



## APPLICATION FOR TEXAS TITLE INSURANCE AGENCY LICENSE

Mail to:

**Regular Mailing Address:**

Texas Department of Insurance, Title Office, MC 107-TL  
P. O. Box 149104  
Austin, Texas 78714-9104

**Overnight Mailing Address:**

Texas Department of Insurance, Title Office, MC 107-TL  
333 Guadalupe Street  
Austin, Texas 78701

Refer Questions To: (512) 676-6475

### INSTRUCTIONS

IN ADDITION TO A, B OR C, THE SPONSORING UNDERWRITER MUST SUBMIT THE FOLLOWING:

- Abstract Plant Information FINT120
- Agency Contract
- Agency Contract Submission FINT141
- Plant Subscription Agreement (if plant leased)
- Schedule D

**A. Individual - Submit the following to license a Title Agent:**

1. Completed Section A (biographical information) of the application for Title Insurance Agent's license by the individual and each designated on-site manager.
2. One completed Section B (required business information) of the application for Title Insurance Agent's license for the proposed Sole owner. The Agent name on Section B must appear in the form as follows: Sole owner's name d/b/a Assumed Name.
3. Copy of a valid Assumed Name Certificate filed with the Texas Secretary of State and/or County Clerks(s) office in the county(s) in which the Title Agent will operate.
4. Section C (Initial Appointment Form) of the application for Title Insurance Agent's license completed by the sponsoring Title Insurance Company.
5. Non-refundable license fee of \$50.00.
6. Title Insurance Agent's Bond or in lieu thereof a cash deposit or irrevocable letter(s) of credit issued by a financial institution in this state insured by an agency of the United States Government (or securities approved by the Department) in the sum of the greater of ten thousand dollars (\$10,000) or an amount equal to ten percent (10%) of the gross premium written by the agent in accordance with the latest statistical report to the Department but not to exceed one hundred thousand dollars (\$100,000) . The Principal name on the Bond must reflect as follows: Sole owner's name d/b/a Assumed Name.
7. Beginning July 3 2014, all title agencies must comply with the minimum capitalization requirements in Administrative Rule S-1. Submit the latest copy of the title agency's form TS-1, TS-2, or other evidence showing how the title agency meets the minimum capitalization requirements.

**B. Partnership - Submit the following to license a Title Agent:**

1. Completed Section A (biographical information) of the application for Title Insurance Agent's license for each partner, designated on- site manager(s) and each officer, director, manager, partner and who sits in control of an entity designated as a partner.
2. One completed Section B (required business information) of the application for Title Insurance Agent's license for the proposed partnership. The Agent name on Section B, must reflect the exact Agent name. If an Assumed Name is being used the Agent name on Section B must appear in the form: Partnership Agent Name d/b/a Assumed Name.

3. If using an Assumed Name, a copy of a valid Assumed Name Certificate filed with the Secretary of State and/or County Clerk(s) in the county(s) in which the Title Agent will operate.
4. Section C (initial appointment form) of the application for Title Insurance Agent's license completed by the sponsoring Title Insurance Company.
5. Non-refundable license fee of \$50.00.
6. Title Insurance Agent's Bond or in lieu thereof a cash deposit or irrevocable letter(s) of credit issued by a financial institution in this state insured by an agency of the United States Government (or securities approved by the Department) in the sum of the greater of ten thousand dollars (\$10,000) or an amount equal to ten percent (10%) of the gross premium written by the agent in accordance with the latest statistical report to the Department but not to exceed one hundred thousand dollars (\$100,000).
  - a. The Principal name on the Bond must reflect as follows: Name of the Partnership.
  - b. If an Assumed Name is being used, the Agent name on the Bond must appear in the form: Partnership Agent Name d/b/a Assumed Name.
7. Copy of Partnership Agreement.
8. Beginning July 3 2014, all title agencies must comply with the minimum capitalization requirements in Administrative Rule S-1. Submit the latest copy of the title agency's form TS-1, TS-2, or other evidence showing how the title agency meets the minimum capitalization requirements.

