

RLI Insurance Company P.O. Box 3967 Peoria IL 61612-3967 Phone: 309-692-1000 Fax: 309-692-8637

Title Agents License Bond Application

									L			
APPLICANT INFORMATION									Individual Partnership	Corp	oration LLP	
Business Address:									•			
Bond Amount(s): State					e(s): Effective Date:							
					aber of Years in ness Under This Name: Total Number of Years Experience in Title Insurance Business:						e in	
PERSONAL Owner Name INFORMATION					Social Security No.			0. %	% Ownership of Business			
Residential Address						Does applicar own real estat				Yes No		
PERSONAL Owner Name INFORMATION						Social Security No.			Ownership of E	f Business		
Residential Address									oes applicant [wn real estate?			
PERSONAL Owner Name INFORMATION						Social Security No.			Ownership of E	f Business		
Residential Address									oes applicant [wn real estate?	Yes	☐ No	
TITLE COMPANY Name REPRESENTED						Percentage of Total Business			Date of Last Audit			
Contact Person					Phone Number	'						
TITLE COMPANY Name REPRESENTED					Percentage of Total Business			l Business	Date of Last Audit			
Contact Person					Phone Number							
institution, person or entity. 1) To pay Surety each prefundable in the first 2) To pay Surety all surety all surety all surety all surety all surety and the execution, enforce 4) To pay interest, at the 5) That Surety has the exectent of my liability of the surety may declicontained in the application of the surety may declicontained in the application. 7) To provide Surety with that it is no longer expected by That a facsimile copy of the surety may declicate the surety with this indemnity mearliest date thereafter 10) This agreement shall a lagree that I have RE	. I furtremium year o os dema indem ment, highes celusiv to Sure ine to b cation h cash oosed t upon apply t AD Al ALC CA	n or premiums due, until satisfactory evidence f coverage. anded by Surety to cover any liability, claim, sinify Surety from any and all liability, claim, sinify Surety from any and all liability, damage procurement of release, or other action involv st legal rate allowed, in the event of any payme right to defend, settle, pay, or appeal any clasty. Second a surety on any bond, may cancel or a or indemnity agreement at the time of executi or other property acceptable to Surety, upon of a loss and may retain or sell the collateral set agreement shall be considered an original and cancelled as to subsequent liability by an indewhich the Company could have cancelled all or all renewals, continuations, substitutions and DUNDERSTAND this agreement, that I and APACITY, if any. The invalidity or unenforce	that surety suit or juda s, loss, cos- ing the appent by Sur- tim, and ar- mend any on, or proo- demand, as- security to r- d shall be a mintor upo bonds in fed d extension is signing a	y's liabili gment ag sts and ex plication ety, from n itemize bond wit cure its re s collater eimburse admissiblo on writter orce for a ns of the s a PERS	ty is terminated, and ainst the bond, include the seed of every kind and/or issuance of the date such payments of the date such payments of the date such payments of the such payments of the such payments of loss and the such payments of lease from said sure all security for any location in a court of law to a notice to the Compupplicant. Suretyship herein app GONAL INDEMNIT	agree the ding lega l, includi ne bond. are mad nd expen lter the p tyship ur ass reserv to the sam any at P. plied for. OR on bo	at such premiu I fees and expeng attorney fee e. se incurred by benalty, terms a der any law fe e. Surety may e extent as the O. Box 3967, hehalf of my M.	m is fully enses, es, which Surety sl and cond or release hold suc original Peoria, II	y earned upon issuant may be sustained thall be prima facie litions of any bond, of sureties; all with collateral security statement. L 61612, effective to COMMUNITY, a	evidence of a boo complete an hout liability y until it had ten (10) day	arising out of The fact and my blanks y to Surety s determined s after the ORPORATE,	
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<u>X</u>					Х							
X					X							
<u>x</u>												
<u>x</u>												
AGENT/BROKER INFORMATION	A	Agent/Broker Name	Code	Phone	No. Fa	x No.	(City		State	Zip	
AGENT'S RECOMN We are not very familia We are familiar with ap	ar with oplican		out him/he	r.	COMMENTS							

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CONTROLS										
1.	Are funds deposited in a trust account separate from oper	funds deposited in a trust account separate from operating accounts?								
2.	Name of institution where trust account is maintained:									
3.	Does one EMPLOYEE (non-owner) do both bookkeepin If yes, please explain (attach separate sheet, if necessary,	es one EMPLOYEE (non-owner) do both bookkeeping and disbursement of funds? es, please explain (attach separate sheet, if necessary).								
4	How often are the accounts reviewed by a CPA?									
5.	Are countersignature procedures used when an EMPLOY If no, who signs and what are the procedures?		Yes	☐ No						
6.	Does any EMPLOYEE (non-owner) sign checks for open If yes, maximum amount authorized.	oes any EMPLOYEE (non-owner) sign checks for operating accounts? yes, maximum amount authorized.								
7.	Does any EMPLOYEE (non-owner) who signs checks al	so approve invoices for payment?		Yes	☐ No					
8.	Does any EMPLOYEE (non-owner) who reconciles the buf yes, please explain (include their position and frequence		Yes	☐ No						
9.	Does the firm have segregation of duties so that one EMF from origination to reconcilement? If no, please explain (attach separate separate sheet, if no		Yes	☐ No						
10.	Does the firm deposit and disburse funds for closings and		Yes	☐ No						
11.	Does the firm have a separate file established for each closing that includes the closing instructions and documentation of compliance where the instructions include transfer between accounts?				☐ No					
12.	Does the firm maintain separate accounting records of all or title indemnification funds?		Yes	☐ No						
13.	3. Is fidelity coverage carried on all employees? Carrier				☐ No					
	Amount	Deductible								
14.	Is E&O coverage carried? Carrier			Yes	□ No					
	Amount Deductible Expira									
BA	CKGROUND INFORMATION									
1.	Have any of the owners ever been subject to a bankruptcy or liens against any owner? If yes, please explain (attach separate sheet, if necessary)	, suits	Yes	☐ No						
2.	Have any of the owners ever been the subject of any procresponsible for regulating financial institutions or lenders <i>If yes, please explain (attach separate sheet, if necessary)</i>		Yes	☐ No						
3.	Have any of the owners ever been cancelled or declined f If yes, please explain (attach separate sheet, if necessary,		Yes	☐ No						
4.	4. In what other states is the principal licensed?									
COMPLETE THIS SECTION IF FIDELITY COVERAGE IS DESIRED										
Penalty: Effective Date:										
	l number of employees:	Number of employees handling money:	Allo	others:						
Has firm sustained any employee dishonesty losses in the last 6 years?				Yes	☐ No					
	s, please explain (attach separate sheet, if necessary).									

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