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- 1] Please read the instructions. Forms not completely typed, incomplete forms and forms containing inconsistent information will be returned.
- 2] Please note that depending upon the type of entity the agent selects for its operating form, there are additional questions or requests for information below. This information is not optional, but is required.
- 3] In the event the requested information does not exist (e.g., email address), state NONE. Do not leave blanks.
- 4] Answers to the six numbered paragraphs that correspond to the agent's form of entity to be registered are required.

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- 5] Under "Material Facts" read Question 1 as, "Is the agent currently registered as an agent for any other title insurance company in Illinois?", then answer that question and provide the requested follow-up. It does not matter if the agent has never written a policy for the title insurer by which the agent was registered. If the agent is already registered by a title insurer, so state and provide the requested/required follow-up.
- 6] If the answer to Question 2 is "yes", then explain the surrounding circumstances in full **AND** provide the requested information.
- 7] If the answer to Question 3 is "yes", explain in full on a separate attachment.

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- 8] Answer Question 4 by putting a check or "X" in the boxes for each and every service the agent intends to provide.
- 9] If any services are contracted out by the agent to others, check or "X" the "YES" box **AND** provide the additional information. Please note the additional information required includes a "detailed explanation" ON A SEPARATE ATTACHMENT, along with a copy of the actual contract or contracts. Do not check or "X" the line indicating there are no written agreements and then attach a copy of the written agreements! In fact, if the line indicating there are no written agreements is checked, the agent will be required to submit a recitation of the oral agreement from each party so the Section is assured that both parties are in agreement as to what services are to be provided and at what price so the Section can ensure compliance with the ITIA and RESPA.
- 10] Fill in the name of the County for the Agent's Affidavit.
- 11] Be sure the affidavit is notarized. Although some attorneys will argue that as officers of the court their signatures do not have to be notarized, this is a government form for a branch of the government other than the judicial branch and a notary's signature and stamp are required. Furthermore, it is a requirement that the notary be disinterested. Therefore, if the notary is also a corporate officer of the agent, or related by blood or marriage to the affiant, the form will be rejected.

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- 12] Please have the person making the affidavit on behalf of the title insurer read that affidavit prior to attesting to its accuracy.

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- 12] Have the agent read 215 ILCS 155/3(4), 155/3(5) and 155/3(6) prior to answering. If an attorney is being registered as an individual agent, the attorney should place his or her name, address, etc. in the appropriate place as being a producer of title business with a financial interest in the agent. In the event an entity is being registered as an agent, place the names, addresses, etc., on the form for all producers of title business with a financial interest in the entity being registered.

In general:

- 13] In addition to the forms and information required on them, the Application for Registration should not be submitted until after the title insurer does the following:

A—If the agent to be registered is an individual attorney or if an attorney is a principal of an entity to be registered, go to the www.iardc.org and include a screen-shot of the attorney's information showing that the license is current, whether the attorney says he or she carries malpractice insurance and the disciplinary history of the attorney. Hint: when the attorney's name is first reported back to you after your inquiry, click on the attorney's name to discover the information about insurance and discipline and print THAT screen. If the ARDC website says the lawyer has malpractice insurance, a copy of the Declarations page of the policy must accompany the registration application.

B—If any registrant claims to have any other professional license from any state, check with the appropriate authority and report that information. While one does not need to be an attorney or real estate broker to be a title agent, if the person says they hold such a license, the disciplinary history of that license is required.

C—Google the name and address and report any and all inconsistencies or information that could present a problem. In particular, title agents and insurers are subject to HUD's guidelines with respect to Affiliated Business Arrangements (AfBA's) and the use of identical addresses, phone numbers, staff, etc. may be prohibited.

D—For entities, that is anything other than an individual human, go to the Secretary of State's website, www.cyberdriveillinois.com/departments/business_services/corp.html to access the required information.

