

## Lender Approval Information Packet

eTitle's mission is to provide exceptional service to all its clients. If you have any suggestions or concerns regarding our services we would greatly appreciate your input. We offer comprehensive title insurance services in every county of the state of Utah. In most cases, our title insurance reports are completed within three working days from the date an order is placed.

### Underwriters

First American Title Insurance Company  
 Fidelity National Title Group  
 Old Republic National Title Insurance Company

### Financial

Year	Revenue	# of Orders
2016	1,305,803	1648

### Services

Many services are available with unprecedented quality.

- Realtor services include full closing services
- Mortgage lenders and broker services include refinance premium rates, full closing services, second mortgage and home equity line products as well as a complete reconveyance-servicing department.
- Attorney services include a statewide foreclosure department, on staff foreclosure attorney, trustee sale guarantee policy, foreclosure report and recorded document images.

### Office Locations

3269 South Main Street, #100  
 Salt Lake City, Utah 84115  
 Telephone: (801) 671-5391

165 East 6100 South, #100  
 Murray, Utah 84107  
 Telephone: (801) 262-1722

382 South Bluff Street, #100  
 St. George, Utah 84770  
 Telephone: (435) 688-8808

170 South Main Street, #135  
 Salt Lake City, Utah 84101  
 Telephone: 801-359-2617

### Attachments

- Certificate of errors and omissions liability insurance.
- Certificate of dishonesty bond.
- State of Utah insurance department agent license

### Items Available Upon Request

- Insured closing letter.
- Schedule of title insurance rates.
- Schedule of non-title insurance fees.



ETITINS-01

DMARCHANT

# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 07/25/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Beehive Insurance Agency 302 West 5400 South #101 Salt Lake City, UT 84107-8225	CONTACT NAME: <b>Danielle Marchant</b> PHONE (A/C, No, Ext): <b>6858</b> FAX (A/C, No): E-MAIL ADDRESS: <b>dmarchant@beehiveinsurance.com</b> INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : <b>Lloyds of London</b> <b>15792</b> INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED  <b>Etitle Insurance Agency, LLC</b> 165 East 6100 South, Ste 100 Murray, UT 84107	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> SUBJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Prof Liab- Per Claim			B1115N174503	08/01/2017	08/01/2018	\$4,500 Deductible      1,000,000
A	Prof Liab- Aggregate			B1115N174503	08/01/2017	08/01/2018	\$4,500 Deductible      1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Proof of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--------------------	---



ETITINS-01

DMARCHANT

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/25/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Beehive Insurance Agency 302 West 5400 South #101 Salt Lake City, UT 84107-8225	CONTACT NAME: Danielle Marchant
	PHONE (A/C, No, Ext): 6858 FAX (A/C, No):
	E-MAIL Address: dmarchant@beehiveinsurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Lloyds of London NAIC # 15792
INSURED  Etitle Insurance Agency, LLC 170 South Main Street #135 Salt Lake City, UT 84101	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> SUBJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Prof Liab- Per Claim			B1115N174503	08/01/2017	08/01/2018	\$4,500 Deductible 1,000,000
A	Prof Liab- Aggregate			B1115N174503	08/01/2017	08/01/2018	\$4,500 Deductible 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Proof of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>L. Kay Howland</i>

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD



ETITINS-01

DMARCHANT

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/25/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Beehive Insurance Agency 302 West 5400 South #101 Salt Lake City, UT 84107-8225	CONTACT NAME: Danielle Marchant
	PHONE (A/C, No, Ext): 6858 FAX (A/C, No):
	E-MAIL ADDRESS: dmarchant@beehiveinsurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Lloyds of London NAIC # 15792
INSURED  Etitle Insurance Agency, LLC 382 S. Bluff Street Ste 100 Saint George, UT 84770	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> SUBJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Prof Liab- Per Claim			B1115N174503	08/01/2017	08/01/2018	\$4,500 Deductible 1,000,000
A	Prof Liab- Aggregate			B1115N174503	08/01/2017	08/01/2018	\$4,500 Deductible 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER  Proof Of Insurance	CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  <i>L. Kay Howland</i>

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD





ETITINS-01

DMARCHANT

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/25/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Beehive Insurance Agency 302 West 5400 South #101 Salt Lake City, UT 84107-8225	CONTACT NAME: Danielle Marchant
	PHONE (A/C, No, Ext): 6858 FAX (A/C, No):
	E-MAIL ADDRESS: dmarchant@beehiveinsurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Lloyds of London NAIC # 15792
INSURED  Etitle Insurance Agency, LLC 3269 S Main Street, Ste 100 Salt Lake City, UT 84115	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ OTHER: \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> SUBJECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER: \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Prof Liab- Per Claim			B1115N174503	08/01/2017	08/01/2018	\$4,500 Deductible 1,000,000
A	Prof Liab- Aggregate			B1115N174503	08/01/2017	08/01/2018	\$4,500 Deductible 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Proof Of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>L. Kay Howland</i>

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

**TITLE AGENT, ABTRACTOR & ESCROW AGENT  
PROFESSIONAL LIABILITY INSURANCE POLICY  
DECLARATIONS PAGE**

**This Policy Covers Claims that are Made and Reported During the Policy Period**

**Policy Number:** B1115N174503

**1. Policy Period:**

Inception date: 1<sup>st</sup> August 2017  
Expiration date: 1<sup>st</sup> August 2018

Inception date shown shall be at 12:01 A.M. (Standard Time) to Expiration date shown above at 12:01 A.M. (Standard Time) at the address of the **Named Insured**.

