

Abstract Plant Information

► Agency information

TITLE AGENCY NAME: (DBA NOT REQUIRED, IF ANY) _____

BUSINESS ADDRESS (PHYSICAL ADDRESS, **NO BRANCH LOCATION**) CITY STATE ZIP CODE

► County records

1. County covered by plant: _____ Date County records begin: _____
2. List any county records not covered by the plant: _____
3. State if all or only part of county area is covered by the plant: _____
4. List parts not covered: _____

► Plant description

5. Are land records geographically indexed? Yes No
a. Date index begins: _____
6. Is geographical index in tract books or card index? tract books card index
7. Are miscellaneous records name indexed? Yes No
a. Date index begins: _____
8. If indices are computer stored, are they retrievable by property description? Yes No
9. State method of maintaining plant current:
 Posting of daily take off Computer update service Other _____
10. Name and address of computer update service: _____
11. State current Date of Plant: _____

► Plant ownership

12. Name and address of plant owner: _____
13. Is agent in actual, exclusive physical possession and control of plant? Yes No

14. If leased, state the term of lease: _____

15. If under a joint agreement, provide a copy of the agreement and state names of all participants: _____

Note: On initial license applications, a complete, signed copy of the plant lease must be submitted to the Department. Applicants for renewals and additional appointments do not need to submit a copy of the plant lease unless it has been renewed or amended.

SIGNATURE OF AGENT

DATE

We have conducted an on-site examination of the above described plant and find it to be as above represented and in compliance with the latest definition of an abstract plant as promulgated by the Texas Department of Insurance. We are also satisfied that the plant is adequate for use in insuring titles, so as to provide for the safety and protection of the policyholder.

SIGNATURE OF EXAMINER

UNDERWRITER

DATE OF ON-SITE EXAM

BY: