



***Title Insurance Application-Online Questions:***

1. TYPE OF ENTITY:

- CORPORATION                       PARTNERSHIP                       INDIVIDUAL   
LIMITED LIABILITY COMPANY                       ASSOCIATION                       OTHER

2 -10:

DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_

(Individuals only)

SOCIAL SECURITY NUMBER/FEDERAL EMPLOYER IDENTIFICATION NUMBER:

\_\_\_\_\_

11. NAME OF AGENT \_\_\_\_\_

12. ADDRESS Line 1 OF AGENT (No PO Boxes): \_\_\_\_\_

13. ADDRESS Line 2/Suite \_\_\_\_\_

14. CITY \_\_\_\_\_

15. STATE \_\_\_\_\_

16. ZIP CODE \_\_\_\_\_

*(upload of this page is not necessary)*



17. AGENT'S PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_

18. AGENT'S E-MAIL ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

19. NAME AND TITLE OF AGENT'S CONTACT PERSON: \_\_\_\_\_

\_\_\_\_\_

20. Has Agent or any of its officers, directors, members, partners or shareholders (other than Public Corporations) ever been the subject of disciplinary action by this Department or any other regulator of Title Insurance business? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*You may also use this section to add any additional comments here or also on the Title Insurance Application Page (in the document upload packet)*

*(upload of this page is not necessary)*

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

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

AFFIDAVIT  
(Individual)

I, \_\_\_\_\_ (*Agent's Name*),  
being duly sworn on oath, state that I have personal knowledge of the facts contained herein, that the answers are true and correct to the best of my knowledge and belief and, if called as a witness, that I would testify as follows:

1. I am 18 years of age or older.
2. I am seeking registration as a title agent.
3. I have never been convicted or pled guilty to any felony or misdemeanor involving a crime of theft or dishonesty or any such conviction or plea of guilty has been fully disclosed to the Department.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_\_

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

My commission expires \_\_\_\_\_

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

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

**AFFIDAVIT**  
(Corporation, Partnership, Limited Liability Company, Association)

I, \_\_\_\_\_ *(Name of Signer)*,  
being duly sworn on oath, state that I have personal knowledge of the facts contained herein, that the answers are true and correct to the best of my knowledge and belief and, if called as a witness, that I would testify as follows:

1. I am an owner, officer, director, principal, member or manager of the business entity seeking registration as a title insurance agent.
2. No owner, officer, director, principal, member, or manager of the business entity has ever been convicted or pled guilty to any felony or misdemeanor involving a crime of theft or dishonesty or any such conviction or plea of guilty has been fully disclosed to the Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20 \_\_\_\_\_

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

My commission expires \_\_\_\_\_

**STATEMENT BY AGENT**

NAME OF AGENT \_\_\_\_\_

\_\_ INDIVIDUAL :Attorney: ( \_\_\_yes \_\_\_no) \_\_ ENTITY: full service ( \_\_\_yes\_\_\_no) (IF YES, complete the full service form)

PURSUANT to the Illinois Administrative Procedures Act [5 ILCS 100/10-65(c)], Applications for registration shall include applicant’s social security number and the applicant shall certify under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the applicant to contempt of court. (NOTE 1)

Is the agent more than 30 days delinquent in complying with a child support order? Yes \_\_\_No \_\_\_ [this question to be completed by individual registrations only]

PLEASE provide the date that the Agent signed the agency agreement with the title insurance company.

Date: \_\_\_\_\_

PURSUANT to Section 18 of the Title Insurance Act [215 ILCS 155/18(b) and (c)], For transactions involving residential properties of four (4) or fewer units where at least one unit is occupied by a legal or beneficial owner, title insurance agents are prohibited from providing services to an applicant for title insurance or services:

- a) if the agent knows or believes the applicant was referred by a producer of title business or by an associate of such producer; and
- b) if the producer or associate has a financial interest in the title insurance agent unless the producer or associate has disclosed to any party who is paying for such product or services, (or to the party’s representative), the financial interest of the producer or associate and disclosed an estimate of the charges to be paid.

Each title insurance agent shall file a report with this Department of those persons who are known or reasonably believed to be producers of title business or associates of producers and have such a financial interest. Therefore, please answer the following questions:

1. Is the agent engaged in Illinois in the trade, business, occupation or profession of buying or selling interests in real property? Yes \_\_\_No \_\_\_
2. Is the agent engaged in Illinois in the trade, business, occupation or profession of making loans secured by interests in real property? Yes \_\_\_No \_\_\_
3. Is the agent engaged in the trade, business, occupation or profession of acting as a broker, agent, attorney, or representative of natural persons or other legal entities that buy or sell interests in real property or that lend money with such interests as security? Yes \_\_\_No \_\_\_

If any of Questions 1 through 3 is answered “Yes,” please list entities or persons known, or reasonably believed by Agent, to be a producer of title business or an associate of such producer. [if the agent (individual) is the only known producer, please indicate “SAME” ]

List names and addresses:

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

I, THE AGENT, HEREBY

1. agree to promptly notify the registering title insurance company of changes to my (the agent) contact information and entity structure;
2. agree to fully comply with the Title Insurance Act and the rules and regulations promulgated under it; and
3. certify that I personally completed this application and that the answers are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Name of Person Signing Statement (printed) (NOTE 2)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTE 1 This question is to be completed only by agents registering as an individual. Please indicate “N/A” if not applicable

NOTE 2 To be signed by the agent if registering as an individual, or by the principal, if registering as Corporation, Partnership, Limited Liability Company or Association.





TITLE INSURANCE APPLICATION ADDENDUM PAGE

All information must be LEGIBLE.

These instructions have been updated in November 2022. Please review them carefully.

Complete the RA-10 application online and, when prompted, upload the following documents to the "Statement by Agent" upload link **after combining them into one PDF file in the order presented below:**

1. Checklist page (this page), which asks for the following:
  - Ownership of the company
  - Legal Contact Person for the Agency
  - Agents to be canceled upon completion of this application
  - Additional comments (if the comments do not all fit in Question 20 online)
2. Affidavit (include the correct version)
3. Statement by Agent
4. Illinois Secretary of State's Page (if applicable- ensure date of printout is included)
5. ARDC Page (if applicable-ensure date of printout is included)
6. Full Service Form (if applicable)
7. Agency Agreement (if necessitated by full service page)

The "Individual Affidavit" upload link requires an upload. Please upload a blank PDF.0

- Provide List of owners for this agent (or organizational chart):

- Provide Contact Information for Attorney for the company:

- Agents to be canceled upon completion of this application

- Additional Comments or Explanations.