

**THE SECURITY TITLE GUARANTEE CORPORATION OF BALTIMORE  
AGENCY APPLICATION**

To be completed and signed by principal

<b>AGENCY Name</b>					
<b>AGENCY Fed ID/EIN No.</b>			<b>AGENCY Title License Information</b> (or attach copy)		
<b>Date of Incorp./Organization</b>		License No.:		Expiration Date:	
<b>Business Office Address</b>				<b>County:</b>	
<b>Business Mailing Address</b> (if different from Office Address):					
<b>Phone No.:</b>		<b>Fax No.</b>		<b>Emergency Phone No.</b>	
<b>General E-mail Address</b>				<b>Website Address:</b>	

<b>Branch Locations:</b>					
<b>Address:</b>				<b>Phone No.:</b>	
		<b>County:</b>		<b>Fax No.:</b>	
<b>Address:</b>				<b>Phone No.:</b>	
		<b>County:</b>		<b>Fax No.:</b>	

<b>Agency Structure</b> (Check one)	
Attorney/Sole Proprietor	Attach Certificate of Good Standing
Corporation	Attach Certificate of Good Standing
General Partnership	Attach copy of Partnership Agreement
Limited Partnership	Attach copy of Partnership Agreement
Limited Liability Corporation	Attach Operating Agreement and Certificate of Good Standing
Limited Liability Partnership	Attach Partnership Agreement

**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.**

<b>INSURANCE COVERAGE</b>							
Prof. Liability/E&O Policy:	copy attached		pending				
Fidelity Bond:	copy attached		pending		not applicable		
Surety Bond:	copy attached		pending		not applicable		

1. List all underwriters this agency has represented in the past ten (10) years:

<b>Company</b>	<b>From Date/To Date:</b>	<b>Current Status - active, inactive or terminated</b>

2. Have claims been made in the past five (5) years against policies issued by this agency?	Yes		No	
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**If yes, attach letter explaining the year, nature of the claim and amount of loss, if any.**

3. Have any insurance department complaints/disciplinary proceedings ever been filed against this agency?	Yes		No	
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**If yes, attach letter explaining the year, cause and nature of the complaint or disciplinary proceeding as well as the outcome of the matter, including the amount of any fines assessed.**

**GENERAL INFORMATION (continued)**

4. Is there pending, or has there ever been any litigation against this agency? Yes  No

**If yes, attach letter explaining the year the suit was filed, the nature and status of the suit as well as the outcome of the suit, including all appeals.**

5. Has this agency declared bankruptcy within the last seven (7) years? Yes  No

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

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

8. What is your source of title? Public records:  Title plant:  Other:

9. a. Do you use independent contractors as title searchers (abstractors)? Yes  No

b. If yes, do you obtain a copy of their Errors and Omissions Insurance annually? Yes  No

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

a.  b.

c.  d.

11. 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:

12. If not affiliated with a law office, does this agency use independent underwriting counsel? Yes  No

**If yes, provide:** Name:  Phone No.:

Address:

13. Estimate the title insurance premium written by your agency for all underwriters in the past three (3) years.

Year	Gross Premium	Net Remittance
<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"/>

14. Estimate the net premium your agency will **remit** to Security Title annually: \$

15. What is the average liability of policies issued by your agency? \$

16. Estimate the number of policies your agency will write through Security Title annually.

Residential:	<input type="text"/>
Commercial:	<input type="text"/>

17. What is the average number of closings conducted by your office annually?

18. Does any one customer provide more than 25% of your agency's business? Yes  No

**If yes, who?**

19. What percent of your agency's business comes from employees, owners, officers or directors? %

20. 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? Yes  No

**If answer to question 20 is "yes," complete and attach an Affiliated Business Entity Questionnaire.**

**ACCOUNTING/BOOKKEEPING INFORMATION**

21. List **ALL** agency bank accounts maintained by agency whether active or inactive/dormant (attach separate list if necessary):

Bank Name	Account Type	Account No.	Active			Last Date Reconciled
			YES	/	NO	
			Yes		No	
			Yes		No	
			Yes		No	
			Yes		No	
			Yes		No	

