

## Application for title insurance agent or direct operation license

### ► Answer the following:

Applicant name \_\_\_\_\_

Federal Tax Identification number \_\_\_\_\_

### Mailing address

Street address, route, or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Physical address

Street address, physical location, or route \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Applicant is organized as: (check one)

Sole proprietor       Partnership       Entity

### The type of license being applied for: (check one)

Title insurance agent       Direct operation

### Enter information about the accounting firm that will complete the annual escrow audit report of trust funds:

Accounting firm name \_\_\_\_\_

Accounting firm address \_\_\_\_\_

Accounting firm phone \_\_\_\_\_

### The contact for this form is:

Contact name \_\_\_\_\_

Contact phone number (include area code) \_\_\_\_\_

Contact email \_\_\_\_\_

**\*\* See the next page for items you must send with this form. \*\***

► **Along with this form, send the following:**

**You can find forms at [www.tdi.texas.gov/forms/title.html](http://www.tdi.texas.gov/forms/title.html).**

- Application fee of \$50. This is nonrefundable and nontransferable.
- Title insurance agent or direct operation appointment (Form FINT10).
- Escrow officer appointment (Form FINT09), unless the sole proprietor or a partner will perform the duties of an escrow officer for the applicant.
- Title insurance licensing biographical information (Form FINT08) for the following:
  - For a sole proprietorship, the sole proprietor and each designated on-site manager.
  - For a partnership, each designated on-site manager and partner who is in control.
  - For an entity, each officer, director, limited liability company manager, designated on-site manager, and person who is control of the entity.
  - Each controlling person of an entity or partnership who is in control of the entity or partnership applicant.
- Organizational chart that includes names and position titles for the applicant, each person that controls the applicant, and each person that controls an entity who is in control of the entity or partnership applicant.
  - The owners, shareholders, members, or partners and their percentage of ownership must be included with the organizational chart.
- Audited, reviewed, or compiled financial statement of the applicant: (1) prepared by an independent CPA, and (2) covering a period that ended no more than 60 days ago.
- A copy of the surety bond, letter of credit, or cash deposit showing proof of coverage for the title insurance agent or direct operation. The amount must be the greater of: (1) \$10,000, or (2) an amount equal to 10 percent of the gross premium written by the title insurance agent or direct operation according to the latest statistical report sent to the Texas Department of Insurance, but not to exceed \$100,000.
- A copy of the surety bond, letter of credit, or cash deposit showing proof of coverage for escrow officers. The amount of the bond or deposit, up to a maximum of \$50,000, is determined by multiplying the number of escrow officers employed by the title insurance agent or direct operation by:
  - \$5,000 for an application for each escrow officer who is a Texas resident (bona fide).
  - and
  - \$10,000 for an application for each escrow officer who is a resident (bona fide) of a state next to Texas.
- Title insurance agent's unencumbered assets certification (Form T-S1) and proof showing how the applicant meets the minimum capitalization requirements (<http://www.tdi.texas.gov/title/titlem6s1.html>).

**Send the following, if applicable:**

- If applying for a direct operation license, attach a list of all branch office addresses and phone numbers.
- If using an assumed name, attach a copy of a valid Assumed Name Certificate filed with the Texas Secretary of State or county clerk’s office in the counties in which the title insurance agent or direct operation will operate.
- If applicant is formed as a partnership, send a copy of the partnership agreement.
- If applicant was formed at the Texas Secretary of State, send a copy of the Certificate of Formation and Certificate of Filing to do business, which was given by the Texas Secretary of State.

**► Sign here:**

I confirm that all statements, supporting forms, schedules, documents, and exhibits given for the application of this license are true and correct.

\_\_\_\_\_  
Signature of the applicant’s representative

\_\_\_\_\_  
Date

**► To be filled out by a notary public:**

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me, notary public, on this day personally appeared \_\_\_\_\_,

Applicant representative’s name

known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

(Personalized seal)

\_\_\_\_\_  
Notary public’s signature

► **Return this form and any attachments one of these ways:**

**Mail:**

Texas Department of Insurance  
Title Licensing, Mail Code 107-TL  
PO Box 149104  
Austin, Texas 78714-9104

**Overnight mail or in person:**

Texas Department of Insurance  
Title Licensing, Mail Code 107-TL  
333 Guadalupe  
Austin, Texas 78701

► **Contact us if you have questions:**

You can: (1) use our online question form at [www.tdi.texas.gov/agent/question.html](http://www.tdi.texas.gov/agent/question.html),  
(2) email [TDI-TitleLicensing@tdi.texas.gov](mailto:TDI-TitleLicensing@tdi.texas.gov), or (3) call 512-676-6500.

► **Know your rights:**

**You have the right to see and get facts we have about you:** If you want to get information we have about you, you must ask us in writing. You might need to pay to get a copy of this information. You can send your letter or email one of these ways:

Email: [OpenRecords@tdi.texas.gov](mailto:OpenRecords@tdi.texas.gov)

Fax: 512-490-1021

In person: 333 Guadalupe, Austin, Texas 78701

Mail: Texas Department of Insurance

Public Information Coordinator

PO Box 149104 (Mail code 110-1C)

Austin, Texas 78714-9104

**You have the right to ask that we fix information we have about you that is wrong:** If you want to ask that we fix information we have about you that is wrong, you must ask us in writing. The letter or email must have: (1) your name and mailing address, (2) your phone number, (3) details about what needs to be fixed, and (4) the reason or proof showing why the information is wrong. You can send your letter or email one of these ways:

Email: [RecordCorrections@tdi.texas.gov](mailto:RecordCorrections@tdi.texas.gov)

Fax: 512-490-1025

In person: 333 Guadalupe, Austin, Texas 78701

Mail: Texas Department of Insurance

Record Correction Request

PO Box 149104 (Mail code 113-1C)

Austin, Texas 78714-9104