



**CONTROLS**

1. Are funds deposited in a trust account separate from operating accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Name of institution where trust account is maintained:		
3. Does one EMPLOYEE (non-owner) do both bookkeeping and disbursement of funds? <i>If yes, please explain (attach separate sheet, if necessary).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. How often are the accounts reviewed by a CPA?		
5. Are countersignature procedures used when an EMPLOYEE (non-owner) signs trust account checks? <i>If no, who signs and what are the procedures?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does any EMPLOYEE (non-owner) sign checks for operating accounts? <i>If yes, maximum amount authorized.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does any EMPLOYEE (non-owner) who signs checks also approve invoices for payment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Does any EMPLOYEE (non-owner) who reconciles the bank accounts prepare or make deposits or withdrawals? <i>If yes, please explain (include their position and frequency).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Does the firm have segregation of duties so that one EMPLOYEE (non-owner) is not able to control a transaction from origination to reconciliation? <i>If no, please explain (attach separate separate sheet, if necessary).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Does the firm deposit and disburse funds for closings and settlements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Does the firm have a separate file established for each closing that includes the closing instructions and documentation of compliance where the instructions include transfer between accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Does the firm maintain separate accounting records of all receipts and disbursements of all settlement, closing or title indemnification funds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Is fidelity coverage carried on all employees? Carrier _____ Amount _____ Deductible _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Is E&O coverage carried? Carrier _____ Amount _____ Deductible _____ Expiration Date _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**BACKGROUND INFORMATION**

1. Have any of the owners ever been subject to a bankruptcy proceeding or have there been any unsatisfied judgments, suits or liens against any owner? <i>If yes, please explain (attach separate sheet, if necessary).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have any of the owners ever been the subject of any proceedings resulting in disciplinary action from any agency responsible for regulating financial institutions or lenders? <i>If yes, please explain (attach separate sheet, if necessary).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have any of the owners ever been cancelled or declined for a surety bond? <i>If yes, please explain (attach separate sheet, if necessary).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. In what other states is the principal licensed?		

**COMPLETE THIS SECTION IF FIDELITY COVERAGE IS DESIRED**

Penalty:	Effective Date:	
Total number of employees:	Number of employees handling money:	All others:
Has firm sustained any employee dishonesty losses in the last 6 years? <i>If yes, please explain (attach separate sheet, if necessary).</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Alabama, Arkansas, D.C., Louisiana, Maryland, Rhode Island, West Virginia**

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

**Colorado**

*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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.*

**Oklahoma**

*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.*

**Florida**

*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.*

**Kentucky, Pennsylvania**

*Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.*

**Tennessee, Virginia, Washington**

*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 or a denial of insurance benefits.*

**Maine**

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

**New Jersey, New Mexico**

*Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.*

**New York**

*Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.*

**Ohio**

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

**Oregon**

*Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.*

**Utah**

*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.*