**Provide a copy of the three most recent bank statements and reconciliations for ALL accounts listed above:**

22. List authorized signatories on each trust or escrow account:

**(Attach a separate Ownership Disclosure and Bank Account / Policy Signatory Application for each)**

Acct. No.:	Signatories

23. If agency is affiliated with a law firm, are separate trust or escrow accounts maintained for real estate matters? Yes  No

24. Are dual signatures required on all trust or escrow accounts? Yes  No

25. Are three way reconciliations performed on all trust or escrow accounts to verify that adjusted bank balance equals the total of all file balances? Yes  No

26. How often are trust or escrow accounts reconciled? Daily:  Monthly:  Other:

If other, explain:

27. Who performs these reconciliations? Name: \_\_\_\_\_ Firm: \_\_\_\_\_

28. Is this person an authorized signer on any of the accounts? Yes  No

29. What settlement software / escrow accounting software program do you use? \_\_\_\_\_

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. In addition, I authorize the release of any account activity related to my various bank accounts to The Security Title Guarantee Corporation of Baltimore, or its delegate.

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 of 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.**

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

Print Name and Title: \_\_\_\_\_

**OWNERSHIP DISCLOSURE AND BANK ACCOUNT/ POLICY SIGNATORY APPLICATION**

**EACH OWNER, OFFICER, PARTNER, POLICY SIGNATORY AND BANK ACCOUNT SIGNATORY MUST COMPLETE THIS FORM AND SIGN THE AUTHORIZATION FOR RELEASE OF INFORMATION, BELOW.**

1. I am applying in the position of (check all that apply):	<b>Owner:</b> <input type="checkbox"/>	<b>Account Signatory:</b> <input type="checkbox"/>	<b>Policy Signatory:</b> <input type="checkbox"/>
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2. Applicant's Name:	3. Title/Position:	4. Name of Agency:
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5. Current Home Address:

6. Previous addresses within 5 years:		From:	To:
		From:	To:

7. Business e-mail address:

8. Percentage of ownership in Agency: %	9. Other business or employment interests:
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10. Title Agent License: (check one)	<b>Current</b> <input type="checkbox"/>	(attach copy)	<b>Not applicable</b> <input type="checkbox"/>	<b>Pending</b> <input type="checkbox"/>	<b>Will apply</b> <input type="checkbox"/>
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11. a) Are you an attorney-at-law? <b>Yes:</b> <input type="checkbox"/> <b>No:</b> <input type="checkbox"/>	b) If <b>yes</b> , year and state admitted to bar:	c) Years of Practice:
		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

12. Are you, or have you ever been either directly or indirectly (through a corporation/partnership), an agent for another underwriter? If <b>yes</b> , please identify.		
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13. Are you being or have you ever been terminated as an agent by another underwriter? If <b>yes</b> , attach written explanation.		
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14. Have any claims been made against policies issued or examined by you? If <b>yes</b> , attach written explanation.		
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15. Have any attorney disciplinary proceedings or insurance department complaints been filed against you? If <b>yes</b> , attach written explanation.		
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16. Has there ever been or is there any pending litigation against you? If <b>yes</b> , attach written explanation.		
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17. Have you ever been charged with theft, embezzlement or any other crime of which theft or deception was an element? If <b>yes</b> , attach written explanation.		
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18. Have you declared bankruptcy within the last seven years? If <b>yes</b> , attach written explanation.		
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19. Estimate the number of titles you have searched or abstracted in the last three years.	Residential: <input type="text"/>	Commercial: <input type="text"/>
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20. Estimate the number of titles you have examined in the last three years.	Residential: <input type="text"/>	Commercial: <input type="text"/>
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**OWNERS AND BANK ACCOUNT SIGNATORY APPLICANTS ONLY, PLEASE COMPLETE THE FOLLOWING:**

1. SSN:	2. Date of Birth:	3. Home Phone:
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**AUTHORIZATION FOR RELEASE OF INFORMATION**

Having applied to The Security Title Guarantee Corporation of Baltimore (Security Title), I understand that Security Title, or its delegate, may conduct an investigation to determine my eligibility and hereby authorize the release of information and/or documents to Security Title, 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 Security Title, 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. In addition, I authorize the release of any account activity related to my various bank accounts to The Security Title Guarantee Corporation of Baltimore, or it's delegate.