**C. Entity – Submit the following to license a Title Agency:**

1. Completed Section A (biographical information) of the application for Title Insurance Agency's license for each officer, director, managing members, designated on-site manager(s), partner and shareholder who is in control of the entity, and each officer, director, manager, partner and shareholder who is in control of an entity designated as a shareholder or a partner.
2. One completed Section B (required business information) of the application for Title Insurance Agency's license for the proposed entity. The Agent name on Section B must reflect the exact Agent name d/b/a Assumed name. The agent must attach to Section B a list of all the Assumed names under which the agent does business and the county associated with each Assumed Name.
3. A certified copy of the Certificate of Formation and letter of Authority to do business from the Office of the Texas Secretary of State.
4. If using an Assumed Name, a copy of a valid Assumed Name Certificate filed with the Office of the Texas Secretary of State and/or County Clerk(s) in the county(s) in which the title agency will operate.
5. A current Certificate of Account Status issued by the Franchise Tax Division of the Texas State Comptroller's Office and a current. Franchise Tax Public Information Report on file with the Texas Comptroller of Public Accounts.
6. Section C (initial appointment form) of the application for Title Insurance Agent's license completed by the sponsoring Title Insurance Company.
7. Non-refundable license fee of \$50.00.
8. Title Insurance Agent's Bond or in lieu thereof a cash deposit or irrevocable letter(s) of credit issued by a financial institution in this state insured by an agency of the United States Government (or securities approved by the Department) in the sum of the greater of ten thousand dollars (\$10,000) or an amount equal to ten percent (10%) of the gross premium written by the agent in accordance with the latest statistical report to the Department but not to exceed one hundred thousand dollars (\$100,000).
  - a. The Principal name on the Bond must reflect as follows: Name of the Entity.
  - b. If an Assumed Name is being used, the Agent name on the Bond must appear in the form: Entity Agent Name d/b/a Assumed Name.
9. Application for at least one individual to act as Escrow Officer for the Entity Title Agent and a Texas Escrow Officers Schedule Bond or in lieu thereof a cash deposit or irrevocable letter(s) of credit issued by a financial institution in this state insured by an agency of the United States Government (or securities approved by the Department).
10. Beginning July 3 2014, all title agencies must comply with the minimum capitalization requirements in Administrative Rule S-1. Submit the latest copy of the title agency's form TS-1, TS-2, or other evidence showing how the title agency meets the minimum capitalization requirements.

**SECTION A -- Application for Texas Title Insurance Agency License**

1. Name in full: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
*(No initials accepted)* *(No initials accepted)*
2. Position (check all that apply to this filing):  Shareholder  Director  Officer  Managing Member  Onsite Manager
3. Residence Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_
4. Social Security Number \_\_\_\_\_  
*(Disclosure of Social Security Number is required by the Texas Family Code §231.302)*
5. Texas Resident  Yes  No
6. Date of Birth \_\_\_\_\_  
*(MM DD YY)*
7. Driver's License # \_\_\_\_\_ State \_\_\_\_\_

\*If you answer "Yes" to question **8a**, **8b**, **8c**, and/or **8d**, you must submit original **CERTIFIED** copies of the indictment or charging document, conviction, order deferring adjudication, judgment and conditions of probation from the appropriate jurisdiction, for each and every crime or offense. You may also include letters of recommendation on your behalf. Please provide full information with dates and details on a separate sheet of paper. Application processing will be suspended until the details are received and a review is completed. **If certified documents have been previously submitted to the department, please do not resend.**

8. Excluding traffic violations and first offense DWI:
  - a. Do you currently have any **pending misdemeanor or felony charges** (by indictment, information, or any other instrument) filed against you in Texas, any other state, or by the federal government?  YES  NO
  - b. Have you ever been **convicted of any misdemeanor or felony offense** in Texas, any other state, or by the federal government?  YES  NO
  - c. Have you ever **had adjudication deferred on any misdemeanor or felony charge or offense** in Texas, any other state, or by the federal government?  YES  NO
  - d. Have you ever **served any period or probation for any misdemeanor or felony offense** in Texas, any other state, or by the federal government?  YES  NO

**NOTE: If you answer "Yes" to any of questions 9 through 14, you must provide a personal statement with dates and complete details on a separate sheet of paper. Application processing will be suspended until the details are received and a review is completed.**

9. Have you or has any corporation, partnership, association, or firm in which you were a director, officer, shareholder, manager, member, or partner ever been the subject of an administrative or legal action filed by Texas or any other insurance department, or an action filed on behalf of Texas or any other state or by the federal government based on alleged violations of state or federal insurance or securities laws?  YES  NO
10. Are you now indebted to a special deputy receiver of the Texas Department of Insurance, any insurance company, general agent or agent?  YES  NO
11. Have you ever had an agency contract canceled for cause (e.g., misrepresentation, misappropriation, etc.)?  YES  NO
12. Have you ever had a professional license, an insurance license or company appointment refused, suspended or revoked in Texas or any other state?  YES  NO
13. Do you now have pending litigation against you alleging violation of the Texas Insurance Code?  YES  NO
14. Have you ever held ownership interest in any insurance agency or company?  YES  NO
15. Do you have another business name or alias?  YES  NO  
 If "Yes", indicate business name or alias here: \_\_\_\_\_
16. Have you ever held a professional license, insurance license or company appointment under any other name?  YES  NO  
 If "Yes", indicate other name(s) here: \_\_\_\_\_

17. List any judgments against you held by any insurance company or insured which are unpaid in whole or in part.

\_\_\_\_\_

\_\_\_\_\_

18. List any judgments against you which involved violation of the Texas Insurance Code.

\_\_\_\_\_

\_\_\_\_\_

19. List any other business to which you intend to devote a part of your time:

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

20. Give complete details of all employment including current employer, self-employment, or unemployment during the last five (5) years. You are required to provide a resume or detailed work history for the past 5 years.

