

The Security Title Guarantee Corporation of Baltimore CERTIFYING AGENT APPLICATION

To be completed and signed by principal.

AGENCY Name

AGENCY Federal Tax ID / EIN No.	AGENCY Title License Information (attach copy)
	License No.: _____ Expiration Date: _____

Date of Incorporation/Formation: _____

AGENCY Business Mailing Address:

AGENCY Physical Address if different from mailing address:

County: _____

AGENCY Phone No. with area code: _____ **Emergency Phone No.:** _____

Fax No. with area code: _____ website: _____ email: _____

Branch Locations:	Address:	Phone No.:
a.	_____	_____
b.	_____	_____
c.	_____	_____

Agency Structure Desired (Check one)

<input type="checkbox"/> Sole Proprietor	
<input type="checkbox"/> Attorney/Law Firm	Attach Certificate of Good Standing
<input type="checkbox"/> Corporation	Attach Certificate of Good Standing
<input type="checkbox"/> General Partnership	Attach copy of Partnership Agreement
<input type="checkbox"/> Limited Partnership	Attach copy of Partnership Agreement
<input type="checkbox"/> Limited Liability Corporation	Attach Operating Agreement and Certificate of Good Standing
<input type="checkbox"/> Limited Liability Partnership	Attach Partnership Agreement

INSURANCE COVERAGE Copy attached Pending

Attorney/Law Firms: Professional Liability Policy _____ Title Company: Title Agent's E&O Insurance _____

If applicable, Fidelity/Surety Bonds _____

PRINCIPAL APPLICANT/POLICY SIGNATORY INFORMATION

For additional signatories, please submit a separate "Policy Signatory Application" for each individual

1. Name of Principal Applicant:	Will principal applicant be a POLICY SIGNATORY?
	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Home Mailing Address

Physical Address if different from home mailing address:

3. Previous Address: (last 5 years)	From: _____ To: _____
	From: _____ To: _____
	From: _____ To: _____

4. Social Security No.: _____ **Home Phone:** _____ **Date of Birth:** _____

5. Individual Title License Information (attach copy):

License No. _____	b. Not applicable: <input type="checkbox"/>	c. Pending <input type="checkbox"/>	d. Will apply <input type="checkbox"/>
Exp. Date _____			

6. Are you an attorney-at-law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, year admitted to bar: _____	Years of Practice: _____
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7. REFERENCES

Please provide three professional references, including complete addresses, phone and fax numbers.

a. Name and Title:	Phone with area code:	Fax with area code:
Company Name and Address:		
b. Name and Title:	Phone with area code:	Fax with area code:
Company Name and Address:		
c. Name and Title:	Phone with area code:	Fax with area code:
Company Name and Address:		

	Yes	No
1. Do you or your agency represent or ever represented another underwriter? If yes, identify:		
2. Are you or your agency currently being or ever been terminated by another underwriter? If yes, explain:		
3. Have claims ever been made against policies issued or examined by you or your agency? If yes, explain:		
4. Have you ever had any insurance department complaints or attorney disciplinary proceedings made against you or your agency? If yes, explain:		
5. Is there pending, or has there ever been any litigation against you or your agency? If yes, explain:		
6. Have you ever been charged with theft, embezzlement or any other crime of which theft or deception was an element? If yes, attach written explanation.		
7. Have you or your agency declared bankruptcy within the last seven (7) years?		
8. If not affiliated with a law office, does your agency use independent underwriting counsel? If yes, provide: Name, address and phone no.:		
9. Estimate the number of titles you have searched or abstracted in the last three years: Residential: _____ Commercial: _____		
10. Estimate the number of titles you have examined in the last three years:		

If necessary, please continue answers on a separate sheet and attach.

An Ownership Disclosure Form must be attached to all applications for Corporate, Partnership, L.L.C. and L.L.P. agencies, with the exception of law firms.

The Security Title Guarantee Corporation of Baltimore

GENERAL INFORMATION

(Must be completed by all applicants.)

1. Who referred you to Security Title? (List State Manager or other contact)

2. What is your agency's territory or market?

3. What is your title source?

Public records:

Title plant:

Other:

If "Other", describe:

4. Do you use independent contractors as title searchers (abstractors)?

Yes

No

If yes, do you obtain a copy of their Errors and Omissions Insurance on an annual basis?

Yes

No

5. Who is to be authorized to sign title policies? **(NOTE: Attach a separate Policy Signatory Application for each)**

a.

c.

b.

d.

