

**New Jersey Agency Application**

Part I: Agency Information				
1. Full Legal Name of Agency:				
2. Agency D/B/A's or prior names, if any:				
3. Year Agency Was Established:		4. Federal Tax Identification:		
5. Name of Individual Completing Application:		6. Position/Title with Agency:		
7. Is the Agency an Affiliated Business Arrangement (AfBA)?      Yes      No If Yes, please list members associated with AfBA:				
8. Agency Physical Address:				
City:		State:	ZIP:	
9. Agency Mailing Address (if different from Physical address):				
City:		State:	ZIP:	
10. Main Telephone Number:	11. Fax Number:	12. Agency E-Mail Address:	13. Agency Website:	
14. Please designate languages spoken by Agency personnel:				
15. State(s) in which Agency is licensed besides New Jersey:				
16. Will Agency be conducting settlements?				
17. Total number of full-time employees:				
18. Prior address(es) of Agency (for last 10 years):				
Street Address		City	State	Zip
				From: To:
				From: To:
				From: To:
				From: To:
19. Please list all current and past title insurance underwriters represented:			Exclusive Contract?	Year Signed
			Yes	
			No	
			Yes	
			No	
			Yes	
			No	
			Yes	
			No	
			Yes	
			No	

**20.** If Agency relationship with any underwriter has ever been cancelled for any reason, including mutual agreement, please explain:

**21.** Is the Agency currently a party to or previously involved in any litigation? Yes    No  
 If yes, please explain:

**22.** Does the Agency have any current judgments, state tax liens or federal tax liens filed against it? Yes    No  
 If yes, please explain:

**23.** Are the escrow accounts reconciled by someone who also has check signing authority? Yes    No  
 Enter the name of the escrow account reconciler:

**24.** For each account, please provide copies of the following:  
 a. Two months most recent bank statements for escrow and operating accounts.  
 b. Two months most recent escrow reconciliations, including outstanding check list, deposit in transit list, and escrow trial balance.

**25. Loss History**  
 List all claims/losses in excess of \$5,000 paid or pending:

Year of Loss:	Underwriter:	Amount of Loss:
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Type of Loss:

**26. Insurance Coverage:**  
 Fidelity/Surety/Cyber Insurance Carrier name:  
 Title Insurance Agents' Errors & Omissions Carrier name:  
 Please attach current declaration pages.

**Part II: Individual Application – Save Application Form Before Proceeding**  
**27 to 42 below is to be completed by all individuals owning a ten percent (10%) or more interest in the agency and any/all licensed individuals who will be authorized to sign CATIC Title Insurance Company policies. If more than one person is listed in Part II, please have additional sheets completed/attached for those persons with answers to questions 27-42.**

**27. Owners or partners owning 10% or more of Agency:**

Complete Name	Home Address	Individual Application Completed	Job Title	Ownership Interest %	Full Time Employee
		Yes No			Yes No
		Yes No			Yes No
		Yes No			Yes No
		Yes No			Yes No

**28.** Individual Completing This Section - Name (First, Middle, Last):

**29.** Position with Agency:

**30.** Residence addresses for the previous 10 years:

Street Address	City	State	ZIP	Years at Residence
				From:
				To:
				From:
				To:

							From:	
							To:	
<b>31. Driver's License Information:</b> State: DL #:				<b>32. DOB:</b>			<b>33. SSN:</b>	
<b>34. Cell Phone Number:</b>				<b>35. Work E-Mail Address:</b>				
<b>36. Have you filed any business or personal bankruptcy?</b> If yes, please explain:							Yes	No
<b>37. Are there any outstanding or anticipated judgments, or state or federal tax liens against you?</b> If yes, please explain:							Yes	No
<b>38. Have you ever been convicted of any crime (including driving under the influence)?</b> If yes, please explain:							Yes	No
<b>39. Have you ever been turned down for a fidelity bond?</b> If yes, please explain:							Yes	No
<b>40. Education: Please list each High School, College, University or Post Graduate School attended</b>								
Name of School			Location (City, State)		Year(s) Attended		Degree/Date Graduated	
<b>41. Employment History (Last 10 years beginning with most recent employment)</b>								
Dates		Employer Name and Address			Supervisor Name/Phone		Title/Description of Job	
From:								
To:								
From:								
To:								
From:								
To:								
From:								
To:								
From:								
To:								
<b>42. List at least three references, outside of your firm or agency, including two professional and one personal reference having personal knowledge of your character and professional reputation.</b>								
Company Name		Address (Street, City, State, Zip)			Contact Name		Phone Number	

By signing below, I hereby acknowledge and certify the following:

1. I understand that the information provided in this application shall be relied upon by CATIC Title Insurance Company [CATICO] in determining both personal and agency eligibility for appointment as a CATICO agent.
2. CATICO shall be conducting an investigative process into character, reputation and financial experience that may include obtaining a credit report and searches of public records and the internet. I authorize CATICO to do so at the time of this application and at such future time as CATICO deems appropriate and acknowledge that my rights under the FCRA are available here: <https://www.consumer.ftc.gov/articles/pdf-0096-fair-credit-reporting-act.pdf>
3. I am authorized to submit this application and provide the information herein and I represent that the statements made or information provided is true and correct to the best of my knowledge, information and belief.

Signatures of 10% or more owners and Policy signing individuals:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name/Date signed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name/Date signed

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Signature

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Print name/Date signed

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Signature

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Print name/Date signed