

# Dual Licensee Request for Approval for the Provision of a Title Insurance Product or Service

The filer submits **under penalty of perjury**, the following information to the insurance commissioner:

Filer (dual licensee) information

Name \_\_\_\_\_

Address \_\_\_\_\_

Title Insurance License Number \_\_\_\_\_

Title Insurance Agency Affiliation \_\_\_\_\_

Other Dual License Type and Number \_\_\_\_\_

Other Dual License Agency Affiliation \_\_\_\_\_

1. Describe the title insurance product to be provided (if none, leave blank):

\_\_\_\_\_

2. Describe the title insurance service to be provided (if none, leave blank):

\_\_\_\_\_

3. Name(s) of the principal(s) anticipated to be providing compensation to the dual licensee for this transaction:

\_\_\_\_\_

\_\_\_\_\_

4. Property for which a title insurance product or service is provided (attach additional sheet, if necessary):

Property Address \_\_\_\_\_

City, ST Zip \_\_\_\_\_

County \_\_\_\_\_

Tax ID/Serial No \_\_\_\_\_

Legal Description (attached)

5. Has the undersigned received any consideration from a person described in item number 3 above within 18 months prior to the day on which this statement is filed? Yes\_\_\_\_ No\_\_\_\_

If yes, provide the name of the person. \_\_\_\_\_

**By submitting this form, the filer hereby attests that he/she is acting in good faith and that the above information is true and correct.**

\_\_\_\_\_  
Filer's License Number

\_\_\_\_\_  
Date

6. \$25.00 filing fee

**By completing the credit/debit card information below, the filer hereby authorizes the charging of the \$25.00 filing fee to that account.**

Name of Cardholder (print)	Card Number	Expiration Date	Card Type (Credit/Debit)
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Approved:

\_\_\_\_\_  
Neal T. Gooch  
Insurance Commissioner

\_\_\_\_\_  
Date

by: Suzette Green-Wright  
Director, Market Conduct Division