Start Date / End Date	Employer and Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

21. Give the names and street addresses of three (3) business or professional references from the community where you have resided for the last five years.

Name	Address	Type of Business
_____	_____	_____
_____	_____	_____
_____	_____	_____

22. Have you personally answered and understood each question pertaining to you on this application?  YES  NO

**Affix Notary Seal**

Full Name \_\_\_\_\_  
 Print/Type Full Legal Name \_\_\_\_\_

Signature \_\_\_\_\_

Subscribed and sworn to before me

Date \_\_\_\_\_

Notary Public \_\_\_\_\_

**NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES**

*With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at [www.tdi.texas.gov](http://www.tdi.texas.gov).*



(2) the title insurance company appointing you has been notified by the Texas Department of Insurance that your license has been issued; or (3) you have been notified by the Texas Department of Insurance that your license has been issued?  YES  NO

14. A Texas Title Insurance Agency Bond must be filed with the Texas Department of Insurance prior to the issuance of a title insurance license. **The address on the bond must show the Title Agency physical address located in Texas.**
- Bond currently on file with the Texas Department of Insurance
  - Bond enclosed

**THE FOLLOWING QUESTIONS 15 THROUGH 24 SHOULD BE ANSWERED ON A SEPARATE SHEET OF PAPER AND ATTACHED TO SECTION B**

15. If a Partnership, Corporation or Limited Liability Company, provide a list of all shareholders, partners, managing members, officers, owners, and directors (as applicable) of the proposed agent **including a resume or detailed work history**. If a shareholder is an entity, list all shareholders, partners, managers, officers, and directors (as applicable) of the entity shareholder.
16. Provide the name(s) of the proposed agency’s designated on site manager(s) and describe in detail their prior experience in the business of Texas title insurance. This should be the person(s) on site overseeing the day to day operations. (Applicant should demonstrate reasonable experience or education in the field of title insurance in Texas such that success of the agent is rendered probable.) This should include a **resume or detailed work history providing evidence of the past 5 years with the position of a Texas Title Agent Manager, or comparable position, and copies of any Escrow Officer continuing education taken within the past 2 years.**
17. Attach copy of or provide full details of any agreement, other than the required title agency contract, which you have with the underwriter(s) with whom you will do business.
18. Detail the projected source of financing for the business, including any projected loans for working capital and fixed assets.
19. Provide an audited, reviewed, or compiled financial statement of your agency prepared by an independent CPA and at least 60 days current.
20. Detail the projected source and amount of business which will be written by your agency during its first year of operation.
21. Attach a sample Schedule D Form (Rule P-21) for the proposed agency.
22. Attach a completed Title Agent Update Form.
23. Provide the name, address and telephone number of the accounting firm which will complete your required annual escrow audit report of trust funds handled through your agency.
24. Provide the name of the individual responsible for the preparation of the annual statistical report which must be filed with the Texas Department of Insurance.

**APPLICANT CERTIFICATION**

I certify that this applicant qualifies as a Title Insurance Agency as defined in Chapter 9 of the Texas Insurance Code and hereby execute this form and upon oath affirm that all statements in it and in all supporting forms, schedules, documents and exhibits are true, correct and are made for the purpose of securing the license indicated herein.

\_\_\_\_\_  
 (Date)  
 (Affix Notary Seal Here)

\_\_\_\_\_  
 (Signature of Sole Proprietor\* Partner or Authorized Officer\*) (\*circle one)

Subscribed and sworn to before me

Date \_\_\_\_\_

Notary Public \_\_\_\_\_

**SECTION C -- Application for Texas Title Insurance Agency License**

**APPOINTING INSURANCE COMPANY CERTIFICATION AND NOTICE OF APPOINTMENT**

Applicant \_\_\_\_\_  
Title Agency Name

This is to certify that the above applicant is appointed to act as a title agency for this company in the state of Texas, subject to applicant's qualifying for a license. This is notice of appointment of the applicant for a license to act as a Title Insurance Agency in the County (Counties) of:

\_\_\_\_\_  
 \_\_\_\_\_

State of Texas.

If and when this appointment is terminated or cancelled, the Texas Department of Insurance will be notified immediately of such termination.

Our company has investigated this applicant's character and reputation for honesty and trustworthiness, and we are satisfied that the applicant is trustworthy and will act in good faith to the public. This company knows of no fact or condition which would disqualify such applicant from receiving a license.

Appointing Title Insurance Company's Texas Department of Insurance Company Number \_\_\_\_\_

\_\_\_\_\_  
**Name of Appointing Title Insurance Company      FEIN Number      Typed or Printed Name of Appointing Official**

\_\_\_\_\_  
**Mailing Address**      **Original Signature of Appointing Official**

\_\_\_\_\_  
**City      State      Zip Code      Title**

\_\_\_\_\_  
**Address of Appointing Official**

*(Affix Notary Seal Here)*

Subscribed and sworn to before me

Date \_\_\_\_\_

Notary Public \_\_\_\_\_