

**Ohio Department of Insurance**

John R. Kasich – Governor  
 Mary Taylor – Lt. Governor/Director



**2013 ANNUAL TITLE AGENT/AGENCY  
 REVIEW FORM**

(For the twelve-month period of September 1, 2012 thru August 31, 2013)

**Due by January 15, 2014**

NOTE: All agents and agencies are required to complete this form in its entirety and submit all applicable information requested. Filings should be mailed to the above noted address or emailed to [Title.Filing@Insurance.Ohio.gov](mailto:Title.Filing@Insurance.Ohio.gov).

**SECTION #1 – AGENT/AGENCY CONTACT INFORMATION**

Please check which type of filing you are submitting:

Note: Only one box should be selected as separate filings are required for individuals who hold both an individual and a business entity license.

AGENT Filing

AGENCY Filing

|                                     |   |   |  |
|-------------------------------------|---|---|--|
| <b>Agency Name/Agent Last Name:</b> | <b>Agent First Name:</b><br>(if applicable) | <b>Agent Middle Initial:</b><br>(if applicable) | <b>National Producer Number (NPN):</b> |
|                                     |   |   |  |

List your **BUSINESS** contact information below:

|                             |                        |                  |                               |
|-----------------------------|------------------------|------------------|-------------------------------|
| <b>Business Address:</b>    | <b>City, State:</b>    | <b>Zip Code:</b> | <b>Business Phone Number:</b> |
|                             |                        |                  |                               |
| <b>Business Fax Number:</b> | <b>E-mail Address:</b> |                  |                               |
|                             |                        |                  |                               |

List your **RESIDENTIAL** contact information below: (if Applicable)

|                      |                     |                  |                           |
|----------------------|---------------------|------------------|---------------------------|
| <b>Home Address:</b> | <b>City, State:</b> | <b>Zip Code:</b> | <b>Home Phone Number:</b> |
|                      |                     |                  |                           |

List your **PREFERRED MAILING, E-MAIL and PHONE** contact information below:

|                                   |                                  |                  |                                |
|-----------------------------------|----------------------------------|------------------|--------------------------------|
| <b>Preferred Mailing Address:</b> | <b>City, State:</b>              | <b>Zip Code:</b> | <b>Preferred Phone Number:</b> |
|                                   |                                  |                  |                                |
| <b>Preferred Mobile Number:</b>   | <b>Preferred E-mail Address:</b> |                  |                                |
|                                   |                                  |                  |                                |

\* Once Section #1 has been completed, please move on to complete section #2. \*

**SECTION #2 – SUPPLEMENTARY INSURANCE INFORMATION**

Check the box below that applies to your Errors and Omission Insurance Coverage:



Important Note: If you are an attorney and you have listed your professional liability policy as your Errors and Omissions Insurance Coverage, you are required to verify your policy covers all of your activities as a title agent and meets all of the conditions outlined in Ohio Revised Code 3953.23(D) and Ohio Administrative Rule 3901-7-02 (D) prior to submitting your annual review.

- I have Errors and Omission Insurance Coverage in the name of the AGENT or AGENCY named on this filing.

Insurance Company:

Policy Number:

Effective Dates (start date to expiration date):

- I am covered under my employer's Errors and Omission Insurance Coverage.

- I do *not* have Errors and Omission Insurance Coverage.

Please state the reason for not having Errors and Omission Insurance Coverage:

- I am exempt from having Errors and Omission Insurance Coverage because I am an employee of the Title Insurance Company and/or Underwriter noted below:

Name of Title Insurance Co. / Underwriter:

Underwriter NAIC Number:

Next, check the box below that applies to your Surety Bond Coverage:

- I am *not* required to have a surety bond because I do not handle escrows in real property transactions that do not involve the issuance of title insurance.

- I have a surety bond because I handle escrows in real property transactions that do not involve the issuance of title insurance.

Surety Bond Company:

Bond Number:

- I do not have Surety Bond Coverage:

Please state the reason for not having Surety Bond Coverage:

**SECTION #3 – DEPOSITORY ACCOUNT INFORMATION (Part 1)**

Check all the boxes below that apply:

- The title agent/agency named on this form does not maintain an IOTA account because no non-directed escrow funds meeting the requirements of sections 1349.20 to 1349.22 of the Ohio Revised Code are handled by the agent.
- The title agent/agency named on this form does not maintain an IOTA account because all escrow funds are handled through an IOTA account maintained by the Ohio licensed Title Insurance Agency noted below:

Name of Ohio Licensed Title Insurance Agency:

Employer Identification Number (EIN) of Agency:

NOTE: If you checked either box in Part 1, it is not necessary for you to complete Part 2 of Section #3.

