

## NEXUS APPLICATION FOR APPOINTMENT OF A COMPANY OR FIRM

### General Information about the Agency

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Corporation  Partnership  LLC  LLP  Other \_\_\_\_\_  
 Full AGENCY Name \_\_\_\_\_

Full AGENCY Address \_\_\_\_\_

Do you have a "Trade" or "D/B/A" Name? \_\_\_ No or \_\_\_ Yes - \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Website Address: \_\_\_\_\_ Primary E-mail: \_\_\_\_\_

\_\_\_\_\_  
 Prior Business Names or Trade Names and Addresses, if any

\_\_\_\_\_       \$ \_\_\_\_\_       # \_\_\_\_\_  
 Date current business commenced:      Estimated Yearly Gross Premium:      Estimated Yearly No. of Title Insurance Orders:

States in which agency is licensed to issue title insurance and % of total business generated in each state:

\_\_\_\_\_

### Ownership & Operation of Agency

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**List all officers, directors, partners, shareholders, and key employees -** Key employee is any person who closes, disburses, reconciles or supervises those who do: *\*\*Please Note – Each listed individual must complete an INDIVIDUAL application.*

<u>NAME</u>	<u>POSITION</u>	<u>OWNERSHIP %, if any</u>
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

(add attachment if necessary)

### Current & Past Underwriting Relationships

Active?	Underwriter Name	Year Contract Signed
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

(add attachment if necessary)

Has any underwriter cancelled, or given notice of pending cancellation, to this agency? Yes \_\_\_ No \_\_\_ If YES, please provide details:

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Losses paid by other title insurers arising out of closings done or policies issued by applicant in last three years:

Last Year \$ \_\_\_\_\_ Two Years Ago \$ \_\_\_\_\_ Three Years Ago \$ \_\_\_\_\_

### Agency E & O and Other Insurance Coverages

E & O Carrier Full Name	Policy No.	Policy Amounts	Expiration Date of Policy	Deductible
▶				

Is your policy paid in full or on a payment plan? \_\_\_\_\_

Have you ever had **Errors and Omissions** Liability Insurance coverage denied or cancelled? Yes \_\_\_ No \_\_\_ If YES, explain.

Have you ever had any **Fidelity or Title Agency Bond** denied or cancelled? Yes \_\_\_ No \_\_\_ If YES, explain.

Have you ever filed a claim against your E&O carrier – or – Bond carrier? Yes \_\_\_ No \_\_\_ If YES, explain.

Other Insurance Coverage in effect?  Surety  Employee Dishonesty  Other: \_\_\_\_\_

**\*\*ATTACH FULL & COMPLETE COPIES OF ALL CURRENT E&O, FIDELITY, SURETY, NOTARY POLICIES & BONDS\*\***

### Title Information Sources

Title evidence/abstracts obtained from? \_\_\_ Agency employees \_\_\_ independent contractors \_\_\_ attorneys \_\_\_ others.

If searches are performed by agency employees provide the names, years of experience searching and source of title information:

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Do all sources of title evidence/abstracts possess the necessary experience to accurately report title information and status? Yes \_\_\_ No \_\_\_

Do you verify, monitor and maintain the copies of E&O policies from all outside examination sources? Yes \_\_\_ No \_\_\_

## **Closing & Escrow Procedures**

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Does this agency close transactions involving real estate and handle escrow accounts? Yes \_\_\_\_\_ No \_\_\_\_\_ (if No, Skip this section)

NOTE: Application consideration and ability to secure Closing Protection Letters requires all of the following questions to be answered:

1. Is a separate file set up for each closing, containing the following information:
  - a: Closing instructions: Yes \_\_\_\_\_ No \_\_\_\_\_
  - b: Documentation of compliance with closing instructions including transfers between accounts: Yes \_\_\_\_\_ No \_\_\_\_\_
2. Does the Agency use an integrated closing and reconciliation software? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Software: \_\_\_\_\_
3. Are funds received for closings deposited in a trust bank account separate from operating funds and certified as such on bank statement? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of each bank with escrow accounts: \_\_\_\_\_
4. Are all non-principals who are authorized to sign checks bonded? Yes \_\_\_\_\_ No \_\_\_\_\_ (if Yes, attach copy of Bond)
5. Are separate accounting records/ledgers maintained for each closing transaction? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Who performs the '3-way' reconciliations? In-house \_\_\_\_\_ 3<sup>rd</sup> Party \_\_\_\_\_  
 Name / Phone # or primary reconciliation contact or 3<sup>rd</sup> party: \_\_\_\_\_

## **Agency License and Licensed Agents Associated with Agency**

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Does your company/firm have an Agency license? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Required \_\_\_\_\_ (If Yes, provide copy)

<u>Name of individual licensed Agents</u>	<u>Ownership in Agency?</u>	<u>Home Address</u>
▶ _____	□ Yes □ No _____	_____
▶ _____	□ Yes □ No _____	_____
▶ _____	□ Yes □ No _____	_____

Provide copies of all individual agents' licenses

### **Please Read The Following Statements Carefully Before Signing**

The undersigned, acting as an authorized representative of the entity applying for a Title Insurance Agency appointment, acknowledges that the statements contained on this application are material to Entrust Solutions' consideration of approval of the application. If any of the statements on this application are false, misleading, or incomplete and a contrary state of facts is determined to exist as a result of any and all investigations that will be conducted, Entrust reserves the right to decline approval or, if the application is subsequently approved before such knowledge is discovered, immediately terminate any existing relationship for cause, without advance notice.

Agency Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_