**2. Named Insured:**

eTitle Insurance Agency, LLC

**3. Named Insured Address:**

165 East 6100 South, Suite 100,  
Murray, UT 84107

**4. Limits of Liability:**

- |              |               |  |
|--------------|---------------|--|
| <b>A.</b>    | USD 1,000,000 | Each Claim   |
| <b>B. 1.</b> | USD 10,000    | <b>Disciplinary Proceedings</b> Aggregate            |
| <b>2.</b>    | USD 5,000     | Loss of Earnings and Expense Reimbursement Aggregate |
| <b>3.</b>    | USD 5,000     | Subpoena Compliance Aggregate                        |
| <b>4.</b>    | USD 25,000    | Privacy Incident Response Expense                    |
| <b>C.</b>    | USD 1,000,000 | Policy Aggregate                                     |

**5. Deductible:**

With respect to A., B.1., B.2., and B.3. the Limit of Liability afforded under the policy shall be subject to a deductible amount of:-

**USD 4,500 Each Claim for Damages and Claim Expenses**

With respect to B.4. the Limit of Liability afforded under the policy shall be subject to an annual aggregate deductible amount of:-

**USD 2,500**

**6. Retroactive Date:**

1<sup>st</sup> August 2007

If a date is indicated, this insurance will not apply to any **Wrongful Act** which occurred before such date.

**7. Annual Premium:**

USD 9,077

**8. Forms and Endorsements:**

Tenant Risk Services Title Agent, Abstractor & Escrow Agent 2012  
Privacy Incident Response Expense Reimbursement Endorsement  
Diminishing Deductible Endorsement  
LMA 3100 Sanction Limitation and Exclusion Clause  
USA Complaints for Policyholder Endorsement

**9. Extended Reporting Period:**

Upon written notice to Underwriters, one **Extended Reporting Period** as specified in **SECTION VIII – EXTENDED REPORTING PERIOD** of the Policy may be purchased in accordance with the terms of the Policy for a period of 12 months at 100% of the full annual policy premium

**10. Underwriters Representative:** Oxford Insurance Brokers Ltd

**11. Application Date:**  
21<sup>st</sup> July 2017

THESE DECLARATIONS TOGETHER WITH THE TITLE AGENT, ABSTRACTOR & ESCROW AGENT PROFESSIONAL LIABILITY INSURANCE COVERAGE FORM AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

---

**Dated:** 2<sup>nd</sup> August 2017      **By:** Oxford Insurance Brokers, Ltd

M. P. Mitchell  
Correspondent

SECURITY

**Declaration off Oxford Insurance Brokers Ltd, Binding Authority, Certificate No: B1115N174503**

**Risk:** eTitle Insurance Agency, LLC

**Effected With:**

100.0000 Underwriters at Lloyd's attaching to Binding Authority Ref:  
B1115N162741

**Underwriters at Lloyd's**

37.500%	Syndicate No. 2488
20.830%	Syndicate No. 435
12.500%	Syndicate No. 2001
20.830%	Syndicate No. 1084
8.340%	Consortium 9972
	split 6.255% Syndicate 1225
	1.668% Syndicate 4444
	0.417% Syndicate 958

-----  
100.000%  
-----

It is understood and agreed that any reference in the attached wording to "Policy" shall be deemed to read Certificate





State of Utah  
GARY R. HERBERT  
Governor

SPENCER J. COX  
Lieutenant Governor

# Insurance Department

Licenses must submit address changes to the Utah Insurance Department within 30 day of the change. All such changes should be submitted online at [www.sircon.com/utah](http://www.sircon.com/utah) or [www.iipr.com](http://www.iipr.com).

Individual producers cannot solicit, sell or negotiate insurance until appointed by an insurer or designated to act by an insurance agency.

Insurance Agencies cannot solicit, sell or negotiate insurance until contracted and appointed by an insurer.