6. Who is the primary manager of the day-to-day operation of your agency and what is his/her business experience for the past five (5) years? A current resume may be attached.

Name:

Title:

Employer:

From:

To:

Employer:

From:

To:

Employer:

From:

To:

7. What is the average liability of each policy issued by your agency?

\$

8. Estimate the total gross premium written by you last year.

\$

9. Estimate the total gross premium you will write for Security Title in one year:

\$

10. Estimate the number of policies you will write for Security Title in one year.

Residential:

Commercial:

11. Does any one customer provide more than 25% of your agency's business?

Yes

No

If **yes**, who?

12. What percent of your agency's business comes from employees, stockholders, officers or directors?

%

13. Does your agency or any key employee, stockholder, officer or director have any ownership in or affiliation with a real estate developer, real estate broker, lending entity, or other real estate-related individual or company? **If yes, please specify:**

Yes

No

The Security Title Guarantee Corporation of Baltimore

ESCROW ACCOUNTING/BOOKKEEPING INFORMATION

(Must be completed by all applicants.)

1. Please list all escrow accounts:

Bank Name	Account Number	Average Balance (three months)

2. List authorized signatories on escrow accounts below:	3. How many signatures are required on escrow checks?	
a.	c.	
b.	d.	

4. If agency is affiliated with a law firm, are separate escrow accounts maintained for real estate matters?	Yes		No	
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5. What controls does your agency have regarding writing checks on its bank accounts?

6. How often are escrow accounts reconciled?	Monthly:		Quarterly:		Annually:		Other:	
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If other, explain:

7. Do you prepare a trial balance of all open accounts or file balances (both debits and credits) when reconciling escrow accounts? If yes, provide copy of most recent trial balance(s).	Yes		No	
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8. Who performs your bookkeeping?	Name:	Firm:
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If an employee, what other duties/responsibilities does employee perform?

Having applied to The Security Title Guarantee Corporation of Baltimore for appointment as agent, I understand that The Security Title Guarantee Corporation of Baltimore, or its delegate, may conduct an investigation to determine my eligibility and hereby authorize the release of information and/or documents to The Security Title Guarantee Corporation of Baltimore, or its delegate, regarding criminal history, past business dealings, character, professional degrees and/or ability, former employers and associates, or any other such information as deemed appropriate by The Security Title Guarantee Corporation of Baltimore, or its delegate. Findings of any such investigations will be considered confidential and will not be released to any other agency, corporation or other entity, other than The Security Title Guarantee Corporation of Baltimore, its subsidiaries, or delegates.

The Applicant authorizes The Security Title Guarantee Corporation of Baltimore to make a full background investigation and obtain a CONSUMER CREDIT REPORT both at the time of application and any time during the term on an Agency Agreement, to make inquiries of all references shown on this application, and authorizes said parties to furnish the information requested. I understand this application will, in part, be the basis for my authorization as agent, authorized signatory and/or examining attorney for policies written on The Security Title Guarantee Corporation of Baltimore and that this authorization will be automatically terminated for any misrepresentations set out herein.

ORIGINAL SIGNED APPLICATION MUST BE SUBMITTED.

Date: _____

Signature: _____
Print Name/Title: _____

CONFLICT OF INTEREST QUESTIONNAIRE

Type Of Transactions Generated By Referral Source:

1 st Mortgage	%	2 nd Mortgage	%	Commercial	%	Residential	%
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Volumes of loans/sales	Per month:	\$	Per year:	\$
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Set Up of Agency:

Are the agency and referral source:

	In a separate location?	Yes	No
	In separate office?	Yes	No
	Sharing office space?	Yes	No

List any employees of title company who have dual responsibilities (i.e., work for both source of referrals and title company) and state their title/job responsibilities in referral source.

Name & Title:	Duties:
Name & Title:	Duties:
Name & Title:	Duties:
Name & Title:	Duties:

Financial Account Information:

1. Are title company and referral source operating accounts separate?	Yes	No
2. Are title company and referral source escrow accounts separate?	Yes	No
3. Are any signatories on the accounts employees or owners of referral source?	Yes	No
3.a. If yes, name signatory(ies) on operating account:		
3.b. If yes, name signatory(ies) on escrow account:		
4. Accounts are reconciled:	Monthly:	Quarterly:
5. Name of person who reconciles accounts:		
5.a Is individual an	Employee?	Auditor/C.P.A.?
Other:		

Signature

Date

The Security Title Guarantee Corporation of Baltimore

OWNERSHIP DISCLOSURE FORM

COMPLETE THIS FORM *IN FULL* FOR EACH OWNER, STOCKHOLDER, OFFICER, DIRECTOR OR PARTNER.
IF ANY QUESTION IS NOT APPLICABLE, PLEASE STATE "N/A".

