



CONESTOGA TITLE INSURANCE CO.

Application For Approval: Existing Agency

General Information

Name of Title Agency:		
Business Address:		County:
Business Phone:	Fax:	Email Address:
Individual Name:	Title:	Ownership Percentage:
Home Address:		
Seeking approval in the following state(s):		

Experience

Years of Title Experience:	Number of Titles Examined:	Number of Settlements (Closings) Held:
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Education

Please list names and locations for each institution attended, time spent at each, and degree received (if applicable).

Institution Name	Location	Dates Attended	Degree Received
1.			
2.			

Bank Accounts

Please provide the following information for "ALL" bank accounts. Use a separate piece of paper if necessary. Ex, Operating, Escrow, Recording, Premium

Name of Financial Institution	Type of Account	Account Number
1.		
2.		
3.		
4.		

Professional

References

Please provide names and addresses, either mailing or email, of five people who have personal knowledge of your title experience and/or personal integrity.

Reference Name	Mailing Address or Email
1.	
2.	
3.	
4.	
5.	

Key Personnel

Name	Title	Bank Account Signatory	Policy/Commitment Signatory
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification

I hereby certify that the above information is true and correct. I authorize Conestoga Title Insurance Co. to make inquiries of my references, and to verify the above statements regarding experience and education.	
I hereby agree that I will notify Conestoga Title Insurance Co. upon any changes or lapse in the Lawyers Protective Insurance or Errors and Omissions coverage, fidelity bond and/or surety bond coverage as described on the attached declarations pages.	
I understand that Conestoga Title Insurance Co. reserves the right to conduct background investigations concerning applicants. I further understand such background investigations may be updated periodically. I understand background investigations on me may include gathering information through consumer reporting agencies, driver's license searches and/or criminal record searches, or through personal interviews with my previous employers, or others with whom I am acquainted. These investigations may include information relating to my credit history, criminal history, character, general reputation and personal characteristics, as permitted by law. This investigation may also include investigative consumer reports as defined in the Federal Fair Credit Reporting Act. This notice is given in compliance with the Act.	
I do hereby expressly release Conestoga Title Insurance Co. and its employees and any person, association, firm or corporation furnishing Conestoga Title Insurance Co. with any information concerning me or my affairs from any claims, cause of action or damages that may have or purport to have arisen by reason of having disclosed or furnished any information concerning me or my affairs, the provision of any law to the contrary being hereby expressly waived.	
I understand that this application is subject to the approval of the Board of Directors of Conestoga Title Insurance Co.	
Signature:	Date:
Social Security Number:	

Please Answer the Following Questions

1. In which states have you practiced law or done title work?					
2. What is your E.I.N. Number (for corporations, LLCs, LLPs, LPs)?					
3. Approximate number of closings held and remittances to underwriters for each of the last twelve months:					
Number	Remittance	Number	Remittance	Number	Remittance
Jan:	\$	May:	\$	Sep:	\$
Feb:	\$	Jun:	\$	Oct:	\$
Mar:	\$	Jul:	\$	Nov:	\$
Apr:	\$	Aug:	\$	Dec:	\$
4. What is the average policy amount issued by your agency:					
<input type="checkbox"/> < \$100,000		<input type="checkbox"/> \$150,001-\$200,000		<input type="checkbox"/> \$250,001-\$300,000	
<input type="checkbox"/> \$100,001-\$150,000		<input type="checkbox"/> \$200,001-\$250,000		<input type="checkbox"/> \$350,001-\$400,000	
		<input type="checkbox"/> \$300,001-\$350,000		<input type="checkbox"/> >\$400,000	
5. What percentage of your total monthly closings will be directed to Conestoga?					
6. Have you or any of your staff (partners, shareholders, etc.) ever been the subject of an investigation related to the quality of your work or the handling of funds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on a separate sheet of paper.					
7. Have you ever had any claims filed against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on a separate sheet of paper.					
8. Has your agency contract ever been terminated for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on a separate sheet of paper.					
9. Please list your current underwriter(s) and corresponding agency representative.					
Underwriter: _____		Agency Representative: _____			
Underwriter: _____		Agency Representative: _____			
Underwriter: _____		Agency Representative: _____			
10. What is your commission split under the terms of your Agency Agreement?					
11. Which title software program do you use?					
12. Does your agency perform its own title searches? <input type="checkbox"/> Yes <input type="checkbox"/> No					
12a. If no, does the abstracter you use have Errors and Omissions coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No					
13. Is this agency an Affiliated Business Arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with whom?					
14. Is there any other information that would be appropriate to reveal to Conestoga Title at this time?					

Please Attach a Copy of the Following Documents

<input type="checkbox"/> Declarations page of your Errors and Omissions policy
<input type="checkbox"/> Your corporate title agent's license (if applicable)
<input type="checkbox"/> Your individual title agent's license (if applicable)
<input type="checkbox"/> Copy of your Driver's License
<input type="checkbox"/> Documentation specifying corporate officers: (Board minutes or bylaws for corporations, Operating Agreement for LLCs, Partnership Agreement for LLPs)
<input type="checkbox"/> Resume
<input type="checkbox"/> Evidence of Fidelity Bond coverage
<input type="checkbox"/> Evidence of Surety Bond coverage (if applicable)
<input type="checkbox"/> Personal Financial Statement
<input type="checkbox"/> Banking documents – see below checklist

Banking Documents

For "ALL" Escrow Accounts, please submit a full copy of the three most current bank statements and reconciliations including the following:
<input type="checkbox"/> <u>Deposit(s) in Transit lists</u> – If your bank reconciliations are computerized, this report is usually entitled in the software as "Outstanding Deposits, or Uncleared Deposits."
<input type="checkbox"/> <u>Outstanding Check(s) lists</u> – If your bank reconciliations are computerized, this report is usually entitled in the software as "Outstanding Checks, or Uncleared Checks."
<input type="checkbox"/> <u>Trial Balances</u> – A trial balance is a list (normally, title file numbers with their balances, both positive and negative) indicating the reason(s) for a bank reconciliation balance. If your bank reconciliations are computerized, this report is usually entitled in the software as "Trial Balance."
Reconciliation Summary Report or Book to Balance Report and Cleared Transactions Report
The last two month's bank statements for all operational accounts
<input type="checkbox"/> The prior year's Corporate Financial Statement and most recent quarterly statement



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