E—For all registrants, go to www.obre.state.il.us/MBLookup/MBList.htm to check the names against the list of mortgage banking licensees (see, item C, above).

14] When in doubt, spell it out. For example, if a lawyer was disciplined, disclose the nature of the case and punishment and point out, if true, that the license is now once again in good standing. Rehabilitation is good, failing to disclose facts is not.

15] **Inconsistencies will always result in rejection.** The title insurer may not require a lawyer to have malpractice insurance, but where the ARDC website says the lawyer has it, and the insurer's own form says the lawyer does not, the application will be rejected unless the discrepancy is explained. There are many possible innocent explanations. There is also the possibility that the lawyer provided false information to the ARDC at the time of renewal. Whatever the cause of the inconsistency, if the lawyer carries insurance, a copy of the Declarations page must accompany the application.

F—A copy of the executed agency contract must accompany the application for registration.

TITLE INSURANCE ACT

APPLICATION FOR REGISTRATION
OF A TITLE INSURANCE AGENT
(Pursuant to Section 16 of the Title Insurance Act)

(ALL INFORMATION MUST BE TYPEWRITTEN
AND SUBMITTED AS TWO-SIDED PAGES)
(Incomplete Applications will be returned)

DATE OF APPLICATION: _____

NAME OF AGENT: _____

TYPE OF ENTITY: CORPORATION (1) _____ PARTNERSHIP (2) _____ INDIVIDUAL (3) _____

LIMITED LIABILITY COMPANY (4) _____ ASSOCIATION (5) _____ OTHER (6) _____

ADDRESS: (NO POST OFFICE BOX) _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER (INCLUDING AREA CODE): _____

FAX NUMBER: _____ E-MAIL ADDRESS: _____

CONTACT PERSON, NAME AND TITLE: _____

BRANCH OFFICES, IF ANY: None

(1) If Corporation, list below all Officers with their titles, Directors and Shareholders, showing the percentage of ownership (other than Public Corporations). In addition, attach a copy of the Certificate of Incorporation or Authorization to do business in Illinois issued by the Illinois Secretary of State.

(2) If Partnership, list below all Partners, showing percentage and type of partner.

(3) If Individual, list birthdate below.

(4) If Limited Liability Company, list all managers and members with their percentage of ownership. In addition, attach a copy of the Certificate of Organization or Authorization to do business in Illinois issued by the Illinois Secretary of State.

(5) If Association, list below all Officers with their titles, Directors and Members, showing percentage of ownership.

(6) If other, describe below, in detail, type of entity and controlling parties as applicable.

(Use Page 2 of Application if more space is needed.)

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
TITLE INSURANCE DIVISION

TITLE INSURANCE ACT

APPLICATION FOR REGISTRATION
OF A TITLE INSURANCE AGENT
(Pursuant to Section 16 of the Title Insurance Act)

4. Services offered and actually performed by above listed Agent (Please check).

_____ Escrow _____ Title Search _____ Title Examination

_____ Preparation of Title Commitment _____ Preparation of Title Policy

_____ Closing _____ Other Services (Please list) _____

5. Are any services contracted out to other individuals and/or companies?

_____ YES _____ NO If yes, please explain in detail on a separate attachment, the services contracted and to whom these services are contracted to, along with a copy of the written agreements. Check here _____ if there are no written agreements for these services.

STATE OF ILLINOIS)
) ss
COUNTY OF _____)

AFFIDAVIT OF TITLE INSURANCE AGENT

_____ being duly sworn states on oath:
(Person Making Affidavit)

1. I am authorized to make this affidavit on behalf of _____
(Name of Agent)

2. The Agent agrees to conduct itself, at all times, in full compliance with the Title Insurance Act and the Rules and Regulations promulgated thereunder.