NAME OF AGENCY:

Individuals Name:

Home Address	Street:	City:	State:	Zip:
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SSN:	Title/Position
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% of shares held:	% of ownership (if partner):
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Other business/employment interests:

Individuals Name:

Home Address	Street:	City:	State:	Zip:
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SSN:	Title/Position:
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% of shares held:	% of ownership (if partner):
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Other business/employment interests:

Individuals Name:

Home Address	Street:	City:	State:	Zip:
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SSN:	Title/Position:
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% of shares held:	% of ownership (if partner):
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Other business/employment interests:

Individuals Name:

Home Address	Street:	City:	State:	Zip:
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SSN:	Title/Position:
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% of shares held:	% of ownership (if partner):
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Other business/employment interests:

Having applied to The Security Title Guarantee Corporation of Baltimore for appointment as agent, I understand that The Security Title Guarantee Corporation of Baltimore, or its delegate, may conduct an investigation to determine my eligibility and hereby authorize the release of information and/or documents to The Security Title Guarantee Corporation of Baltimore, or its delegate, regarding criminal history, past business dealings, character, professional degrees and/or ability, former employers and associates, or any other such information as deemed appropriate by The Security Title Guarantee Corporation of Baltimore, or its delegate. Findings of any such investigations will be considered confidential and will not be released to any other agency, corporation or other entity, other than The Security Title Guarantee Corporation of Baltimore, its subsidiaries, or delegates.

The Applicant authorizes The Security Title Guarantee Corporation of Baltimore to perform a full background investigation and obtain a *CONSUMER CREDIT REPORT* both at the time of application and any time during the term on an Agency Agreement, to make inquiries of all references shown on this application, and authorizes said parties to furnish the information requested. I understand this application will, in part, be the basis for my authorization as agent, authorized signatory and/or examining attorney for policies written on The Security Title Guarantee Corporation of Baltimore and that this authorization will be automatically terminated for any misrepresentations set out herein.

Date Submitted: _____

Signature

Print Name and Title

The Security Title Guarantee Corporation of Baltimore POLICY SIGNATORY APPLICATION

A SEPARATE POLICY SIGNATORY APPLICATION *MUST* BE SUBMITTED FOR EACH PROPOSED POLICY SIGNATORY.

1. Applicant's Name:

2. Home Mailing Address

Physical Address if different from home mailing address:

3. Previous Address: (last 5 years)		From:
		To:

		From:
		To:

		From:
		To:

4. SSN:	Home Phone:	Date of Birth:
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5. Title Agent License (check one):

a. Current (attach copy):	b. Not applicable:	c. Pending	d. Will apply
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6. Are you an attorney-at-law?	Yes	No	If yes, year admitted to bar:	Years of Practice:
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	Yes	No
7. Are you, or have you ever been either directly or indirectly (through a corporation/partnership), an agent for another underwriter? If yes, please identify:		

8. Are you being or have you ever been terminated as an agent by another underwriter? If yes, attach written explanation.		
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9. Have any claims been made against policies issued or examined by you? If yes, attach written explanation.		
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10. Have any attorney disciplinary proceedings or insurance departments been filed against you? If yes, attach written explanation.		
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11. Has there ever been or is there any pending litigation against you? If yes, attach written explanation.		
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12. Have you ever been charged with theft, embezzlement or any other crime of which theft or deception was an element? If yes, attach written explanation		
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13. Have you declared bankruptcy within the last seven years? If yes, attach written explanation.		
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14. Estimate the number of titles you have searched or abstracted in the last three years.	Residential:	Commercial:
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15. Estimate the number of titles you have examined in the last three years.	Residential:	Commercial:
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16. REFERENCES
Please provide three professional references, including complete addresses, phone and fax numbers.

a. Name and Title:	Phone with area code:	Fax with area code:
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Company Name and Address:

b. Name and Title:	Phone with area code:	Fax with area code:
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Company Name and Address:

c. Name and Title:	Phone with area code:	Fax with area code:
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Company Name and Address:

The Security Title Guarantee Corporation of Baltimore

AUTHORIZATION FOR RELEASE OF INFORMATION

Having applied to The Security Title Guarantee Corporation of Baltimore for appointment as agent, I understand that The Security Title Guarantee Corporation of Baltimore, or its delegate, may conduct an investigation to determine my eligibility and hereby authorize the release of information and/or documents to The Security Title Guarantee Corporation of Baltimore, or its delegate, regarding criminal history, past business dealings, character, professional degrees and/or ability, former employers and associates, or any other such information as deemed appropriate by The Security Title Guarantee Corporation of Baltimore, or its delegate. Findings of any such investigations will be considered confidential and will not be released to any other agency, corporation or other entity, other than The Security Title Guarantee Corporation of Baltimore, its subsidiaries, or delegates.

