

Escrow Security Bond Application for North American Title Agents

Entity Name & DBA: _____ Desired Effective Date: _____
(If more than one Insured, please attach a list)

Contact Name: _____ Phone: _____ Fax: _____ Email: _____

Address 1: _____ City: _____ State: _____ ZIP: _____

Predominant Business Activity: _____ Year Established: _____

1. How long have you represented North American Title? _____ Do you represent any other title underwriters? _____

2. Has there been a change in ownership in the last three years Yes No
If "yes", please explain _____

3. Have you implemented RynohLive or similar Software for daily account reconciliation? Yes No

4. Has a title company canceled or non-renewed an agency contract or have you terminated an agency contract with a title company? Yes No
If "yes", please explain _____

5. Has any application to be an agent for any title insurer been declined in the past 5 years? Yes No If "yes" by which title insurer and why? _____

6. Number of Employees? Full Time: _____ Part Time: _____
(please include any owners who are active in the business)

7. Total revenue from title, closing, escrow activities for the most recently completed calendar year? \$ _____

8. Are owners active in the day-to-day operations of the business? Yes No

9. Do you currently have a fidelity bond in place? Yes No If "yes", what limit? _____

10. Are background checks performed on employees? Yes No

11. Is there a formal, planned program requiring segregation of duties so that no single transaction can be fully controlled from initiation to recording by one person? Yes No

12. Are voice or facsimile-initiated wire transfers performed? Yes No
If "Yes" are independent call back procedures in place? Yes No

13. Do you require vacations of at least one week? Yes No

14. Is countersignature of checks (including escrow accounts) required? Yes No
If no, is an owner/manager required to sign checks? Yes No

15. Are bank accounts including escrow and trust accounts reconciled by someone not authorized to deposit or withdrawal? Yes No

16. Is a three-way reconciliation of the bank account to the control account and to the trail balance prepared monthly and any unusual reconciliation issue investigated properly? Yes No

17. Have there been any Employee Dishonesty losses in the past five years or are you aware of any situations that may result in a loss due to Employee Dishonesty (if yes, please provide in full detail)?

Yes No

If "yes", please provide in full detail _____

18. Does the applicant or the owners of the applicant own a mortgage banker or mortgage broker?

Yes No

19. Does the applicant own a mortgage banker or mortgage broker? Yes No

The Insured represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact in this application or otherwise, shall be grounds for the rescission of any bond issued in reliance upon such information. This application is the basis upon which the proposed bond is to be issued. The application is deemed to be part of the bond whether attached to the bond or not. The insured also represents they abide by ALTA® Escrow Internal Control Guidelines.

Signature _____ Title: _____ Date: _____

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS FOR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE