

PLEASE PRINT OR TYPE.

Northeast Agencies National Bond Program (31-21688) An Allstate Commercial Expanded Market Program

Business or Corporate Name:

Application for Title Insurance Settlement Agent

Corporation Limited Liability Company Limited Liability Partnership

Individual
Partnership

Applicant(s	s) - Individual,	partners,	or corpora	ate owner(s)	who w	ill be
performing	settlements.	Attach	additional	applications	and o	cross
	more than thre	e owners	S. EACH N	IUST SIGN A	Т ВОТ	том
RIGHT.						

RIGHT.		
1. Name	Business Address	
Social Security No		
Residence Address		
	Type of	Number of Years
% Ownership of Business Single	Business	in Business
% Ownership of Business Image: Single Number of years as an attorney Image: Single sign at bottom right.)	Total number of years ex	perience
Does this applicant own real estate?	in title insurance busines	s:
2. Name	Amount of Bond:	Effective date:
Social Security No	\$	
Residence Address		
	Has the business, or any oth	
% Ownership of Business	 a. Ever been convicted of a b. Ever bad their license sur 	crime?
Number of voors op op otterpov	c. Ever been party to a sure	•
Does this applicant own real estate? Sign at bottom right.)	(If any answers are yes, pro	vide details.)
	State or governmental enti	ity requiring this bond (and address):
3. Name		
Social Security No		
Residence Address		
% Ownership of Business	Agent's recommendation/a	additional comments:
Number of years as an attorney sign at bottom right.)		
 To pay premiums, including renewal premiums and any other charges, to the Company or its agents, when due, To completely INDEMNIFY the Company from and against any liability, loss, cost, attorneys' fees and ex this bond or any other bond issued for any applicant and or indemnitor, or for the enforcement of this liability, loss, costs, damages, attorneys' fees and ex this bond or any other bond issued for any applicant and or indemnitor, or for the enforcement of this liability, loss, costs, damages, attorneys' fees and expenses are caused, or alleged to be caused, by the 1 To furnish the Company with satisfactory and conclusive termination evidence that there is no further liability on 1 Upon demand by the Company for any reason whatsoever, to deposit current funds with the Company in an amo Company, shall be prima facie evidence of the fact and extent of the liability of the undersigned to the Company, shall be prima facie evidence of the fact and extent of the liability of the undersigned to the Company, shall be prima facie evidence of the last and extent of the liability of the undersigned to the Company, shall be grima facie evidence of the last and extent of the liability of resourity or security was on this agreement is not bound for any reason, this agreement will still be binding on each and every other party That the Company shall, without notice, have the right to alter the penalty, terms and conditions of any bond issu affected by the failure of the undersigned to sign any bond, nor any claim that other indemnity or security was ol this agreement is not bound for any reason, this agreement will still be binding on each and every other party That the Company's discretion, this indemnity agreement shall be governed in all respects by the laws of the Stat South Dakota and the United States Distric Court for the District of South Dakota in all actions or proceedings ar (10) That this indemnity may be terminated by the undersig	agreement, or in obtaining a release or evide negligence of the Company, it is bond or any other bond issued for applicant, unt sufficient to satisfy any claim against the Comp evidence of the satisfy any claim against the satisfy evidence of the satisfy any claim against the satisfy evidence of the satisfy any claim against the satisfy the satisfy any claim against the satisfy against the satisfy monies now due or hereafter becoming due under te of South Dakota and the undersigned applicant isong from or relating to this indemnity agreement, then notice sent registered mail to the office of the	ence of termination under such bonds, regardless of whether such pany by reason of such suretyship, dersigned. An itemized statement of loss and expense incurred by the om, y to any such altered bond. The liability for the undersigned shall not be he return or exchange of any collateral obtained and if any party signing or the contract, including all deferred payments and retained percentage, and indemnitors consent to the jurisdiction of the courts of the State of e Company at Sioux Falls, South Dakota 57103, of not less than twenty
receipt and notice of such termination (11) In the event of any payment by the Company, to pay the Company interest on such amounts at the highest legal rate from the date such payments are made.		
nue nom me date such payments are made.	Signed this day	of,
Agency	Signatu	re & Business/Corporate Title
Address		"Indemnitor"
Street		"Indemnitor"
		"Indemnitor"
City State Zip		
Agent's Code —		

NOTE: Personal indemnitors should sign their names before the word "indemnitor".

Check here if this correspondence was previously faxed or emailed.

Phone: 1-800-655-3551 • Fax: 1-605-335-0357 http://CEM.cnasurety.com • Email: uwservices@cnasurety.com



Home Office • P.O. Box 5077 Sioux Falls, South Dakota 57117-5077

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TITLE COMPANIES REPRESENTED

	Name	% of Your Total Business	Date of Last Audit
1			
2			
Ζ.	·		

CONTROLS

1. Are funds deposited in a trust account separate from operating accounts?	Yes	No
2. Name of Institution where trust account is maintained?		
3. Does one EMPLOYEE (non-owner) do both bookkeeping and disbursement of funds? If yes, please explain (attach separate sheet, if necessary).	Yes	No
4. How often are the accounts reviewed by a CPA?		
5. Are countersignature procedures used when an EMPLOYEE (non-owner) signs trust account checks? If no, who signs and what are the procedures?	Yes	No
 Does any EMPLOYEE (non-owner) sign checks for operating accounts? If yes, max. amt. authorized \$ 	Yes	No
7. Does any EMPLOYEE (non-owner) who signs checks also approve invoices for payment?	Yes	No
8. Does any EMPLOYEE (non-owner) who reconciles the bank accounts prepare or make deposits or withdrawals If yes, please explain (include their position and frequency).		No
 Do you have segregation of duties so that one EMPLOYEE (non-owner) is not able to control a transaction from origination to reconcilement? If no, please explain on a separate sheet of paper. 	Yes	No
10. Does the firm deposit and disburse funds for closings and settlements?	Yes	No
11. Does the firm have a separate file set up for each closing which includes the closing instructions and documentation of compliance with the instructions including transfer between accounts?	Yes	No
12. Does the firm maintain separate accounting records of all receipts and disbursements of all settlement, closing or title indemnification funds?	Yes	No

BACKGROUND INFORMATION

1.	Have you ever been subject to a bankruptcy proceeding or have there been any unsatisfied judgments, suits or liens against you? If yes, please explain on a separate sheet of paper.	Yes	🗌 No
2.	Have you or any of your associates ever been the subject of any proceedings resulting in disciplinary action from any agency responsible for regulating financial institutions or lenders? <i>If yes, provide details on a separate sheet of paper.</i>	Yes	🗌 No
3.	Have you ever been cancelled or declined for a surety bond? If yes, provide details on a separate sheet of paper.	Yes	No No
4.	In what other states are you licensed?		
5.	Have you sustained any employee dishonesty losses in the last 6 years? If yes, provide details on a separate sheet of paper.	Yes	No

COMPLETE THIS SECTION IF FIDELITY COVERAGE IS DESIRED

Penalty	Effective Date	
Total number of employees	Number of employees handling money	All others

Completed by _

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.