The Applicant authorizes The Security Title Guarantee Corporation of Baltimore to perform a full background investigation and obtain a *CONSUMER CREDIT REPORT* both at the time of application and any time during the term on an Agency Agreement, to make inquiries of all references shown on this application, and authorizes said parties to furnish the information requested. I understand this application will, in part, be the basis for my authorization as agent, authorized signatory and/or examining attorney for policies written on The Security Title Guarantee Corporation of Baltimore and that this authorization will be automatically terminated for any misrepresentations set out herein.

SUBMITTED: _____
Date

Signature

Print Name and Title

The Security Title Guarantee Corporation of Baltimore

CONTRACT REQUEST FORM

Agency Name:

Territory:

Agency Commission: %

Other:

Percent of business to STG: %

(If applicable: for months)

Limit of Authority: \$500,000 unless otherwise specified: \$

Search Period:

Contract Signatories:

Name:

Title:

Send proposed contracts to:

Send by:

U. S. Mail

Overnight
express

Hand
delivery

Other:

Contract requested by:

Date:

Comments:

AGENCY ANALYSIS SUMMARY

Name of Agency:	Years in business:	County: State:
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Office Appearance:	Excellent		Good		Fair		Poor	
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Office Organization:	Excellent		Good		Fair		Poor	
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Sources of Business:	Lenders	%	Developers	%	Realtors/Brokers	%
	Attorneys	%	Attorney Clients	%	Other	%

Is agency a controlled business?	Yes		No		If yes, attach Conflict of Interest Questionnaire
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How was lead developed?	Referral		From whom?		
	Cold call		Mailing		Inquiry from Prospect

Identify all underwriters prospect currently represents or has represented:				
Company	From:	To:	Commission split:	
Company	From:	To:	Commission split:	
Company	From:	To:	Commission split:	
Company	From:	To:	Commission split:	

If prospect no longer represents an underwriter, provide explanation:

Remittance and loss history:		
Year:	Remittance:	Losses:
Year:	Remittance:	Losses:
Year:	Remittance:	Losses:

Comments:

Why does prospect want to represent Security Title?

AGENCY ANALYSIS SUMMARY

Security Title Agents Contacted:

Agency:		Date:	
Spoke with:	Recommends:	Yes	No
Comments:			

Agency:		Date:	
Spoke with:	Recommends:	Yes	No
Comments:			

Agency:		Date:	
Spoke with:	Recommends:	Yes	No
Comments:			

Former or Current Underwriters Contacted:

Company:		Date:	
Spoke with:	Recommends:	Yes	No
Comments:			

Company:		Date:	
Spoke with:	Recommends:	Yes	No
Comments:			

Company:		Date:	
Spoke with:	Recommends	Yes	No
Comments:			

AGENCY ANALYSIS SUMMARY

If law firm/attorneys, what is Martindale-Hubbell rating? (Circle)

Name:	Firm Rating:	AV	BV	CV	Listed - Not Rated	Not Listed
Name:	Attorney Rating:	AV	BV	CV	Listed – Not Rated	Not Listed
Name:	Attorney Rating:	AV	BV	CV	Listed – Not Rated	Not Listed
Name:	Attorney Rating:	AV	BV	CV	Listed – Not Rated	Not Listed

Unusual title risks in territory:

Indian Land:	Mineral Reservations:	Wetlands:
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Other:

Unusual underwriting requirements in territory:

“No Survey” survey coverage	Mechanics’ lien coverage
Deletion of owner policy standard exception	No exceptions on loan policies

Other:

If proposed commission differs from split with current underwriter(s), justify:

Detail and explain any deviations from standard Agency Agreement:

Detail and explain any negative comments or findings you received during course of investigation:

What is your opinion of prospect’s suitability to represent Security Title?

Signature & Date:

Approved by:

Date	Date
Date	Date