

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? _____

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 ___ Officer ___ Representative

Address: _____

Signature

Date