report
- Book Balance Report
- Annual Escrow Account Review for the previous year (agencies issuing in OH only)

8. Provide proof that deposits in transit have been deposited.

9. Provide proof that any negative balances listed on the most current Trial Balance Report provided have had funds deposited to cover them. If files are still negative, provide explanation including status of recovery of funds:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Are procedures in place to properly segregate cash receipts, cash disbursements and bank reconciliation functions, or as an alternative, are reviews in place to cross check transactions where proper segregation of duties is not possible? Yes \_\_\_\_\_ No \_\_\_\_\_
  
11. Are procedures in place to follow up the recording of satisfactions of mortgages in escrow? Yes \_\_\_\_\_ No \_\_\_\_\_
  
12. Are procedures in place to insure that funds are deposited and available prior to disbursing funds? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTES:**

The escrow information obtained will be reviewed and evaluated by our Audit Department before the application can receive final approval. The audit department will communicate its questions, concerns and any requests for information to the Company. If necessary, because of size or complexity, an internal auditor will visit the agency location for an on-site review. Upon completion of the escrow review, the Audit Department will issue the results of its review and its opinion as to whether:

- a. The escrow appears to be adequately funded, and
- b. The escrow records maintained appear to be adequate.

**EXHIBIT II TO ENTITY/AGENCY APPLICATION  
OWNERSHIP, OFFICERS AND REFERENCES**

**PART A: List all owners/partners having interest in Agent:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Percentage Interest \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Percentage Interest \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Percentage Interest \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Percentage Interest \_\_\_\_\_

**PART B: Give the following narrative information concerning the principle officers:**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Years of Experience: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**PREVIOUS EMPLOYERS:**

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Years of Experience: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

**PERSONNEL**

**LIST SENIOR EXAMINER/TITLE OFFICERS:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Years of Experience: \_\_\_\_\_

To be appointed with the ODI: Yes/ No  
(please circle one)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Years of Experience: \_\_\_\_\_

To be appointed with the ODI: Yes/ No  
(please circle one)

**PREVIOUS EMPLOYERS:**

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

**LIST ESCROW/CLOSING OFFICERS:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Years of Experience: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Years of Experience: \_\_\_\_\_

**PREVIOUS EMPLOYERS:**

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

**PART C: Please provide four references, including one bank. Preferably these are professionals / customers familiar with the Agent's experience and ability.**

Bank Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_