

**2009 ANNUAL AGENCY RECERTIFICATION QUESTIONNAIRE**

***Directions: To the best of your knowledge, please answer all questions by filling in the blanks. Fax completed questionnaire to Agency Dept. at 601-969-2215 OR e-mail to agency@mvt.com.***

1. Approximately how many loans have you closed and the policies have not been issued? \_\_\_\_\_
2. Approximately how many MVT Binders/Commitments have you issued but the loans have not closed? \_\_\_\_\_
3. Do you conduct escrow closings or hold any funds received in connection with the settlement process? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. If yes, are all escrow accounts properly reconciled up to date and free of any shortage? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
4. Do you have Employee Theft/Fidelity/Surety Insurance in addition to your required E & O coverage? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please answer below:  
Coverage: \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_ Per Claim: \$ \_\_\_\_\_ Exp. Date: \_\_\_\_\_
5. Do you disburse construction escrow funds? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Sources of Title Insurance Business:
 

Lenders: _____%	Real Estate Brokers: _____%	Individuals: _____%
Attorneys: _____%	Builders/Developers: _____%	Other: _____%
7. Other Underwriters:
 

_____	% of Business: _____	# of Years: _____
_____	_____	_____
_____	_____	_____
8. Have there been any significant changes in key personnel in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
List all employees who assist with Real Estate Closings: \_\_\_\_\_  
\_\_\_\_\_
9. Have there been any changes in ownership in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_
10. Do any Agent Principals or their families have any ownership in a builder or developer business? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_
11. Do you issue policies for approved attorneys of Mississippi Valley? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, approximately how many policies and premiums per year? \_\_\_\_\_ \$ \_\_\_\_\_

Name of Person Completing Review: \_\_\_\_\_  
 Agent Name: \_\_\_\_\_ Agent #: \_\_\_\_\_  
 Agent City: \_\_\_\_\_ Date Review Completed: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_