## STATE OF ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION DIVISION OF FINANCIAL INSTITUTIONS

## APPLICATION FOR REGISTRATION OF A TITLE AGENT

All information must be LEGIBLE. Incomplete applications will be returned

1.	TYPE OF ENTITY:						
	CORPORATION	PARTNERSHIP	INDIVIDUAL				
	LIMITED LIABILITY COMPANY	ASSOCIATION	OTHER				
2 -7	7:						
	DATE OF BIRTH (MM/DD/YYYY)	:					
	(Individuals only)						
	SOCIAL SECURITY NUMBER/FEDERAL EMPLOYER IDENTIFICATION NUMBER:						
8.	NAME OF AGENT						
9.	ADDRESS OF AGENT:						
10.	·						
11	. CITY						
11.	CII I						
12.	STATE						
13.	. ZIP CODE						

14.	PHONE NUMBER
15.	E-MAIL ADDRESS:
16.	NAME AND TITLE OF CONTACT PERSON:
17.	Has Agent or any of its officers, directors, members, partners or shareholders (other than Public Corporations) ever been the subject of disciplinary action by this Department or any other regulator of Title Insurance business?
18.	Agent Statement (to be completed by agent and submitted to underwriter who is to then upload during the online registration process)
19.	Affidavit (to be completed by agent and submitted to underwriter who is to then upload during the online registration process)

State of		
County of		
	AFFIDAVIT (Individual)	
I,contained herein, that the answers are true that I would testify as follows:	, being duly sworn on oath, state and correct to the best of my know	e that I have personal knowledge of the facts ledge and belief and, if called as a witness,
1. I am 18 years of age or older.		
2. I am seeking registration as a title	agent.	
	ed guilty to any felony or misdemea guilty has been fully disclosed to the	anor involving a crime of theft or dishonesty e Department.
Signature	Date	
Subscribed and sworn to before me this	day	
of20	_	
Notary Public		
My commission expires		

State of						
County of						
	AFFIDAVI' (Corporation, Partnership, Limited Liabi					
I, contained herein, that the answer that I would testify as follows:	, being duly sworn or rs are true and correct to the best or	n oath, state that I have personal knowledge of the facts f my knowledge and belief and, if called as a witness,				
1. I am an owner, officer, director, principal, member or manager of the business entity seeking registration insurance agent.						
guilty to any felony or m		r of the business entity has ever been convicted or pled theft or dishonesty or any such conviction or plea of				
Signature	Date					
Subscribed and sworn to before	me this day					
of20_						
Notary Public						
My commission expires						

NAME OF AGENT				
STATEMENT BY AGENT				
<u>PURSUANT to the Illinois Administrative Procedures Act [5 ILCS 100/10-65(c)].</u> Applications for registration shall include applicant's social security number and the applicant shall certify under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the applicant to contempt of court. (NOTE 1)				
Is the agent more than 30 days delinquent in complying with a child support order? Yes No				
PLEASE provide the date that the Agent signed the agency agreement with the title insurance company.				
Date:				
<b>PURSUANT to Section 18 of the Title Insurance Act [215 ILCS 155/18(b) and (c)],</b> For transactions involving residential properties of four (4) or fewer units where at least one unit is occupied by a legal or beneficial owner, title insurance agents are <b>prohibited from providing services to an applicant for title insurance or services:</b>				
<ul> <li>a) if the agent knows or believes the applicant was referred by a producer of title business or by an associate of such producer</li> <li>and</li> </ul>				
b) if the producer or associate has a financial interest in the title insurance agent unless				
the producer or associate has disclosed to any party who is paying for such product or services, (or to the party's representative), the financial interest of the producer or associate and disclosed an estimate of the charges to be paid.				
Each title insurance agent shall file a report with this Department of those persons who are known or reasonably believed to be producers of title business or associates of producers and have such a financial interest. Therefore, please answer the following questions:				
<ol> <li>Is the agent engaged in Illinois in the trade, business, occupation or profession of buying or selling interests in real property? Yes No</li> </ol>				
2. Is the agent engaged in Illinois in the trade, business, occupation or profession of making loans secured by interests in real property? Yes No				
3. Is the agent engaged in the trade, business, occupation or profession of acting as a broker, agent, attorney, or representativ of natural persons or other legal entities that buy or sell interests in real property or that lend money with such interests as security? Yes No				
If any of Questions 1 through 3 is answered "Yes," please list entities or persons known, or reasonably believed by Agent, to be a producer of title business or an associate of such producer. [if the agent (individual) is the only known producer, please indicate "SAME" ]				
List names and addresses:				

## I, THE AGENT, HEREBY

- 1. agree to promptly notify the registering title insurance company of changes to my (the agent) contact information and entity structure;
- 2. agree to fully comply with the Title Insurance Act and the rules and regulations promulgated under it; and
- 3. certify that I personally completed this application and that the answers are true and correct to the best of my knowledge and belief.

Name of Person Signing Statement (printed) (NOTE 2)	Title	
Signature	Date	

NOTE 1 This question is to be completed only by agents registering as an individual. Please indicate "N/A" if not applicable

NOTE 2 To be signed by the agent if registering as an individual or by the principal, if registering as Corporation, Partnership, Limited Liability Company or Association.