



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

Title Agents License Bond Application

APPLICANT INFORMATION	Applicant Name (must be exactly as it is to appear on bond & license)					<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	
Business Address:							
Bond Amount(s):			State(s):		Effective Date:		
Nature of Business:			Number of Years in Business Under This Name:		Total Number of Years Experience in Title Insurance Business:		
PERSONAL INFORMATION	Owner Name			Social Security No.		% Ownership of Business	
Residential Address						Does applicant own real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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TITLE COMPANY REPRESENTED	Name			Percentage of Total Business		Date of Last Audit	
Contact Person				Phone Number			
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Contact Person				Phone Number			
<p>I agree to indemnify RLI Insurance Company/RLI Indemnity Company (hereinafter "Surety") in connection with any bond executed on behalf of the person or entity named as "Applicant" above. I certify that all the information provided is true, and acknowledge that Surety is relying on this information to issue a bond. I agree that proof of the falsity of any statement will be prima facie proof of material, intentional and fraudulent misrepresentation for all purposes of law and equity. I authorize surety or its agents to investigate my credit, now and at any time in the future, with any institution, person or entity. I further agree:</p> <ol style="list-style-type: none"> 1) To pay Surety each premium or premiums due, until satisfactory evidence that surety's liability is terminated, and agree that such premium is fully earned upon issuance of a bond and is not refundable in the first year of coverage. 2) To pay Surety all sums demanded by Surety to cover any liability, claim, suit or judgment against the bond, including legal fees and expenses. 3) To hold harmless and indemnify Surety from any and all liability, damages, loss, costs and expenses of every kind, including attorney fees, which may be sustained or incurred arising out of the execution, enforcement, procurement of release, or other action involving the application and/or issuance of the bond. 4) To pay interest, at the highest legal rate allowed, in the event of any payment by Surety, from date such payments are made. 5) That Surety has the exclusive right to defend, settle, pay, or appeal any claim, and an itemized statement of loss and expense incurred by Surety shall be prima facie evidence of the fact and extent of my liability to Surety. 6) That Surety may decline to become a surety on any bond, may cancel or amend any bond with or without cause, alter the penalty, terms and conditions of any bond, complete any blanks contained in the application or indemnity agreement at the time of execution, or procure its release from said suretyship under any law for release of sureties; all without liability to Surety thereon. 7) To provide Surety with cash or other property acceptable to Surety, upon demand, as collateral security for any loss reserve. Surety may hold such collateral security until it has determined that it is no longer exposed to a loss and may retain or sell the collateral security to reimburse itself. 8) That a facsimile copy of this agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original statement. 9) That this indemnity may be cancelled as to subsequent liability by an indemnitor upon written notice to the Company at P.O. Box 3967, Peoria, IL 61612, effective ten (10) days after the earliest date thereafter upon which the Company could have cancelled all bonds in force for applicant. 10) This agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for. 11) I agree that I have READ AND UNDERSTAND this agreement, that I am signing as a PERSONAL INDEMNITOR on behalf of my MARITAL COMMUNITY, and in my CORPORATE, PARTNERSHIP, or LLC CAPACITY, if any. The invalidity or unenforceability of any provision hereof shall in no way affect the validity or enforceability of any other provision. No missing signature shall invalidate this agreement. 							
Signed this _____ day of _____, _____.							
X _____				X _____			
X _____				X _____			
X _____				X _____			
X _____				X _____			
AGENT/BROKER INFORMATION	Agent/Broker Name		Code	Phone No.	Fax No.	City	State Zip
AGENT'S RECOMMENDATION				COMMENTS			
<input type="checkbox"/> We are not very familiar with this applicant. <input type="checkbox"/> We are familiar with applicant and are aware of no adverse information about him/her. <input type="checkbox"/> We know applicant very well and offer our highest recommendation.				_____ _____ _____			

CONTROLS

1. Are funds deposited in a trust account separate from operating accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Name of institution where trust account is maintained:		
3. Does one EMPLOYEE (non-owner) do both bookkeeping and disbursement of funds? <i>If yes, please explain (attach separate sheet, if necessary).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? <i>If no, who signs and what are the procedures?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does any EMPLOYEE (non-owner) sign checks for operating accounts? <i>If yes, maximum amount authorized.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does any EMPLOYEE (non-owner) who signs checks also approve invoices for payment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Does any EMPLOYEE (non-owner) who reconciles the bank accounts prepare or make deposits or withdrawals? <i>If yes, please explain (include their position and frequency).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Does the firm have segregation of duties so that one EMPLOYEE (non-owner) is not able to control a transaction from origination to reconciliation? <i>If no, please explain (attach separate separate sheet, if necessary).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Does the firm deposit and disburse funds for closings and settlements?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Does the firm maintain separate accounting records of all receipts and disbursements of all settlement, closing or title indemnification funds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Is fidelity coverage carried on all employees? Carrier _____ Amount _____ Deductible _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Is E&O coverage carried? Carrier _____ Amount _____ Deductible _____ Expiration Date _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

BACKGROUND INFORMATION

1. Have any of the owners ever been subject to a bankruptcy proceeding or have there been any unsatisfied judgments, suits or liens against any owner? <i>If yes, please explain (attach separate sheet, if necessary).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have any of the owners ever been the subject of any proceedings resulting in disciplinary action from any agency responsible for regulating financial institutions or lenders? <i>If yes, please explain (attach separate sheet, if necessary).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have any of the owners ever been cancelled or declined for a surety bond? <i>If yes, please explain (attach separate sheet, if necessary).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. In what other states is the principal licensed?		

COMPLETE THIS SECTION IF FIDELITY COVERAGE IS DESIRED

Penalty:	Effective Date:	
Total number of employees:	Number of employees handling money:	All others:
Has firm sustained any employee dishonesty losses in the last 6 years? <i>If yes, please explain (attach separate sheet, if necessary).</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No