Annual Title Plant Registration
(One registration for each county)
Due by September 1 of each year

County of coverage: ________________________________

Location of title records:
(address)
(city, state, zip code)

Title Insurer or Agency managing title plant:
(name)
(address)
(city, state, zip code)
(telephone number)

Owner of title plant (if different):
(name)
(address)
(city, state, zip code)

Is the plant geographically indexed? _____ Yes _____ No

Does the plant index:
Judgments? _____ Yes _____ No
Mechanics liens? _____ Yes _____ No
County taxes? _____ Yes _____ No
Municipal taxes? _____ Yes _____ No
Public utility easements prior to 45 years? _____ Yes _____ No
Public utility assessments? _____ Yes _____ No
Subdivision and condominium assessments? _____ Yes _____ No

How many years does the plant cover? ____________________________

Does the plant duplicate the records of the Recorder of Deeds? _____ Yes _____ No

Does the plant duplicate the records of the Circuit Court? _____ Yes _____ No
Is the plant open to use by licensed title insurance agents not affiliated with or employed by the plant?  ______ Yes ______ No

If “yes”:

a. Physical access to the plant? ______ Yes ______ No
b. Access by computer modem? ______ Yes ______ No
c. What is the charge for each use? ___________________________
d. How was this charge determined? ___________________________

If “yes”:

e. Is there any time delay between the request and actual admission to the plant? ______ Yes ______ No

f. Average time delay? ___________________________
g. Maximum time delay? ___________________________
h. Minimum time delay? ___________________________
i. Does the time delay vary according to the time of year? ______ Yes ______ No

Does the Recorder of Deeds maintain a geographical index? ______ Yes ______ No

Does the County Assessor designate each parcel by a locator or other number? ______ Yes ______ No

Do you carry errors and omissions insurance? ______ Yes ______ No

If “yes”:

a. Name of carrier: ___________________________
b. Policy limits: ___________________________
c. Deductible: ___________________________

How many licensed title insurance agents do you employ? ________

This statement was prepared by:

Name: ___________________________

__________________________ Owner__________________________
__________________________ Office__________________________
__________________________ Representative

Address: ___________________________

__________________________

__________________________

Signature ____________________________ Date ____________________________