## Resident Producer Organization

Title Escrow, Title Examination

### eTITLE INSURANCE AGENCY LLC

165 EAST 6100 SOUTH  
STE 100  
MURRAY, UT 84107


**is authorized to transact business as described above**

License No: 104994

Issue Date: 07-07-2011

Expiration Date: 06-30-2019

Generated by Siron 149210729

<p>State of Utah Insurance Department</p> <p>THIS IS TO CERTIFY THAT</p> <p><b>eTITLE INSURANCE AGENCY LLC</b> 165 EAST 6100 SOUTH, STE 100, MURRAY, UT 84107</p> <p>LICENSE NUMBER: 104994</p>	 <p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p><b>Resident Producer Organization</b> Title Escrow, Title Examination</p> <p>Issue Date: 07-07-2011      Expiration Date: 06-30-2019</p> <p>Generated by Siron 149210729</p>
---	--

**This Declaration Page is attached to and forms part of Certificate provisions (Form SLC-3 USA NMA 2868)**

Previous No. SUA FESB10306-1602	Authority Ref. No. B0621PFDO16216	Certificate No. SUA FESB10306-1703
------------------------------------	--------------------------------------	---------------------------------------

1. Name and address of the Assured:  
eTitle Insurance Agency, LLC  
165 East 6100 South #100  
Murray, UT 84107

The insurer issuing this policy does not hold a certificate of authority to do business in this state and thus is not fully subject to regulation by the Utah Insurance commissioner. This policy receive no protection from any of the guaranty association created under Chapter 28, Title 31A.

2. Effective from 08/11/2017 to 08/11/2018  
both days at 12:01 a.m. standard time.

3. Insurance is effective with certain **UNDERWRITERS AT LLOYD'S, LONDON**  
Percentage: 100%

4. Amount	Coverage	Rate	Premium	other tax	
\$ 500,000	ESCROW SECURITY BOND		\$ 4,130.00	admin fee	\$ 0.
				surplus lines tax	\$ 178.
				stamp fee	\$ 6.
				filing fee	\$ 75.
				hurricane fund (FL only)	\$ 0.
				Gross Total	\$ 4,390.

5. Forms attached hereto and special conditions:  
NMA 2918 08/10/2001, LMA 5090, NMA 1256, NMA 1477, LMA 5020, LMA 5021, BEJ&H DISCOVERY LIMITATION CLAUSE, NMA 358, LSW 1001, PCS1 SEC1, AGG1, SLC-3 (USA) NMA 2868 (24/08/2000), LMA5217, SETTLEMENT 1, FNTG LPAY, NMA1168, C250, H88

6. Service of Suit may be made upon:  
David L. Koury, BATES CAREY LLP, 191 North Wacker Drive, Suite 2400, Chicago, IL 60606  
Telephone: 312-762-3226, Facsimile: 312-762-3200, [dkoury@batescarey.com](mailto:dkoury@batescarey.com)

7. In the event of a claim, please notify the following:  
David L. Koury, BATES CAREY LLP, 191 North Wacker Drive, Suite 2400, Chicago, IL 60606  
Telephone: 312-762-3226, Facsimile: 312-762-3200, [dkoury@batescarey.com](mailto:dkoury@batescarey.com)

Dated 08/01/2017

By 

Correspondent

**This Declaration Page is attached to and forms part of Certificate provisions (Form SLC-3 USA NMA 2868)**

Previous No.  
SUA 1343CYB-T-1602

Authority Ref. No.  
B0621PFDO17516

Certificate No.  
SUA 1343CYB-T-1703

1. Name and address of the Assured:

eTitle Insurance Agency, LLC  
165 East 6100 South #100  
Murray, UT 84107

The insurer issuing this policy does not hold a certificate of authority to do business in this state and thus is not fully subject to regulation by the Utah Insurance commissioner. This policy receives no protection from any of the guaranty associations created under Chapter 28, Title 31A.

2. Effective from 08/11/2017 to 08/11/2018  
both days at 12:01 a.m. standard time.

3. Insurance is effective with certain **UNDERWRITERS AT LLOYD'S, LONDON.**  
Percentage: 100%

4	Amount	Coverage	Rate	Premium		
	\$ 500,000	Cyber Liability		Premium included within the package premium shown on policy number SUA FESB10306-1703	surplus lines tax	\$ 0.0
					stamp fee	\$ 0.0
					filing fee	\$ 0.0
					hurricane fund (FL only)	\$ 0.0
					other tax	\$ 0.0
					administration fee	\$ 0.0
					fire marshal tax	\$ 0.0
					Gross Total	\$ 0.0

5. Forms attached hereto and special conditions:  
E1, E2, E7, E9, E14, E15, E56, E57, E94, SLC-3 (USA) NMA 2868 (24/08/2000), E87, E54, SUA 1, E43, E3, E58

6. Service of Suit may be made upon:  
Mendes and Mount, LLP  
750 Seventh Avenue, New York, NY 10019 USA

7. In the event of a claim, please notify the following:

Kari A. Timm  
Bates Carey LLP  
191 North Wacker, Suite 2400  
Chicago, Illinois 60606

Via: Stateside Underwriting Agency  
265 Exchange Drive, Suite 101  
Crystal Lake, Illinois 60014, USA

Dated 08/01/2017

By 

Correspondent

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above <b>eTitle Insurance Agency LLC</b>	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) <b>165 East 6100 South, #100</b> City, state, and ZIP code <b>Murray, UT 84107</b> List account number(s) here (optional)	Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	
Employer identification number	
2 0 - 2 6 0 2 1 4 9	

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶		Date ▶		12-10-14
------------------	----------------------------	--	--------	--	----------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on [www.irs.gov/w9](http://www.irs.gov/w9) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.