The Applicant authorizes Security Title to perform a full background investigation and obtain a *CONSUMER CREDIT REPORT*, both at the time of application and any time during the term of an Agency Agreement, and authorizes said parties to furnish the information requested. I understand this application will, in part, be the basis for approval to represent The Security Title Guarantee Corporation of Baltimore and that this authorization will be automatically terminated for any misrepresentations set out herein.

I have read and agree to the authorization.

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

### AFFILIATED BUSINESS ENTITY QUESTIONNAIRE

**Type Of Transactions Generated By Referral Source:**

Home Sales	%	1 <sup>st</sup> Mortgage	%	2 <sup>nd</sup> Mortgage	%	Commercial	%	Residential	%
Volume of loans / sales generated by Referral Source		Per month:				Per year			
		Number:		Value: \$		Number:		Value: \$	

**Are the agency and referral source:**

1. In a separate location?	Yes		No		
2. In separate offices?	Yes		No		
3. Sharing office space?	Yes		No		
4 a. Disclosing the existence of an affiliated business arrangement to each consumer	Yes		No		

b. If answer to 4a is "yes," who provides the disclosure and when is the disclosure provided?

5 a. Only sharing in profits based on ownership interest and not providing other "things of value" for the referral of business?	Yes		No		
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b. If answer to 5a is "no," explain.

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. a. Are any signatories on the agency's escrow accounts employees or owners of referral source?	Yes		No	

b. If answer to 3a is "yes," please write their name below and have each individual complete and sign the Ownership Disclosure Form.


Signature: \_\_\_\_\_

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

## **AGENCY APPLICATION AND BANK INFORMATION CHECKLIST**

Please include the following information with the Agency Application package for **ALL** bank accounts. (Clearing, Exchange, Escrow, Trust, Recording, Premium, and Operating)

### **Bank reconciliations for the most recent 3 months including the following:**

- Bank Statements
- Reconciliation Summary Page
- Outstanding Check Listings
- Outstanding Deposit Listings
- Trial Balance-Open File Listing (a list of your open file balances as of the date of the reconciliation)

In addition, the following items are required in order to make a complete agency application package ready for our Review Committee's Approval:

### **All Applicants**

1. Agency Application (4 pages). Page 4 is an Ownership Disclosure and/or Bank/Policy Signatory Application Form which is to be completed by each owner of an agency with a ten percent (10%) or greater ownership interest as well as each proposed policy and/or escrow signatory. If the answer to question no. 20 on the Agency Application is "yes", also include a completed "Affiliated Business Entity Questionnaire".
2. Copy of the declarations page to either the Errors and Omissions Insurance or Professional Liability Insurance policy naming as the insured the entity with whom we are entering into a contract. We require a minimum of \$500,000 in coverage but reserve the right to require higher limits when deemed appropriate.
3. Copies of both individual and business entity licenses issued by the appropriate state department of insurance where required.
4. Copy of bonds where required (District of Columbia, Maryland, Pennsylvania and Tennessee)

### **Corporate, L.L.C. or Partnerships**

1. Articles of Incorporation or Operating Agreement, if applicable.
2. Certificate of Good Standing issued by the Secretary of State indicating that the entity is registered to do business in the state(s) in which the agency is applying to do business..

### **Have you attached:**

- Copy of Agency License
- Certificate of Good Standing/Articles of Organization
- Copy of E & O Professional Liability Insurance/Bonds
- 3 Months of Bank Statements/Reconciliations for each account listed in Question 21, above
- Ownership Disclosure and Policy Signatory Application for each 10% owner and each employee who signs commitments / policies or is an escrow bank account signatory
- Affiliated Business Entity Questionnaire, if applicable