



Title Agent Crime Application

Applicant(s), (include all trade names and insured's): _____

Address(s), (include all locations, if there is more than one): _____

Telephone: _____ Email: _____

Organization description: Proprietorship Partnership Corporation LLC

Title Agency: Yes No Year operations began? _____ Law Firm: Yes No Year operations began? _____

Have you operated as a title agent under any other name in the past 3 years? Yes No

If yes, please provide name: _____

Has there been an ownership or management change in the past 3 years? Yes No

Any losses known or reported in the past 3 years? Yes No (If yes, provide explanation on separate sheet and attach.)

Are all locations secured by an alarm system? Yes No Contain a Safe? Yes No

Number of employees who handle, have custody of, maintain records of or have access to money, securities or other property owned by you or your clients? _____ Number of outside messengers? _____

Current Coverage:	Carrier	Limit	Deductible	Expiration Date
Fidelity	_____	\$ _____	\$ _____	_____
Surety	_____	\$ _____	N/A	_____

Scope of Financial Statement preparation: Internal CPA Compilation CPA Review CPA Audit None

Insuring Agreements Coverages:	Limit of Insurance	Deductible Amount
1. Employee Dishonesty	\$ _____	\$ _____
2. Forgery or Alteration	\$ _____	\$ _____
3. Inside the Premises	\$ _____	\$ _____
4. Outside the Premises	\$ _____	\$ _____
5. Computer Fraud	\$ _____	\$ _____
6. Money Orders and Counterfeit Paper Currency	\$ _____	\$ _____
7. Loss of Clients' Property	\$ _____	\$ _____
8. Funds Transfer Fraud	\$ _____	\$ _____
9. Fraudulently Induced Transfers	\$ _____	\$ _____

1. Do you deposit and disburse funds for Closing and Settlement? Yes No
2. Are funds deposited in a trust account separate from operating accounts? Yes No
3. What is the average daily escrow (trust) account balance? \$ _____
4. Does the file contain loan closing and documentation of compliance with instructions? Yes No
5. Are all escrow or trust funds reconciled by an independent party on a monthly basis? Yes No
If so, any discrepancies on a separate sheet and attach?)
6. Are you periodically audited by the title companies you represent? Yes No
7. Indicate if you perform any of the following during the hiring process:
 - a. Prior employment verification Yes No
 - b. Drug testing Yes No
 - c. Education verification Yes No
 - d. Credit history Yes No
 - e. Criminal history Yes No

8. Are all incoming checks stamped "For Deposit Only" immediately upon receipt? Yes No
9. Are bank accounts reconciled and controlled by the Owner or Employee(s) If Employee(s) are there segregation of duties for? (If no, please provide explanation on a separate sheet and attach.)
- Deposits Yes No
 - Withdrawals Yes No
 - Check signing for Trust accounts Yes No
 - Check signing for Operating accounts Yes No
 - Check initiation and Check disbursement Yes No
 - Reconciliation Yes No
10. Does any Employee(s) have authority to execute wire transfer? Yes No If yes:
- Is it limited to specified employees? Yes No
 - Have authority for wire transfers outside the United States? Yes No N/A
11. If 'yes' to any of the above (9&10), are there dual control procedures in place so that one Employee doesn't control a transaction from start to finish? Yes No (If no, please provide explanation on separate sheet and attach.)
12. Do you have procedures to verify the identity and authenticate new customers before entering into transaction with them? Yes No If yes, explain your screening procedures. _____
-
13. Do you accept wire transfer instructions from customers over the telephone, fax email or some other electronic communication method? Yes No If yes, explain your procedure to authenticate the instructions. _____
-
14. Do you verify the following:
- Requests to change the customer or funds recipients' bank account information or wire instructions by calling the customer or funds recipient at a telephone number previously provided by the customer or funds recipient? Yes No
 - The amount requested to be transferred equals the amount due to the customer or funds recipient? Yes No
15. Do you accept and verify wire transfer instructions from your employee, officers and owners over the telephone, or by fax, email or some other electronic communications method? Yes No If yes, please describe your procedures to authenticate the instructions. _____
-
16. Is there a written policy regarding wire transfers? Yes No
- What is the average daily dollar amount of wire transfers? \$ _____
 - What is the average monthly number of fund transfers? _____
17. Do all your computers, servers and portable devices contain the following:
- Firewall Protection Yes No
 - Anti-virus software Yes No
 - Malware Protection Yes No
 - Spoofing Protection Yes No
 - Software to encrypt personal information stored Yes No
18. Do you provide anti-fraud training, including social engineering, phishing, masquerading, and other fraud schemes, to all employees? Yes No
19. Do you restrict customer information access to only a particular employee? Yes No
20. Do you control the dissemination of customer information? Yes No If yes, do you:
- Have a company policy prohibiting the dissemination of any personally identifiable information pertaining to the customer? Yes No
 - Provide customer information only to a designated representative of the customer? Yes No

THIS WARNING IS PART OF YOUR APPLICATION, READ IT CAREFULLY

GENERAL FRAUD AND STATE SPECIFIC FRAUD STATEMENTS

The General Fraud Statement is applicable to all states except Alabama, Colorado, District of Columbia, Florida, Hawaii, Kansas, Maryland, Massachusetts, Minnesota, Nebraska, Ohio, Oklahoma, Oregon, Utah, Vermont and Washington. The State Specific Fraud Statements are also listed. Please read the Fraud Statement that is applicable for your State, and acknowledge receipt by signing below it (if required). Consult your agent if you have any questions about your application for the ERISA or Business Service Bond.

GENERAL FRAUD STATEMENT (Applicable in all states except as listed below)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in AL, CO, DC, FL, HI, KS, MD, MA, MN, NE, OH, OK, OR, UT, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.

APPLICABLE IN ALABAMA – FRAUD STATEMENT

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN COLORADO – FRAUD STATEMENT

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN DISTRICT OF COLUMBIA – FRAUD STATEMENT

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA – FRAUD STATEMENT

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII – FRAUD STATEMENT

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS – FRAUD STATEMENT

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MARYLAND - FRAUD STATEMENT

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT - FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA – FRAUD STATEMENT

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO – FRAUD STATEMENT

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA – FRAUD STATEMENT

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN UTAH – FRAUD STATEMENT

For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN WASHINGTON – FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The Insured represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any policy issued in reliance upon such information.

Date: _____

Signature and Title: _____