**SECTION #3 – DEPOSITORY ACCOUNT INFORMATION (Part 2)**Using the below table, provide a listing of all **Interest on Trust Accounts** (IOTA) used for the deposit of non-directed escrow funds that are maintained by the agent/agency named on this form during the reporting period:

- Include existing accounts and accounts opened or closed during the reporting period.

Note: If there are more than 10 IOTA accounts, attach a supplemental spreadsheet making sure to include the eight column headings listed below. If you wish to attach a spreadsheet of all accounts in lieu of using the form below, all spreadsheets must mirror the format below and include the eight column headings listed.


| Name or Title of IOTA Account | Account # | Depository Institution | Depository City and State | Date Opened | Date Closed |
|-------------------------------|-----------|------------------------|---------------------------|-------------|-------------|
| 1.                            |           |                        |                           |             |             |
| 2.                            |           |                        |                           |             |             |
| 3.                            |           |                        |                           |             |             |
| 4.                            |           |                        |                           |             |             |
| 5.                            |           |                        |                           |             |             |
| 6.                            |           |                        |                           |             |             |
| 7.                            |           |                        |                           |             |             |
| 8.                            |           |                        |                           |             |             |
| 9.                            |           |                        |                           |             |             |
| 10.                           |           |                        |                           |             |             |

**SECTION #4 – DETERMINATION OF FILING STATUS**

Please answer the four questions below to determine your filing status:

1. Do you handle escrow funds of clients or third parties that are required to be deposited in an IOTA account in your name?  
 Yes       No

If you answered “Yes” to question 1, you are required to complete the next three questions.

 If you answered “No” to question 1, please skip the next three questions and complete the gray shaded box below.

2. If you checked “Yes” to question 1, have you had your escrow accounts reviewed by one or more of the companies with whom you were appointed during the twelve-month period?

Yes       No

If you answered “Yes” to question 2, please proceed to question 3.

If you answered “No” to question 2, please proceed to question 4.

3. If you checked “Yes” to question 2, please list below the date of the review and the name of the insurance company:

| Date of Insurance Company Review: | Name of Insurance Company Who Performed the Review: |
|-----------------------------------|---|
|                                   |   |
|                                   |   |

4. Did the title agent/agency named on this form average five or less Ohio transactions per month during the review period that are required to be deposited in an IOTA account in your name?

Yes       No

If you answered “No” to either question 2 or question 4, you are required to attach an Independent Annual Review (CPA Report of the Agreed-Upon Procedures) as outlined in OAC 3901-7-01 (H)(2).

If you answered “No” to question 1 OR “Yes” to questions 1, 2, 3, and 4, you qualify for an EXEMPTION under OAC 3901-7-01 (F) and do not need to submit an Independent Annual Review of your escrow accounts. Please read and sign the gray shaded box below to confirm your EXEMPT filing status.

I hereby certify that, under penalty of perjury, all of the information submitted in the above filing is true, complete and accurate. I am aware that submitting false information or omitting pertinent or material information in connection with this form is grounds for license revocation and may subject me to civil and/or criminal penalties.

Printed/Typed Name of Agent or Authorized Representative of Agency named on this filing: \_\_\_\_\_

Signature of Agent or Signature of Authorized Representative of Agency named on this filing: \_\_\_\_\_

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

Title of Authorized Agency Representative: \_\_\_\_\_  
(if applicable)

**\* Once you have signed the signature box for Section #4, please move on to complete section #5 if you are required to provide any information regarding your Independent Annual Review findings or if there’s an issue that requires further explanation.\***

**SECTION #5 – AGENT/AGENCY EXPLANATIONS**

**Note:** *If more space is required, expand the text box and create additional page(s) for your text as needed.*

**5A.** If your Individual Annual Review has any findings, please explain each one in the space below:

**5B.** If there is any issue in your filing that requires additional information or an explanation, please explain below:

I hereby certify, under penalty of perjury, that the above information and/or explanation is complete and accurate:

Printed/Typed Name of Agent or Authorized Representative of Agency named on this filing: \_\_\_\_\_

Signature of Agent or Signature of Authorized Representative of Agency named on this filing: \_\_\_\_\_

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

Title of Authorized Agency Representative: \_\_\_\_\_  
(if applicable)