3. The information contained in this application is true and correct.

Subscribed and sworn to before me this _____ day of _____, _____

_____ My commission expires _____
(Notary Public)

TITLE INSURANCE ACT

APPLICATION FOR REGISTRATION
OF A TITLE INSURANCE AGENT
(Pursuant to Section 16 of the Title Insurance Act)

NAME OF TITLE INSURANCE COMPANY: TICOR TITLE INSURANCE COMPANY

ADDRESS: 203 N. LASALLE ST., SUITE 2200

CITY, STATE, ZIP CODE: CHICAGO, ILLINOIS 60601

PHONE NUMBER (INCLUDING AREA CODE): 312-621-5000

NAME AND TITLE OF PERSON TO CONTACT WITH REGARD TO THIS APPLICATION .

PETER R. PETERSEN

AFFIDAVIT OF TITLE INSURANCE COMPANY

Peter R. Petersen being duly sworn states on oath:
(Name of Person)

1. I am authorized to make this affidavit on behalf of TICOR TITLE INSURANCE COMPANY ("Company").
Name of Title Insurance Company
2. The Company understands and agrees that it is responsible for keeping the Agent informed about the Illinois Title Insurance Act, the Rules and Regulations promulgated thereunder and all forms prescribed by the Director.
3. The attached is a true and correct copy of the Agency Contract/Agreement.
4. The Company knows of no reason why the Agent should not be registered.

Subscribed and sworn to before me this _____ day of _____, _____

My commission expires _____ .

DISCLOSURE STATEMENT
CONTROLLED BUSINESS ARRANGEMENT

(By a Producer of Title Insurance Business or Associate thereof)

This Disclosure is made to : (Check one or both) _____ Seller/Owner _____ Buyer

Seller(s)/Owner(s) _____

[Print Name(s)] _____

Buyer(s) _____

[Print Name(s)] _____

Regarding the Property located at:

Street City State Zip Code

For Title Insurance Company, Title Insurance Agent, and/or Escrow Agent:

(Print Company Name) _____

In connection with the property described above, the undersigned has recommended, or is about to recommend, the above named title insurance company, title agent, and/or escrow agent to the above named party(ies) to provide title insurance and/or escrow services.

The undersigned producer has a financial interest in the above name company/business, or is an associate of the party or entity which has said financial interest and therefore, makes, or has made, the following estimate of the fees and charges that are known and which will be made in connection with the recommended title and/or escrow services.

Only those charges which may be paid by the party(ies) to whom this disclosure is made, are (were) disclosed herein. If there are additional parties who choose to utilize services from the above name company/business, there may be additional charges for those services.

* Owner's Title Policy: \$ _____

* Mortgage Title Policy: _____

Escrow or Closing Fee: _____

Other Fees: _____

Total Estimated Charges: \$ _____

*These estimated figures include all charges/services such as title search, title examination, title insurance premiums, and final issuance of Policy(ies). These estimates may be revised if any unusual circumstances occur, unusual risks are "insured over", and/or lenders require special endorsements which extends their coverage.

You are not required to use _____ (name of provider) as a condition for, settlement of your loan on, or purchase, sale, or refinance of, the subject property. There are frequently other settlement service providers available with similar services. You are free to shop around to determine that you are receiving the best services and the best rate for these services.

The undersigned does hereby certify that the above disclosure was made to the above named party(ies) on _____.

Signature of Producer: _____ Date: _____

ACKNOWLEDGMENT

I/we have read this disclosure form and understand that _____ (referring party) is referring me/us to purchase the above described settlement services from _____ (provider receiving referral) and may receive a financial or other benefit as a result of this referral.

Seller/Owner: _____ Date: _____

_____ Date: _____

Buyer: _____ Date: _____

_____ Date: _____

(NOTE: PURSUANT TO SECTION 18.(b) OF THE TITLE INSURANCE ACT, THE TITLE INSURANCE COMPANY, INDEPENDENT ESCROWEE, OR TITLE INSURANCE AGENT SHALL MAINTAIN THIS DISCLOSURE FORM FOR A PERIOD OF 3 YEARS.)